Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718

(502) 564-3490 http://www.sos.ky.gov

Statement of Qualification (Domestic Limited Liability Partnership)

1313599 Michael G. Adams KY Secretary of State Received and Filed 10/6/2023 7:53:58 PM Fee receipt: \$40.00

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Pursuant to the provisions of KRS 362.1-931, the undersigned partnership submits the following statement:

Article I: The name of the foreign limited liability partnership is

Thrive Residential And Behavior Services RLLP

Article II: The mailing address of the partnership's principal office address is

2424 Cascades Pt , Owensboro, ky 42301

Article III: The street address of the partnership's initial registered office in Kentucky is

2424 Cascades PT, Owensboro, KY 42301

and the name of the initial registered agent at that office is Colby Dylan Howard

Article IV: The above partnership elects to be a limited liability partnership.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Name of partner: Leslie Dawn Robinson

Signature of individual signing on behalf of partner: Leslie Dawn Robinson

Name of partner: Colby Dylan Howard

Signature of individual signing on behalf of partner: **Colby Dylan Howard**

I, **Colby Dylan Howard**, consent to serve as the Registered Agent on behalf of the limited liability partnership. on Friday, October 6, 2023