No. <b>W 126797</b>		Due no later than Jul 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TAMARA THORN			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.		5632 N MCCARTHY AVE BOISE ID 83713			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TAMARA 7	THRIVE NOW ENDEAVORS, L.L.C. TAMARA THORN 5632 N MCCARTHY AVE BOISE ID 83713		BOISE ID 63713			
	BOISE ID			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ente	r Names and Addre	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER TAMAR	A THORN	5632 N. MCCARTHY AVE	BOISE	ID	USA	83713	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature:	Signature: Tamara Thorn		Date: 06/11/2014			
W 126797	Name (typ	Name (type or print): Tamara Thorn		Title: Manager			
Processed 06/11/2014	* Electronicall	* Electronically provided signatures are accepted as original signatures.					