

ARTICLES OF ORGANIZATION



Corporation Division
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E-FILED
Nov 20, 2009
OREGON SECRETARY OF STATE

REGISTRY NUMBER

64602197

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

ELGIN HEALTH CENTER, LLC

2. MAILING ADDRESS

P.O. BOX 908
ELGIN OR 97827 USA

3. NAME & ADDRESS OF REGISTERED AGENT

TEMPIE DEE BARTELL

1400 DIVISION STREET
ELGIN OR 97827 USA

4. ORGANIZERS

TEMPIE DEE BARTELL

P.O. BOX 908
ELGIN OR 97827 USA

5. DURATION

PERPETUAL

6. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

7. PROFESSIONAL SERVICES

Nurse Practitioners



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