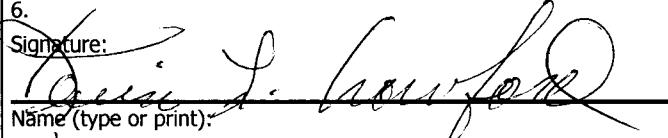


No. W 84716		Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KEVIN L CRAWFORD 702 S DIVISION PINEHURST ID 83850																																				
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed.  K.C.'S CAR CARE, LLC KEVIN L CRAWFORD PO BOX 185 PINEHURST ID 83850		3. <u>New</u> Registered Agent Signature.																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>KEVIN L. Crawford</td> <td>702 S. Division</td> <td>Pinehurst</td> <td>ID USA</td> <td>83850</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	KEVIN L. Crawford	702 S. Division	Pinehurst	ID USA	83850		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 84716		<p>6.</p> <p>Signature: </p> <p>Name (type or print): <u>KEVIN L. CRAWFORD</u></p> <p>Date: <u>7/20/2016</u></p> <p>Title: <u>MEMBER</u></p>																																						

Issued 07/15/2016 by KAH

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**