



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 09/30/2020

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 518071

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/01/2016

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

K A HEALTH SERVICES LLC

KHALID AMERI

405 N ALLUMBAUGH ST

BOISE, ID 83704-9210

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

KHALID AMERI

KHALID AMERI

405 NORTH ALLUMBAUGH STREET

BOISE, ID 83704

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.*

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	KHALID AMERI	405 NORTH ALLUMBAUGH STREET	BOISE, IDAHO 83704
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

(6) Date: 09/24/2020

(7) Type/Print Name KHALID AMERI

(8) Title: DIRECTOR/ OWNER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0538-3265 09/24/2020 11:29 AM Received by ID Secretary of State Lawrence Denney