AMENDED ANNUAL REPORT

Corporation Division
sos.oregon.gov/business

E-FILED
Nov 17, 2025
OREGON SECRETARY OF STATE

REGISTRY NUMBER

17417312

REGISTRATION DATE

12/30/1983

BUSINESS NAME

JASPER MOUNTAIN

BUSINESS ACTIVITY

NONPROFIT - PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN WHO HAVE BEEN ABUSED OR NEGLECTED

MAILING ADDRESS

37875 JASPER-LOWELL RD
JASPER OR 97438 USA

TYPE

DOMESTIC NONPROFIT CORPORATION

PRIMARY PLACE OF BUSINESS

37875 JASPER LOWELL RD
JASPER OR 97438 USA

JURISDICTION

OREGON

REGISTERED AGENT

CARITA LIVELY
37875 JASPER-LOWELL RD
JASPER OR 97438 USA
If the Registered Agent has changed, the new agent has consented to the appointment.

PRESIDENT

MONIQUE CARROLL
37875 JASPER LOWELL RD
JASPER OR 97438 USA

SECRETARY

CHELSEA MURKLEY
37875 JASPER LOWELL RD
JASPER OR 97438 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

CARITA LIVELY

TITLE

COMPLIANCE & OPS COORDINATOR

DATE

11-17-2025