



## Application for Authority to Transact Business - 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: JUN 24, 2024  
OREGON SECRETARY OF STATE

228044590-26393958

LIFELONG MEDICAL CARE

NEWAUT

For Office Use Only

REGISTRY NUMBER: 2280445-90

For office use only

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

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF CORPORATION: Lifelong Medical Care

NOTE: Must be identical to the name of record in the jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION 892325OR: **CERTIFICATE OF EXISTENCE**  (ATTACHED)

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) DATE OF INCORPORATION: DURATION, IF NOT PERPETUAL:

July 21, 1978

4) STATE OR COUNTRY OF INCORPORATION:

California

5) TYPE OF CORPORATION:

 PUBLIC BENEFIT  MUTUAL BENEFIT  RELIGIOUS

6) WILL THE CORPORATION HAVE MEMBERS?

 YES  NO

ORS 65.001(28)

(a) "Member" means any person or persons entitled, pursuant to a domestic or foreign corporation's articles or bylaws, without regard to what a person is called in the articles or bylaws, to vote on more than one occasion for the election of a director or directors.

(b) A person is not a member by virtue of any of the following rights the person has:

- (A) As a delegate;
- (B) To designate or appoint a director or directors;
- (C) As a director; or
- (D) As a holder of an evidence of indebtedness issued or to be issued by the corporation.

(c) Notwithstanding the provisions of paragraph (a) of this subsection, a person is not a member if the person's membership rights have been eliminated as provided in ORS 65.164 or 65.167.

12) 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:  
SIGNED BY:David B. Vliet

Printed Name:

David B. Vliet

Title:

Chief Executive Officer

14000538230745...

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

Antoinette McGill

PHONE NUMBER: (Include area code.)

510-549-5434

## FEES

Required Processing Fee \$50

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at sos.oregon.gov/business using the Business Name Search program.