## DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS NONPROFIT CORPORATION ANNUAL REPORT

2020

Due October 1, 2020 File Online at www.michigan.gov/corpfileonline

Identification Number 800869263

Corporation name

000009203

OLESON FOUNDATION

Resident agent name and mailing address of the registered office

RECEIVED

KATHRYN L HUSCHKE 3860 N LONG LAKE RD STE A TRAVERSE CITY, MI 49684

AUG 17 2020 2 0

LARA

FILED

SEP 23 2020

The address of the registered office

3860 N LONG LAKE RD STE A TRAVERSE CITY, MI 49684 CORPORATIONS DIVISION

	/
/	

To certify there are **NO CHANGES** from the previously filed report, **check this box** and **PROCEED TO ITEM 6** for signature. No other sections can be completed if box is checked.

1 Mailing address	s of registered office in Michigan if changed (may be a P O Box)	2 Resident Agent if changed	
	the registered office in Michigan if changed (a P O Box may not be designa	ited as the address of the registered office)	
4 The purposes a	and general nature and kind of business in which the corporation engaged in	during the year covered by this report	
5 NAME and BUSINESS OR RESIDENCE ADDRESS			
	President		
lf different than President			
	Treasurer		
	on is a private foundation or formed to provide care to a dentally unders d the board shall consist of 1 or more directors. The board of all other		
	Director		
Required Director(s)	Director		
	Director		
6 Signature of au	thorized officer or agent  Title  EXC(u+ve D) le(tor	te $8/12/20$ Phone (Optional) $3/9 \sim 3605$	

FILE ONLINE AND SAVE time by going to www.michigan.gov/corpfileonline. You will get an immediate response and you can elect to receive future notices by email to the resident agent. The agent will also be sent an email when a document is filed or a CID/PIN is requested.

To mail your completed report with a check or money order payable.

Report due October 1, 2020.

Filing Fee \$20.00.

to the State of Michigan, return to Corporations Division P O Box 30767 Lansing, MI 48909 (517) 241-6470