



FILED: JAN 26, 2024  
OREGON SECRETARY OF STATE



4955217-25818297

REGISTRY NUMBER: 049552-17

SANTIAM MEMORIAL HOSPITAL

AMDART

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

Please Type or Print Legibly in **Black Ink**.

1) ENTITY NAME: SANTIAM MEMORIAL HOSPITAL

2) STATE THE ARTICLE NUMBER(S): and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)  
Article VII of the Restated Articles of Incorporation is deleted and replaced in its entirety with the following:

"The corporation shall not have members. The corporation shall be governed and controlled solely by its board of directors acting as a body and its delegated authority in the corporation's officers, management, employees, and agents."

3) THE AMENDMENT WAS ADOPTED ON: January 10, 2024

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4) CHECK THE APPROPRIATE STATEMENT:

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required.

The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
All/One Class	152	47	45	2

5) EXECUTION: (Must be signed by at least one officer or director.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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:

Maggie Hudson

Title:

President & CEO

CONTACT NAME: (To resolve questions with this filing.)

John C. Davis

PHONE NUMBER: (Include area code.)

541-383-5857

FEES
Required Processing Fee \$50
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