



Amendment to Annual Report - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone 503.946.2200

FILED

AUG 02 2011

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 412705-88

ENTITY TYPE: [X] 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

Please Type or Print Legibly in Black Ink.

1) NAME OF ENTITY: Mid-Valley Properties of Oregon, LLC

2) PRINCIPAL PLACE OF BUSINESS: (Street Address)

590 Hatton Lane #1
Junction City, OR 97448

3) ADDRESS FOR MAILING NOTICES:

P.O. Box 56
Turner, OR 97392

4) THE REGISTERED AGENT HAS BEEN CHANGED TO:

Mike Kelley

5) THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

6) ADDRESS OF THE NEW REGISTERED OFFICE: (Must be an Oregon Street Address which is identical to the registered agent's business office.)

6995 3rd St. SE
Turner, OR 97392

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

8) NOTIFICATION:

[] The entity has been notified in writing of this change.

LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

9) MEMBERS: (Name and street address)

Walter Wells
7474 Battle Creek Rd. SE Salem, OR 97317
Mike Kelley
4600 SW Joshua St. Tualatin, OR 97062
Gary Wallstrom
10942 Garma Ct. SE Turner, OR 97392
Russel Wells
11843 Vicki Lane Aumsville, OR 97325

10) MANAGERS: (Name and street address)

11) EXECUTION: (Must be signed by at least one member or manager.)

By my signature, I declare as an authorized authority, that 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:

Walter Wells

Printed Name:

Walter Wells

Title:

Member

Date:

7/20/11

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

Cheryl Lowry

PHONE NUMBER: (Include area code.)

503-743-4630



41270588-12863138