No. W 131285		Due no later than Nov 30, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CINDY M STICE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AHC HOME HEALTH OF KANSAS CITY LLC CINDY M STICE 215 N WHITLEY DRIVE STE 3 FRUITLAND ID 83619 215 N WHITLEY DRIVE STE 3 3. New Registered Agent Signa						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: I	Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held Nam	ne		Street or PO Address		City	State	Country	Postal Code
MANAGER DAV	'ID W N	ATTRESS	215 N. WHITLEY DRIVE STE 3		FRUITLAND	ID	USA	83619
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: sara jackson			Date: 09/18/2017			
W 131285		Name (type or print): sara jackson			Title: admin assistant			
Processed 09/18/2017 * Electronically provided signatures are accepted as original signatures.								