







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **ANNUAL REPORT**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0004028397

Date Filed: 10/8/2020 1:28:21 PM

| Entity Name and Mailing Address: | | | | |
|---|----------------------|---|---|--|
| Entity Name: | | | Thrive Residential Assisted Living, LLC | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | | 0003623504 | |
| Address | | | KRISTEN OR SEAN ROGERS | |
| | | | 9450 SW GEMINI DR # 65765 | |
| | | | BEAVERTON, OR 97008-7105 | |
| Entity Details: | | | | |
| Entity Status | | | Active-Existing | |
| This entity is organized under the laws of: | | | IDAHO | |
| If applicable, the old file number of Idaho Secretary of State was: | f this entity on th | ne records of the | | |
| The registered agent on record is: | | | | |
| Registered Agent | | | CORPORATION SERVICE COMPANY Commercial Registered Agent | |
| | | | Physical Address | |
| | | | 12550 W EXPLORER DR STE 100 BOISE, ID 83713 | |
| | | | Mailing Address | |
| | | | 12550 W EXPLORER DR STE 100 | |
| | | | BOISE, ID 83713 | |
| Agent or Address Change | | | | |
| _ · | - | | | |
| Select if you are appointing a | new agent. | | | |
| Limited Liability Company Managers and Members | | | | |
| Name | Title | | Business Address | |
| Vrieton A Degere | Managar | THDIVE DECI | DENTIAL ACCIOTED LIVING LLC | |
| - | | | DENTIAL ASSISTED LIVING, LLC IINI DR # 65765 | |
| | | | OR 97008-7105 | |
| Sean T Rogers | Manager | THRIVE RESIDENTIAL ASSISTED LIVING, LLC | | |
| | | IINI DR # 65765 | | |
| | | | OR 97008-7105 | |
| | • | ! | | |
| The annual report must be signed by an auth | orized signer of the | entity. | | |
| | | | | |
| Kristen A Rogers | | | 10/08/2020 | |
| Sign Here | | | Date | |
| | | | | |
| | | | | |
| Job Title: Manager | | | | |