INFORMATION CHANGE

Corporation Division
sos.oregon.gov/business

E-FILED
Jun 11, 2026
OREGON SECRETARY OF STATE

REGISTRY NUMBER

258518894

REGISTRATION DATE

06/05/2026

BUSINESS NAME

BROADER PATH THERAPY LLC

BUSINESS ACTIVITY

PRIVATE PRACTICE THERAPY SERVICES

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION

OREGON

MAILING ADDRESS

6904 N KNOWLES AVE
PORTLAND OR 97217 USA

PRIMARY PLACE OF BUSINESS

6904 N KNOWLES AVE
PORTLAND OR 97217 USA

REGISTERED AGENT

MATTHEW LOVETT TALLMAN
6904 N KNOWLES AVE
PORTLAND OR 97217 USA
If the Registered Agent has changed, the new agent has consented to the appointment.

INDIVIDUAL WITH DIRECT KNOWLEDGE

MATTHEW LOVETT TALLMAN
6904 N KNOWLES AVE
PORTLAND OR 97217 USA

INDIVIDUAL WITH DIRECT KNOWLEDGE

KIMBERLY JEAN ALLEN
6904 N KNOWLES AVE
PORTLAND OR 97217 USA

MEMBER

KIMBERLY JEAN ALLEN
6904 N KNOWLES AVE
PORTLAND OR 97217 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, managers, members or agents of the limited liability company 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

MATTHEW LOVETT TALLMAN

TITLE

MEMBER MANAGER, OWNER

DATE

06-11-2026