



Secretary of State
Statement and Designation by
Foreign Corporation

S&DC-S/N

For Office Use Only

-FILED-

File No.: 6511430

Date Filed: 12/23/2024

Must be submitted with a current **Certificate of Good Standing** issued by the government agency where the corporation was formed.

Filing Fee – \$100.00 (for a foreign stock corporation) or \$30.00 (for a foreign nonprofit corporation)

Certified Copy Fee (Optional) - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

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1. Corporate Name (Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)

2. Jurisdiction (State, foreign country or place where this corporation is formed - **must match** the Certificate of Good Standing provided.)

Northeast Health Resource Center

Oregon

3. Business Addresses (Enter the **complete** business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
1645 NE 20th ST # 231	Gresham	OR	97030
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
8025 Cavalier Way	Sacramento	CA	95832
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Byron	C	Chambers	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
8025 Cavalier Way	Sacramento	CA	95832

CORPORATION – Complete Item 4c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 4a or 4b

5. Read and Sign Below (Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Byron Chambers
 Signature

Byron Chambers
 Type or Print Name

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 3962479

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

NORTHEAST HEALTH RESOURCE CENTER

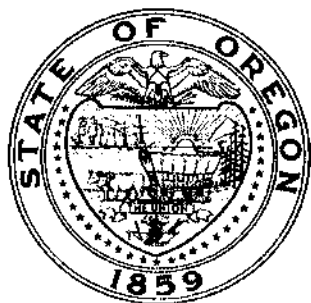
is

a Nonprofit Corporation

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.



Lavonne Griffin-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 10/2/2024



Come visit us on the internet at: sos.oregon.gov/business
or use the QR code to check their current status.