HCMO-1: Notice of Material Change Transaction

Attachment C

Detailed Information About Cascades Rural High Value Network

1. Describe the Participating Entity.

a. Describe the Participating Entity's business, including business lines or segments.

Cascades Rural High Value Network is a nonprofit, membership corporation organized under Oregon law. It was formed to serve as the clinically-integrated network ("CIN") of its founding members, which are Bay Area Hospital District, Blue Mountain Hospital District, Coquille Valley Hospital District, Curry Health District, Grande Ronde Hospital, Inc., Harney District Hospital, Lake Health District, Lower Umpqua Hospital District, Morrow County Health District, Southern Coos Health District, and Wallowa County Health Care District. Cascades Rural High Value Network has not yet begun to conduct business or enter into contracts on behalf of its members, but it proposed business lines and segments include assisting its members to develop robust population health and value-based care offerings, to enter into contracts for those offerings with insurers and other health care payers, and to provide services and other resources that can be used (and financed) collectively by the members.

b. Describe the Participating Entity's governance and operational structure (including ownership of or by a health care entity)

Cascades Rural High Value Network is a membership corporation that is owned and operated by its members. The bylaws for Cascades Rural High Value Network are attached as **Exhibit D**. The articles of incorporation are attached as **Attachment C, Exhibit 1.b.**

c. Provide a diagram or chart showing the organizational structure and relationships between business entities.

See **Exhibit B**.

d. List all of the Participating Entity's business entities currently licensed to operate in Oregon using HCMO-1b: Business Entities form. Provide the business name, assumed business name, business structure, date of incorporation, jurisdiction, principal place of business, and FEIN for each entity.

See **Attachment C, Exhibit 1.d**.

e. Provide financial statements for the most recent three fiscal years. If Party A also operates outside of Oregon, provide financial statements both for Party A nationally and for the Participating Entity's Oregon business.
Having just been formed, Cascades Rural High Value Network does not yet have any financial statements.

f. Describe and identify the Participating Entity's health care business. Provide responses to i-ix as applicable:

i. Provider type (hospital, physician group, etc.)
Cascades Rural High Value Network is a nonprofit membership corporation organized under Oregon law. It will serve as a CIN for its members.

ii. Service lines, both overall and in Oregon
See response to item 1.a., above.

iii. Products and services, both overall and in Oregon
See response to item 1.a., above.

iv. Number of staff and FTE, both overall and in Oregon
Cascades Rural High Value Network does not yet have any employees.

v. Geographic areas served, both overall and in Oregon
Cascades Rural High Value Network will serve the geographic areas served by its members. (See responses to **item 1.v., in Attachments A-L.**)

vi. Addresses of all facilities owned or operated using HCMO-1c: Facilities and Locations form
Cascades Rural High Value Network does not own or operate any facilities.

vii. Annual number of people served in Oregon, for all business, not just business related to transaction
Cascades Rural High Value Network will collectively serve the same number of people served by its members. (See responses to **item 1.vii., in Attachments A-L**.)

viii. Annual number of services provided in Oregon
Cascades Rural High Value Network has not begun to provide services.

ix. For hospitals, number of licensed beds
NA

2. Describe all mergers, acquisitions, and joint ventures that closed in the ten (10) years prior to filing this notice of material change transaction involving any entities party to the current proposed transaction, the same or related services, and health care entities. For each previous transaction, include:
NA

a. Legal names of all entities party to the transaction
NA

b. Type of transaction
NA

c. Description of the transaction
NA

d. Date the transaction closed
NA

Attachment C

Exhibit 1.b.

Articles of Incorporation

ARTICLES OF INCORPORATION

Corporation Division
sos.oregon.gov/business

E-FILED
May 29, 2026
OREGON SECRETARY OF STATE

REGISTRY NUMBER

258139196

TYPE

DOMESTIC NONPROFIT CORPORATION

1. ENTITY NAME

CASCADES RURAL HIGH VALUE NETWORK

2. MAILING ADDRESS

707 SW WASHINGTON ST STE 1500
PORTLAND OR 97205 USA

3. NAME & ADDRESS OF REGISTERED AGENT

46085684 - ELLIOTT, OSTRANDER & PRESTON, P.C.

707 SW WASHINGTON ST STE 1500
PORTLAND OR 97205 USA

4. INCORPORATORS

JENNIFER ROLLINS

707 SW WASHINGTON ST STE 1500
PORTLAND OR 97205 USA

5. INITIAL PRESIDENT

6. INITIAL SECRETARY

7. TYPE OF NONPROFIT CORPORATION

Public Benefit

8. MEMBERS?

Yes

9. DISTRIBUTION OF ASSETS

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in any political campaign on behalf of or in opposition to any candidate for public office (including the publishing or distribution of statements). Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

8. OPTIONAL PROVISIONS

The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 65.387 to 65.414.

Corporation Division
sos.oregon.gov/business

OREGON SECRETARY OF STATE

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, directors, employees or agents of the corporation 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

JENNIFER ROLLINS

TITLE

ORGANIZER

DATE

05-28-2026

Attachment C

Exhibit 1.d.

HCMO-1b: Business Entities Form

Health Care Market Oversight (HCMO) Program
HCMO-1b: Business Entities Form

List all business entities associated with parties to the proposed material change transaction that are currently registered to operate in Oregon. Please add additional rows or pages as needed. Submit the completed form in a portable document form (pdf) to hcmo.info@oha.oregon.gov. This form will be published.

Definitions

"**Business Name**" refers to the legal business name as reported to the Internal Revenue Service.

"**Assumed Business Name**" has the meaning provided in ORS 648.005.

"**Business Structure**" refers to type of structure, such as a corporation, partnership, LLC, or other.

"**Date Formed or Incorporated**" refers to the date when the business entity was formed or incorporated.

"**Jurisdiction**" refers to the state of domestic registration.

"**Principal Place of Business**" is the physical street address where the business is located.

"**FEIN**" means the 9-digit federal tax identification number assigned by the Internal Revenue Service.

Business entities associated with Party A

Entity Name: Cascades Rural High Value Network

Business Name	Assumed Business Name	Business Structure	Date Formed or Incorporated	Jurisdiction	Principal Place of Business	FEIN
Cascades Rural High Value Network	NA	501(c)(3) nonprofit corporation	May 29, 2026	Oregon	707 SW Washington Street, Suite 1500, Portland, Oregon 97205	25-8139196
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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