

No. W 170968	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017	2. Registered Agent and Office (NOT A P.O. BOX) KHALID AMERI <del>2018 N 33RD ST</del> <del>BOISE ID 83703</del> 1115. orchard st. suite 152 Boise ID 83705
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. K A HEALTH SERVICES LLC KHALID AMERI 2018 N 33RD ST BOISE ID 83703	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Khalid Ameri	2018 N 33rd St	Boise	ID		83703
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  IDAHO W 170968	6. Signature: <i>Khalid Ameri</i> Date: 3/21/18 Name (type or print): Khalid Ameri Title: owner / manager
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