



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327  
  
Phone: (503) 986-2200  
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sos.oregon.gov/business

001284

PNW 12 SNF CONSULTING LLC  
4601 NE 77TH AVE STE 300  
VANCOUVER WA 98662

**2024 ANNUAL REPORT**  
Registry Number: 213711294  
Date of Authority: 6/23/2023  
Fee: \$275  
Due Date: 6/23/2024  
Type: FOREIGN LIMITED LIABILITY COMPANY

FILED: JUN 24, 2024  
OREGON SECRETARY OF STATE



213711294-26393757

PNW 12 SNF CONSULTING LLC

RENANA

**Name of Foreign Limited Liability Company**

PNW 12 SNF CONSULTING LLC

**Jurisdiction:** DELAWARE

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**

REGISTERED AGENT SOLUTIONS, INC.  
7185 SW SANDBURG STREET  
SUITE 110  
PORTLAND, OR 97223

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

**1) Type of Business** TO OPERATE A LONG TERM CARE FACILITY

**2) Principal Place of Business** (Address, city, state, zip)  
4601 NE 77TH AVE, STE 300  
VANCOUVER, WA 98662

**3) Mailing Address** (Address, city, state, zip)  
4601 NE 77TH AVE STE 300  
VANCOUVER, WA 98662

**4)  Member or  Manager** (Name & Address)  
PNW 12 CONSULTING HOLDINGS LLC  
4601 NE 77th AVE, STE 300  
VANCOUVER, WA 98662

**5)  Member or  Manager** (Name & Address)  
N/A

**Execution:** I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**6) Signature**

**7) Printed Name** YITZCHOK YENOWITZ

**8) Date**

6/17/2024

**9) Phone Number** (360) 837-0400

Make check payable to "Corporation Division" and mail completed form with payment to the address above.

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.