



Corporation Division
sos.oregon.gov/business

E-FILED
Jul 15, 2025
OREGON SECRETARY OF STATE

REGISTRY NUMBER

243951498

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

PURE INFUSION OF OREGON, LLC

2. MAILING ADDRESS

4179 S RIVERBOAT RD STE 220
TAYLORSVILLE UT 84123 USA

3. PRINCIPAL PLACE OF BUSINESS

5441 S MACADAM AVE STE N
PORTLAND OR 97239 USA

4. NAME & ADDRESS OF REGISTERED AGENT

51329093 - NORTHWEST REGISTERED AGENT LLC

5441 S MACADAM AVE STE N
PORTLAND OR 97239 USA

5. ORGANIZERS

51329093 - NORTHWEST REGISTERED AGENT LLC

5441 S MACADAM AVE STE N
PORTLAND OR 97239 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

BRENT JACOBSEN

5441 S MACADAM AVE STE N
PORTLAND OR 97239 USA

7. INITIAL MEMBERS/MANAGERS**MANAGER**

PURE HEALTHCARE

5441 S MACADAM AVE STE N
PORTLAND OR 97239 USA

8. DURATION

PERPETUAL



9. MANAGEMENT

This Limited Liability Company will be manager-managed by one or more managers

10. OPTIONAL PROVISIONS

The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 to 63.170.

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**

NAT SMITH

TITLE

AUTHORIZED AGENT

DATE

07-15-2025