Articles of Amendment - Nonprofit

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

FILED

DEC 30 2019

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 107681-17

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

Please Type or Print Legibly in Black Ink.

1) **ENTITY NAME:** McKenzie River Clinic

2) **STATE THE ARTICLE NUMBER(S):** and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

Article I. The name of the corporation is McKenzie Valley Wellness and its duration is perpetual.

3) **THE AMENDMENT WAS ADOPTED ON:** Nov. 25, 2019

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4) **CHECK THE APPROPRIATE STATEMENT:**

☒ Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

☐ Membership approval was required.

The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

5) **EXECUTION:** (Must be signed by at least one officer or director.)
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:	Printed Name:	Title:
Valerie A. Rapp	VALERIE A. RAPP	PRESIDENT OF BOARD

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

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

FEES
Required Processing Fee $50
No Fee for Nonprofit Type Change.
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Fee paid to MCKENZIE VALLEY WELLNESS

10768117-20679747 AMDART

31 - Articles of Amendment - Nonprofit (11/17)