



0004750011

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***FOREIGN REGISTRATION STATEMENT  
(NONPROFIT CORPORATION)**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0004750011

Date Filed: 5/17/2022 9:21:08 AM

Foreign Registration Statement (Nonprofit Corporation)		
Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)		
1. The name this nonprofit corporation will use in Idaho is:		
Entity name	Atria Cares, Inc.	
Atria Cares, Inc.		
2. Home Jurisdiction		
The jurisdiction of formation is:	KENTUCKY	
3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:		
Street Address	LEA ANN JOHNSON 300 E. MARKET ST. STE. 100 LOUISVILLE, KY 40202	
4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:		
Mailing Address	LEA ANN JOHNSON 300 E. MARKET ST. STE. 100 LOUISVILLE, KY 40202	
5. The complete street address of the principal office is:		
Principal Office Address	LEA ANN JOHNSON 300 E. MARKET ST. STE. 100 LOUISVILLE, KY 40202	
6. The mailing address of the principal office is:		
Mailing Address	LEA ANN JOHNSON 300 E MARKET ST STE 100 LOUISVILLE, KY 40202-1968	
7. Registered Agent Name and Address		
Registered Agent	CORPORATION SERVICE COMPANY Commercial Registered Agent Physical Address 1305 12TH AVE RD NAMPA, ID 83686 Mailing Address 1305 12TH AVE RD NAMPA, ID 83686	
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.		
8. Governors		
Name	Title	Address



MARK D. JESSEE	PRESIDENT	MARK D. JESSEE 300 E. MARKET ST. STE. 100 LOUISVILLE, KY 40202
W. BRYAN HUDSON	TREASURER	W. BRYAN HUDSON 300 E. MARKET ST. STE. 100 LOUISVILLE, KY 40202
RAVINDER SANDHU	DIRECTOR	RAVINDER SANDHU 300 E. MARKET ST. STE. 100 LOUISVILLE, KY 40202

Signature of individual authorized by the entity to sign:

*W. Bryan Hudson*

Sign Here

*05/17/2022*

Date

Job Title: Treasurer and Director

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 270315

Visit <https://web.sos.ky.gov/fts/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**ATRIA CARES, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is May 10, 2005 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 10<sup>th</sup> day of May, 2022, in the 230<sup>th</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
270315/0612806