

## BUSINESS CORPORATION ANNUAL REPORT

6/2022	Alta Dia arta a D	• <b></b>		
AME OF BUSINESS CORPORATION:	Alta Planning + D	esign, Inc.		
ECRETARY OF STATE ID NUMBER: 136670	E OF FORMATION: CA		Filing Office Use Only E - Filed Annual Report	
REPORT FOR THE FISCAL YEAR END: 12/			1366768 CA202404702173 2/16/2024 11:59	
ECTION A: REGISTERED AGENT'S INFORM		∇hanges		
1. NAME OF REGISTERED AGENT: Co	orporation Service	Company		
2. SIGNATURE OF THE NEW REGISTER	ED AGENT:			
2. SIGNATORE OF THE NEW REGISTER		GNATURE CONSTITUTES CO	DNSENT TO THE AP	POINTMENT
3. REGISTERED AGENT OFFICE STREE	T ADDRESS & COUNTY	4. REGISTERED AG	ENT OFFICE M	AILING ADDRESS
2626 Glenwood Ave Ste 550	2626 Glenwood Ave Ste 550			
Raleigh, NC 27608 Wake Count	Raleigh, NC 27608			
ECTION B: PRINCIPAL OFFICE INFORMATI  1. DESCRIPTION OF NATURE OF BUSIN  2. PRINCIPAL OFFICE PHONE NUMBER	NESS: Professional	Services-Non-motor	<u> </u>	
1. DESCRIPTION OF NATURE OF BUSIN	Professional 5032309862		CE EMAIL: Pri	
<ol> <li>DESCRIPTION OF NATURE OF BUSING</li> <li>PRINCIPAL OFFICE PHONE NUMBER</li> <li>PRINCIPAL OFFICE STREET ADDRES</li> <li>101 SW Main St. Suite 2000</li> </ol>	Professional 5032309862	3. PRINCIPAL OFFICE 5. PRINCIPAL OFFICE 101 SW Main St.	CE EMAIL: Pri CE MAILING AD Suite 2000	vacy Redaction
<ol> <li>DESCRIPTION OF NATURE OF BUSING</li> <li>PRINCIPAL OFFICE PHONE NUMBER</li> <li>PRINCIPAL OFFICE STREET ADDRES</li> </ol>	Professional 5032309862	3. PRINCIPAL OFFICE 5. PRINCIPAL OFFICE	CE EMAIL: Pri CE MAILING AD Suite 2000	vacy Redaction
<ol> <li>DESCRIPTION OF NATURE OF BUSING</li> <li>PRINCIPAL OFFICE PHONE NUMBER</li> <li>PRINCIPAL OFFICE STREET ADDRES</li> <li>101 SW Main St. Suite 2000</li> </ol>	Professional 3: 5032309862 3: cable. (Optional see owned small business	3. PRINCIPAL OFFICE 5. PRINCIPAL OFFICE 101 SW Main St. Portland, OR 972 instructions)	CE EMAIL: Pri CE MAILING AD Suite 2000	vacy Redaction
1. DESCRIPTION OF NATURE OF BUSING 2. PRINCIPAL OFFICE PHONE NUMBER 4. PRINCIPAL OFFICE STREET ADDRES  101 SW Main St. Suite 2000  Portland, OR 97204  6. Select one of the following if applied to the company is a veteran-out of the company is a service-diagram.	ress: Professional s: 5032309862 s cable. (Optional see owned small business isabled veteran-owned small business isabled business isabled veteran-owned small business isabled	3. PRINCIPAL OFFICE 5. PRINCIPAL OFFICE 101 SW Main St. Portland, OR 972 instructions)	CE EMAIL: Pri CE MAILING AD Suite 2000	vacy Redaction
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1. DESCRIPTION OF NATURE OF BUSING 2. PRINCIPAL OFFICE PHONE NUMBER 4. PRINCIPAL OFFICE STREET ADDRES  101 SW Main St. Suite 2000 Portland, OR 97204  6. Select one of the following if applied The company is a veteran-oung The company is a service-dient section C: OFFICERS (Enter additional office NAME: Brett Hondorp	cable. (Optional see wined small business isabled veteran-owned ers in Section E.)  NAME: Charul Do	3. PRINCIPAL OFFICE 5. PRINCIPAL OFFICE 101 SW Main St. Portland, OR 972 instructions) d small business	CE EMAIL: Pri CE MAILING AD Suite 2000 204	vacy Redaction  DRESS
1. DESCRIPTION OF NATURE OF BUSING  2. PRINCIPAL OFFICE PHONE NUMBER  4. PRINCIPAL OFFICE STREET ADDRES  101 SW Main St. Suite 2000  Portland, OR 97204  6. Select one of the following if applied  The company is a veteran-outline and the company is a service-discrete service additional office of the service in the company is a service in the company in the company is a service in the company in the company in the company is a service in the company in the	cable. (Optional see wined small business isabled veteran-owned ers in Section E.)  NAME: Charul Do TITLE: Treasurer	3. PRINCIPAL OFFICE 5. PRINCIPAL OFFICE 101 SW Main St. Portland, OR 972 instructions) d small business	CE EMAIL: Pri CE MAILING AD Suite 2000 204  NAME: Emil TITLE: Vice ADDRESS:	vacy Redaction  DRESS

**SECTION D:** CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

DATE

Print or Type Title of Officer

entity. Joe Gilpin 2/16/2024

SIGNATURE

Form must be signed by an officer listed under Section C of this form.

Joe Gilpin Secretary

Print or Type Name of Officer

## **SECTION E: ADDITIONAL OFFICERS**

NAME: Joe Gilpin	NAME: Joe Gilpin	NAME: Katie Mangle	
TITLE: Vice President	TITLE: Secretary	TITLE: Vice President	
ADDRESS:	ADDRESS:	ADDRESS:	
101 SW Main St. Suite 2000	101 SW Main St. Suite 2000	101 SW Main St. Suite 2000	
Portland, OR 97204	Portland, OR 97204	Portland, OR 97204	
NAME: Michael Renshaw	NAME: Matt Hayes	NAME: Mike Rose	
TITLE: Vice President	TITLE: Vice President	TITLE: Vice President	
ADDRESS:	ADDRESS:	ADDRESS:	
101 SW Main St. Suite 2000	101 SW Main St. Suite 2000	101 SW Main St. Suite 2000	
Portland, OR 97204	Portland, OR 97204	Portland, OR 97204	
NAME: Natalie Lozano	NAME: Steven Frieson	NAME:	
TITLE: Vice President	TITLE: Vice President	TITLE:	
ADDRESS:	ADDRESS: 111 E. Chapel Hill St.	ADDRESS:	
101 SW Main St. Suite 2000	SUITE 200		
Portland, OR 97204	Durham, NC 27701		
NAME:	NAME:	NAME:	
TITLE:	TITLE:	TITLE:	
ADDRESS:	ADDRESS:	ADDRESS:	
NAME:	NAME:	Name:	
TITLE:	TITLE:	TITLE:	
ADDRESS:	ADDRESS:	ADDRESS:	
NAME:	NAME:	NAME:	
TITLE:	TITLE:	TITLE:	
ADDRESS:	ADDRESS:	ADDRESS:	