

AMENDED ANNUAL REPORT

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Corporation Division

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OREGON SECRETARY OF STATE

REGISTRY NUMBER 64602197

REGISTRATION DATE 11/20/2009

BUSINESS NAME ELGIN HEALTH CENTER, LLC

BUSINESS ACTIVITY FAMILY NURSE PRACTITIONER CLINIC

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 TEMPIE DEE BARTELL
720 ALBANY
ELGIN OR 97827 USA

MEMBER TEMPIE DEE BARTELL
720 ALBANY
ELGIN OR 97827 USA

SIGNER TEMPIE DEE BARTELL

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.

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	TEMPIE DEE BARTELL
TITLE	MEMBER
DATE SIGNED	2011-10-06