# AMENDED ANNUAL REPORT

Corporation Division
www.filinginoregon.com

**E-FILED**
Jan 17, 2023
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

17417312

**REGISTRATION DATE**

12/30/1983

**BUSINESS NAME**

JASPER MOUNTAIN

**BUSINESS**

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**

FRANK PAPAGNI

37875 JASPER LOWELL RD
JASPER OR 97438 USA

**SECRETARY**

CHUCK DAVIS

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 SPECIALIST

**DATE**

01-16-2023