

No. W 58634		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		KIMBERLY LARSON 5200 SPRING LANE EMMETT 83617	
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*	
		KIMKAPS LLC SHAD R LARSON 5200 SPRING LANE EMMETT ID 83617			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	KIMBERLY LARSON	5200 SPRING LANE	EMMETT	ID	83617
MANAGER	SHAD LARSON	5200 SPRING LANE	EMMETT	ID	83617
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 58634		Signature: Shad Larson		Date: 01/21/2015	
		Name (type or print): Shad Larson		Title: Manager	
Processed 01/21/2015		* Electronically provided signatures are accepted as original signatures.			