No. W 99080 Return to:		Due no later than Dec 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. KIM'S KARS LLC KIM N JACOBS 5713 CLEVLAND BLVD CALDWELL ID 83607		2. Registered Agent and Address (NO PO BOX) KIM JACOBS 12148 RANCHVIEW DR NAMPA ID 83686 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	anies: Enter Nai	nes and Addresses of at least one Men	nber or Manager.				
Office Held	Name	Street or PO	Address	City	State	Country	Postal Code
MEMBER KIM N JACO		BS 12148 RANC	HVIEW DR	NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 99080		Signature: kim jacobs	Date: 10/31/2017				
		Name (type or print): kim jacobs	Title: owner				
Processed 10/31/2017 * Electronically provided signatures are accepted as original signatures.							