



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2022

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

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Return didaho S	For Office Use Only  completed form within 30 days ecretary c -FILED-	) io:

Attn: Ann File #: 0004755711 450 North 4th Street Boise, ID Date Filed: 5/23/2022 1:49:00 PM

	muai Neport. No ming	Tee if received by the due date.	·	Phone: (208) 334-2300	
	rol Number: 425711	•	Filing Status: Active-Good Standing  Date Formed: 06/22/2001 Formation Locale: ID		
General Bu	usiness Corporation (D)	Date Formed: 06/22/2			
Name and Mailing Address:  A & A A SPECIAL TOUCH HOME CARE, INC  PO BOX 933  HOMEDALE, ID 83628-0933					
	,				PM Re
CHRISTIN 216 W IDA	IE J FLEMING	stered Office (RO) Address:	(2) Change F	(2) Change RA and/or RO Address:	
(3) New Ro	Note: The egistered Agent (RA) S	e Registered Office address must be a	•		ьу ID
		If a new agent is appointe	d in item (2) above, th	e new agent must sign here to accept th	e appointment
(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treas					<del></del>
Title	Name	Business Address		City, State, Zip	7
Pres	Christino Fle	ming 2/16 W Ad.		Homedale, Sa.	83628
					<del></del>
					<u>~</u>
(5) Board of	Directors names and busines	s addresses (with zip code). Attach additi	ional sheet if necess	arv.	<u> </u>
Name		Business Address	·		<u> </u>
Christino Flemeno		216 W Sd.		City, State, Zip	1083628
					e F
					a We
			·		7
(5) Signature:	Christine He t Name: Christine	minej	(6) Date: 5	-14-2022	ence
(7) Type/Print	t Name: ChpistiNe	Fleming	(8) Title:	nes	ש
		above. Sign and date this form and return	n to the address prov	vided above.	ē n n