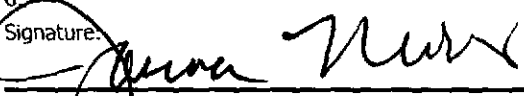


No. W 104092	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. THRIVE COUNSELING OF IDAHO LLC 3067 E COPPERPOINT 3451 E. Copperpoint MERIDIAN ID 83642		JANNA CHANEY-MILLER 3067 E COPPERPOINT MERIDIAN ID 83642
			3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Janna Miller	3451 E. Copperpoint Dr	Meridian, Id. 83642
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:		6. Signature:	Date:
IDAHO			1/16/18
W 104092		Name (type or print):	Title:
		Janna Miller	President
Issued 01/16/2018 by online			