

AMENDED ANNUAL REPORT



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REGISTRY NUMBER

83134693

REGISTRATION DATE

02/09/2012

BUSINESS NAME

HOLIDAY AL MANAGEMENT SUB LLC

BUSINESS ACTIVITY

MANAGER OF INDPENDENT LIVING FACILITY

MAILING ADDRESS

PO BOX 1700
LAKE OSWEGO OR 97035 USA

TYPE

FOREIGN LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

5885 MEADOWS ROAD SUITE 500
LAKE OSWEGO OR 97035 USA

JURISDICTION

DELAWARE

REGISTERED AGENT

329227 - C T CORPORATION SYSTEM

388 STATE ST STE 420
SALEM OR 97301 USA

MEMBER

HARVEST FACILITY HOLIDNGS II LP

PO BOX 1700
LAKE OSWEGO OR 97035 USA



By my signature, I declare as an authorized authority, that 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

HARVEST FACILITY HOLDINGS II LP

TITLE

MEMBER

DATE SIGNED

01-07-2014