

AMENDED ANNUAL REPORT



Corporation Division
sos.oregon.gov/business

E-FILED

Oct 14, 2025

OREGON SECRETARY OF STATE

REGISTRY NUMBER

64602197

REGISTRATION DATE

11/20/2009

BUSINESS NAME

ELGIN HEALTH CENTER, LLC

BUSINESS ACTIVITY

RURAL FAMILY HEALTH CARE PRACTICE

MAILING ADDRESS

P O BOX 908
ELGIN OR 97827 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

720 ALBANY
ELGIN OR 97827 USA

JURISDICTION

OREGON

REGISTERED AGENT

JENNY ANN BARTELL
720 ALBANY
ELGIN OR 97827 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

TEMPIE DEE BARTELL
720 ALBANY
ELGIN OR 97827 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, 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

TEMPIE DEE BARTELL

TITLE

MEMBER

DATE

10-14-2025