AMENDED ANNUAL REPORT

Corporation Division
sos.oregon.gov/business

E-FILED
Sep 03, 2025
OREGON SECRETARY OF STATE

REGISTRY NUMBER

10768117

REGISTRATION DATE

10/10/1974

BUSINESS NAME

MCKENZIE VALLEY WELLNESS

BUSINESS ACTIVITY

HEALTH CARE AND WELLNESS

MAILING ADDRESS

PO BOX 381
BLUE RIVER OR 97413 USA

TYPE

DOMESTIC NONPROFIT CORPORATION

PRIMARY PLACE OF BUSINESS

51730 DEXTER ST
BLUE RIVER OR 97413 USA

JURISDICTION

OREGON

REGISTERED AGENT

ROBIN LEE ROBERTS
51730 DEXTER ST
BLUE RIVER OR 97413 USA
If the Registered Agent has changed, the new agent has consented to the appointment.

PRESIDENT

ROBIN LEE ROBERTS
PO BOX 381
BLUE RIVER OR 97413 USA

SECRETARY

JANE WILSON
PO BOX 381
BLUE RIVER OR 97413 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

ROBIN LEE ROBERTS

TITLE

PRESIDENT

DATE

09-03-2025