

No. W 58634		Due no later than Jan 31, 2012		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 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. <u>New</u> 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	USA	83617	
MANAGER	SHAD LARSON	5200 SPRING LANE	EMMETT	ID	USA	83617	
5. Organized Under the Laws of: ID W 58634		6. Annual Report must be signed.* Signature: Shad Larson Name (type or print): Shad Larson Date: 01/20/2012 Title: Manager					
Processed 01/20/2012		* Electronically provided signatures are accepted as original signatures.					