Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary. Fax: (503) 378-4381

DEC 27 2019

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 107691-17

ENTITY TYPE: (•) DOMESTIC ( ) FOREIGN

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

McKenzie River Clinic

Complete only the sections that you are updating.

2. BUSINESS ACTIVITY

no change

3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

56815 North Bank Rd
Blue River, OR 97413

4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

no change

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:
Must be an Oregon Street Address, which is identical to the registered agent's office.

56815 North Bank Rd
Blue River, OR 97413

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

PO Box 381
Blue River, OR 97413

7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

The entity has been notified in writing of this change.

9. INDIVIDUAL WITH DIRECT KNOWLEDGE (Names and Addresses)
List the name and address of at least one individual who is a director, or controlling shareholder of the corporation (member or manager of the LLC) or an authorized representative with direct knowledge of the operations and business activities of the corporation or LLC.

Val Rapp
56815 North Bank Rd
Blue River, OR 97413

10. NAME(S) AND ADDRESS(ES)OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS
Corporations list the name and address of one President and one Secretary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315).
Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787). Please attach a separate sheet of paper if needed.
If making changes to this section, list all current names and addresses. This replaces what is currently on the record.

PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)

Val Rapp
PO Box 381
Blue River, OR 97413

SECRETARY OR MANAGER(S): (Names and Addresses)

Linda ~~Schefers~~ Schaefers
PO Box 381
Blue River, OR 97413

11. EXECUTION: I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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.

SIGNATURE: Valerie A. Rapp **PRINTED NAME:** VALERIE A. RAPP **TITLE:** PRESIDENT

CONTACT NAME: (To resolve questions with this filing)
David E. Atkin

PHONE NUMBER: (Include area code)
541-342-6336

FEES
MCKENZIE RIVER CLINIC
10768117-20678064 AAR

Name Search program:

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