



BA20242027644



**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**STATEMENT OF INFORMATION**  
**LIMITED LIABILITY COMPANY**

California Secretary of State  
1500 11th Street  
Sacramento, California 95814  
(916) 657-5448

For Office Use Only

**-FILED-**

File No.: BA20242027644

Date Filed: 11/18/2024

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Entity Details	
Limited Liability Company Name	Collaborative Healing and Integrative Therapy, LLC
Entity No.	202464614232
Formed In	OREGON
Street Address of Principal Office of LLC	
Principal Address	22012 SWEETGRASS DRIVE BEND, OR 97702
Mailing Address of LLC	
Mailing Address	61165 S. HWY 97, STE 110, #337 BEND, OR 97702
Attention	Shaylynne Kalberg
Street Address of California Office of LLC	
Street Address of California Office	None
Manager(s) or Member(s)	
Manager or Member Name	Manager or Member Address
+ Shaylynne Kalberg	61165 S. HWY 97, STE 110, #337 BEND, OR 97702
Agent for Service of Process	
Agent Name	Brianna Neves
Agent Address	927 NOTRE DAME DRIVE SACRAMENTO, CA 95695
Type of Business	
Type of Business	support COCC students in Bend, OR with mental health needs and referrals
Email Notifications	
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.
Chief Executive Officer (CEO)	
CEO Name	CEO Address
None Entered	
Labor Judgment	
No Manager or Member, as further defined by California Corporations Code section 17702.09(a)(8), has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal is pending, for the violation of any wage order or provision of the Labor Code.	

Electronic Signature

☒ By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

*Shaylynne Kalberg*

Signature

*11/18/2024*

Date