

Secretary of State Registry of Public Agencies

(Government Code section 53051)

SF-405

IMPORTANT — Read Instructions before completing this form.

There is No Fee for a Registry of Public Agencies filing

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00			This Space For Office Use Only			
1. Type of Filing (Check one.)						
Initial Filing (first Registry of Public Agencies filing for an agency)						
Updated Filing (change to an existing Registry of Public Agencies record)						
2. Agency Information						
a. Full Legal Name of Public Agency						
Spalding Community Service District						
b. Nature of Update (complete if Updated Filing	g)					
Board Member changes						
c. County	d. Official Mailing Address					
Lassen	502-907 Mahogany Way, Susanville, CA. 96130					
3. Chairperson, President, or Other Presiding Officer						
a. Name		b. Title				
Theodore Thomas		Chairman (of the Board			
c. Business or Residence Address						
502-907 Mahogany Way, Susanville, Ca. 96130						
4. Clerk or Secretary						
a. Name	х	b. Title				
Kari Graton		General M	anager			
c. Business or Residence Address						
502-907 Mahogany Way, Susanville, Ca. 96130						
5. Other Members of the Governing Board (Enter as many as applicable. Attach additional pages for additional members.)						
Name		Business or Resid	lence Address			
Larry Doss		502-907 Mal	nogany Way, Susanville, Ca. 96130			

Name	Business or Residence Address
Larry Doss	502-907 Mahogany Way, Susanville, Ca. 96130
Name	Business or Residence Address
Ed Lawson	502-907 Mahogany Way, Susanville, Ca. 96130
Name	Business or Residence Address
Barbara Willard	502-907 Mahogany Way, Susanville, Ca. 96130
Name	Business or Residence Address
Frank Muse	502-907 Mahogany Way, Susanville, Ca. 96130
Name	Business or Residence Address

6. Date and Sign Below (Additional members set forth on attached pages, if any, are incorporated herein by reference and made part of this Form SF-405, Registry of Public Agencies.)

05/09/2024	Kai "	7	Kari Graton, General Manager	
Date	Signature	PU	Type or Print Name	
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