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

List all business entities associated with parties to the proposed material change transaction that are currently licensed 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](mailto:hcmo.info@oha.oregon.gov). This form will be published.

## Business entities associated with Party A

Entity Name: Click or tap here to enter text.

| **Business Name** | **Assumed Business Name** | **Business Structure** | **Date of Incorporation** | **Jurisdiction** | **Principal Place of Business** | **FEIN** |
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## Business entities associated with Party B

Entity Name: Click or tap here to enter text.

| **Business Name** | **Assumed Business Name** | **Business Structure** | **Date of Incorporation** | **Jurisdiction** | **Principal Place of Business** | **FEIN** |
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Please add additional tables for other entities involved in the material change transaction that have associated business entities.

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