



Annual Report

BUSINESS INFORMATION

Business Name:

LIFE SUPPORT

UBI Number:

602 343 934

Business Type:

WA NONPROFIT CORPORATION

Business Status:

ACTIVE

Principal Office Street Address:

430 N PINE ST, ELLENSBURG, WA, 98926-3118, UNITED STATES

Principal Office Mailing Address:

PO BOX 264, S CLE ELUM, WA, 98943-0264, UNITED STATES

Expiration Date:

11/30/2026

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

11/19/2003

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

CHARITABLE

NONPROFIT GROSS REVENUE CERTIFICATION

Per [RCW 24.03A.960](#) does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? - **Yes**

NONPROFIT CORPORATION'S EIN

Nonprofit EIN: **20-0413954**

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name Street Address

Mailing Address

SCOTT E PERNA
CPA PC

430 N PINE ST, ELLENSBURG, WA, 98926-3118,
UNITED STATES

PO BOX 919, ELLENSBURG, WA, 98926-1924,
UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

CHERI.MARUSA@GMAIL.COM

Street Address:

430 N PINE ST, ELLENSBURG, WA, 98926-3118, USA

Mailing Address:

PO BOX 264, S CLE ELUM, WA, 98943-0264, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		CHERI	MARUSA
GOVERNOR	INDIVIDUAL		BOB	MCLEAN
GOVERNOR	INDIVIDUAL		SID	MORRISON
GOVERNOR	INDIVIDUAL		SENA	LANPHERE

NATURE OF BUSINESS

- CHARITABLE

REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION

Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)? - **Yes**

CONTROLLING INTEREST

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?
- **No**
2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?
- **No**
 - a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?
- **No**
3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?
- **No**

You **must** submit a Controlling Interest Transfer Return form if you answered "Yes" to questions 1 and 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? - **No**

EMAIL OPT-IN

By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

I am an authorized person.

Person Type:

ENTITY

First Name:

SCOTT

Last Name:

PERNAA

Entity Name:

SCOTT E PERNAA CPA PC

Title:

CPA

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.