





STATE OF IDAHO Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005846371

Date Filed: 8/6/2024 2:24:25 AM

| Entity Name and Mailing Address: | | | |
|--|--------------|--|---|
| Entity Name: | | Love Hands Home Care LLC | |
| The file number of this entity on the records of the Secretary of State is: | Idaho 000 | 05304844 | |
| Address | | 15592 N LEXHAM AVE NAMPA, ID 83651-4329 | |
| Entity Details: | | | |
| Entity Status | | Active-Existing | |
| This entity is organized under the laws of: | | IDAHO | |
| If applicable, the old file number of this entity on the the Idaho Secretary of State was: | e records of | | |
| The registered agent on record is: | | | |
| Registered Agent | | NIZEYIMANA AMANI Registered Agent | |
| | Phys | sical Address | |
| | | 15592 NLEXHAM AVE | |
| | | MPA, ID 83651 | |
| | | ing Address 592 N LEXHAM AVE | |
| | | NAMPA, ID 83651-4329 | |
| Agent or Address Change | | | |
| Select if you are appointing a new agent. | | | |
| Limited Liability Company Managers and Members | | | |
| Name | Title | Business Address | 1 |
| ■ AMANI NIZEYIMANA | Manager | 15592 N LEXHAM AVE NAMPA, ID 83651 | |
| The annual report must be signed by an authorized signer of the Job Title: President | entity. | | |
| NIZEYIMANA AMANI | | 08/06/2024 | _ |
| Sign Here | | Date | |