

# RENEWAL OF REGISTRATION



Corporation Division  
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**E-FILED**  
Nov 30, 2020  
**OREGON SECRETARY OF STATE**

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**REGISTRY NUMBER**

40342990

**REGISTRATION DATE**

12/29/2006

**BUSINESS NAME**

PEACEHEALTH MEDICAL GROUP-SIUSLAW

**BUSINESS ACTIVITY**

HEALTHCARE PROVIDER

**TYPE**

ASSUMED BUSINESS NAME

**PRIMARY PLACE OF BUSINESS**

380 NINTH ST  
FLORENCE OR 97439 USA

**JURISDICTION**

OREGON

**COUNTIES**

BAKER, BENTON, CLACKAMAS, CLATSOP, COLUMBIA, COOS, CROOK, CURRY, DESCHUTES, DOUGLAS, GILLIAM, GRANT, HARNEY, HOOD RIVER, JACKSON, JEFFERSON, JOSEPHINE, KLAMATH, LAKE, LANE, LINCOLN, LINN, MALHEUR, MARION, MORROW, MULTNOMAH, POLK, SHERMAN, TILLAMOOK, UMATILLA, UNION, WALLOWA, WASCO, WASHINGTON, WHEELER, YAMHILL

**AUTHORIZED REPRESENTATIVE**

TAMARA MILLER  
  
RIVERBEND ANNEX  
123 INTERNATIONAL WAY  
SPRINGFIELD OR 97477 USA

**REGISTRANT/OWNER**

1391721 - PEACEHEALTH  
  
1115 SE 164TH AVE DEPT 302  
VANCOUVER WA 98683 USA



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.

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**

TAMARA MILLER

**TITLE**

AUTHORIZED REPRESENTATIVE

**DATE SIGNED**

11-30-2020