No. C 201224			Due no later than Feb 29, 2016			2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		THRIVE CE THANA SI	Annual Report Form 1. Mailing Address: Correct in this box if needed. THRIVE CENTER, INC. THANA SINGARAJAH		THANA SINGARAJAH 2705 E 17TH ST AMMON ID 83406					
			2705 E 17TH ST AMMON ID 83406			3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter N	ames and Bu	isiness Addresses	of President, Secr	etary, and Directors. T	Γreasurer ((optional).				
Office Held	Name		Street	or PO Address		City	State	Country	Postal Code	
TREASURER	COLIN W	ATERS	11760	S. 17 ST		IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Rep	6. Annual Report must be signed.*							
ID		Signature:	Signature: Thana Singarajah			Date: 01/15/2016				
C 201224		Name (type	Name (type or print): Thana Singarajah			Title: Executive Director				
Processed 01/15/2016 * Electronically provided signatures are accepted as original signatures.										