

AMENDED ANNUAL REPORT



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E-FILED
Apr 10, 2022
OREGON SECRETARY OF STATE

REGISTRY NUMBER

67929498

REGISTRATION DATE

04/09/2010

BUSINESS NAME

MARCI L. LECOMPTE, M.A., LLC

BUSINESS

PROFESSIONAL COUNSELING PROVIDING MENTAL HEALTH THERAPY TO ADULTS, CHILDREN, AND COUPLES.

MAILING ADDRESS

PO BOX 1157
OAKRIDGE OR 97463 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

48247 HILLS STEET
OAKRIDGE OR 97463 USA

JURISDICTION

OREGON

REGISTERED AGENT

MARCI LYNN LECOMPTE

48247 HILLS STREET
OAKRIDGE OR 97463 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

MARCI LYNN LECOMPTE

1680 IVY ST SUITE 1
JUNCTION CITY OR 97448 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. 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

MARCI LYNN LECOMPTE

TITLE

OWNER

DATE

04-10-2022