



Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200
Please Type or Print Legibly in Black ink. Attach Additional Sheet if Necessary. Fax: (503) 378-4381

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SEP 15 2016

Print Form

Reset Form

REGISTRY NUMBER: 119655793

ENTITY TYPE: ☒ 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

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

OREGON
SECRETARY OF STATE

Dr Phill's Pharma LLC

Complete only the sections that you are updating.

2. BUSINESS ACTIVITY

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

16641 SE 82nd Dr, Suite 102

Clackamas, OR 97015

4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

Must be an Oregon Street Address, which is identical to the registered agent's office.

7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

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

The entity has been notified in writing of this change.

NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS :

Corporations list the name and address of the President and Secretary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315).

Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787).

List all current names and addresses. This replaces what is currently on the record.

9. PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)

Phillip Thielen- Member

10824 SE Oak St. Suite 131

Milwaukie, OR 97222

Margo Sperry - Member

3680 SE Crystal Springs Blvd, Portland 97202

10. SECRETARY OR MANAGER(S): (Names and Addresses)

11. EXECUTION: By my signature, I declare as an authorized signer, 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:

PRINTED NAME:

TITLE:

Phillip Thielen

Member

CONTACT NAME: (To resolve questions with this filing)

Phill Thielen

PHONE NUMBER: (Include area code)

503 757-5363

DR PHILL'S PHARMA LLC



119655793-17312968

AAR