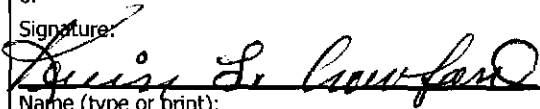
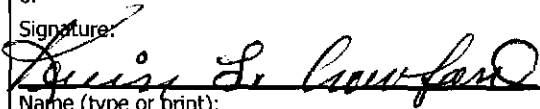
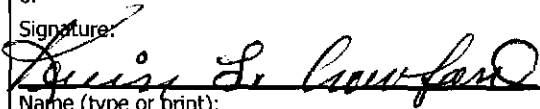


| | | | |
|--|---|--|---|
| No. W 84716 | Due no later than Jun 30, 2017 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) KEVIN L CRAWFORD 702 S DIVISION PINEHURST ID 83850 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED 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 checked="" type="checkbox"/> Member <input type="checkbox"/> | KEVIN L. Crawford | 702 S. Division | Pinehurst, | ID | USA | 83850 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Connie 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"/> | | | | | | |

| | | | |
|---|--|---|---|
| 5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 84716 </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): KEVIN L. CRAWFORD </td> <td style="width: 40%;"> Date: 6/27/17 Title: OWNER </td> </tr> </table> | Signature:  Name (type or print): KEVIN L. CRAWFORD | Date: 6/27/17 Title: OWNER |
| Signature:  Name (type or print): KEVIN L. CRAWFORD | Date: 6/27/17 Title: OWNER | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM