

|                                                                                                                                                        |              |                                                                                                                                                                      |             |                                                                |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 129985</b>                                                                                                                                    |              | <b>Due no later than Oct 31, 2017</b>                                                                                                                                |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SOUTH TOWN STORAGE AND SALES, LLC<br>DAVID L KUHN<br>1070 RIVERWALK DR #252<br>IDAHO FALLS ID 83402 |             | DAVID L KUHN<br>1070 RIVERWALK DR #252<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                      |             | 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                                                                                                                                                | MONICA KUHN  | 1070 RIVER WALK DRIVE #252                                                                                                                                           | IDAHO FALLS | ID                                                             | USA     | 83402       |  |
| MANAGER                                                                                                                                                | DAVID L KUHN | 1070 RIVER WALK DRIVE #252                                                                                                                                           | IDAHO FALLS | ID                                                             | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 129985</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: David Kuhn<br>Name (type or print): David Kuhn<br>Date: 08/28/2017<br>Title: Owner                                   |             |                                                                |         |             |  |
| Processed 08/28/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                            |             |                                                                |         |             |  |