No. **W 58634**	**Due no later than Jan 31, 2018** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** KIMKAPS LLC SHAD R LARSON 5200 SPRING LANE EMMETT ID 83617	KIMBERLY LARSON 5200 SPRING LANE EMMETT ID 83617 3. New Registered Agent Signature:*

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: 01/16/2018
	Name (type or print): Shad Larson	Title: Manager

Processed 01/16/2018

* Electronically provided signatures are accepted as original signatures.