No. W 132819 Return to:	***************************************	Due no later than Jan 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. KC AUTO REPAIR, LLC JUSTIN TOM WICKHAM 315 S 12TH W SAINT ANTHONY ID 83445 USA		2. Registered Agent and Address (NO PO BOX) JUSTIN TOM WICKHAM 459 N 1600 E ST ANTHONY ID 83445-8344 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KC AUTO REPAI JUSTIN TOM V 315 S 12TH W						
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ent	er Names and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JUSTIN	TOM WICKHAM	459 N 1600 E	SAINT ANTHONY	ID	USA	83445	
5. Organized Under the Laws of:	6. Annual Report r	6. Annual Report must be signed.*					
ID Signature: Justin Wickham		n Wickham		Date: 12/16/2016			
W 132819	Name (type or p	Name (type or print): Justin Wickham		Title: Manager			
Processed 12/16/2016	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					