ARTICLES OF ORGANIZATION

Corporation Division
sos.oregon.gov/business

E-FILED
Jun 29, 2026
OREGON SECRETARY OF STATE

REGISTRY NUMBER

259503291

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

HEALING PATH THERAPY LLC

2. MAILING ADDRESS

2028 W PARK CT NW SALEM OREGON
SALEM OR 97304 USA

3. PRINCIPAL PLACE OF BUSINESS

2028 W PARK CT NW SALEM OREGON
SALEM OR 97304 USA

4. NAME & ADDRESS OF REGISTERED AGENT

XAN K DECAMBRA

2028 W PARK CT NW SALEM OREGON
SALEM OR 97304 USA

5. ORGANIZERS

XAN K DECAMBRA

2028 W PARK CT NW SALEM OREGON
SALEM OR 97304 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

XAN KALEINANI DECAMBRA

2028 W PARK CT NW SALEM OREGON
SALEM OR 97304 USA

7. INITIAL MEMBERS/MANAGERS

MEMBER

XAN K DECAMBRA

2028 W PARK CT NW SALEM OREGON
SALEM OR 97304 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

10. PROFESSIONAL SERVICES

OtherLicensedProfessionperORS58.015(5)

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

XAN K DECAMBRA

TITLE

OWNER

DATE

06-27-2026