



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- Standard processing time for submissions to this office is approximately 5 business days from receipt. All submissions are reviewed in the date order of receipt. For updated processing time information, go to www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Entity Information: (Please type or print legibly)

Name: YREKA COMMUNITY CERTIFIED FARMERS MARKET

Entity Number (if applicable): C358753

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [Marilyn Wheeler]

Company: Yreka Community Certified Farmers Market

Address: P.O. Box 11

City/State/Zip: [Yreka, CA 96097]

Secretary of State Use Only	
T/TR:	
AMT REC'D:	\$



Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

SI-100

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$28.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

Yreka Community Certified Farmers Market

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box

P.O. Box 11

City (no abbreviations)

Yreka

State

CA

Zip Code

96097

b. Mailing Address of Corporation, if different than item 3a

City (no abbreviations)

State

Zip Code

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional fee for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer

First Name

Middle Name

Last Name

Suffix

Marilyn

Wheeler

Address

P.O. Box 11

City (no abbreviations)

Yreka

State

CA

Zip Code

96097

b. Secretary

First Name

Middle Name

Last Name

Suffix

Carol

Crebbin

Address

6438 Lower Little Shasta

City (no abbreviations)

Montague

State

CA

Zip Code

96064

c. Chief Financial Officer

First Name

Middle Name

Last Name

Suffix

Christy

Scott

Address

9100 Belgian Lane

City (no abbreviations)

Ft. Jones

State

CA

Zip Code

96032

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

City (no abbreviations)

State

CA

Zip Code

CORPORATION — Complete item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete item 5a or 5b

Laura Leach

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See instructions.

7. The information contained herein, including in any attachments, is true and correct.

4/15/19

Laura Leach

Corporate Agent

Laura Leach
Signature

Date

Type or Print Name of Person Completing the Form

Title