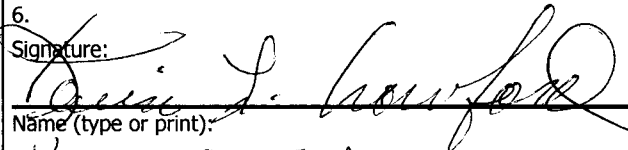
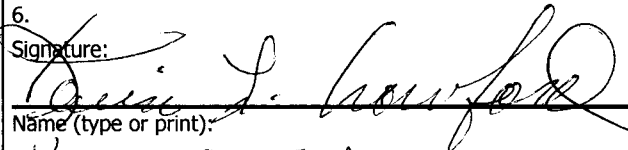
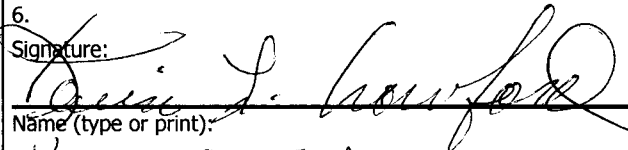


No. W 84716	Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN L CRAWFORD 702 S DIVISION PINEHURST ID 83850
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: 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.

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 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"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 84716</div>	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature:  Name (type or print): KEVIN L. CRAWFORD </td> <td style="width: 40%;"> Date: 7/20/2016 Title: MEMBER </td> </tr> </table>	6. Signature:  Name (type or print): KEVIN L. CRAWFORD	Date: 7/20/2016 Title: MEMBER
6. Signature:  Name (type or print): KEVIN L. CRAWFORD	Date: 7/20/2016 Title: MEMBER		