AMENDED ANNUAL REPORT

Corporation Division
sos.oregon.gov/business

E-FILED
Jun 30, 2025
OREGON SECRETARY OF STATE

REGISTRY NUMBER

170564794

REGISTRATION DATE

08/11/2020

BUSINESS NAME

KNOW ALLERGY LLC

BUSINESS ACTIVITY

MEDICAL SERVICES

MAILING ADDRESS

2275 W BURNSIDE STREET
PORTLAND OR 97210 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

2275 W BURNSIDE STREET
PORTLAND OR 97210 USA

JURISDICTION

OREGON

REGISTERED AGENT

DIANA REID
2275 W BURNSIDE STREET
PORTLAND OR 97210 USA
If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

KURSTEEN PRICE
2275 W BURNSIDE STREET
PORTLAND OR 97210 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

DIANA REID

TITLE

AUTHORIZED AGENT

DATE

06-30-2025