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| No. W 2320 | Due no later than Apr 30, 2015 Annual Report Form | | 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 | 1. Mailing Address: Correct in this box if needed. | | DONNA M CAMPBELL 3843 CAMPBELL RD NEW MEADOWS 83654 | | | |
| | A TO Z STORAGE UNITS, LTD. CO. DONNA M CAMPBELL PO BOX 429 NEW MEADOWS ID 83654 | | 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 | DONNA M CAMPBELL | 3843 CAMPBELL RD | NEW MEADOWS | ID | | 83654 |
| MANAGER | JAMES T ANDERSON | PO BOX 1071 | MCCALL | ID | | 83654 |
| MANAGER | MONA M ANDERSON | PO BOX 1071 | MCCALL | ID | | 83654 |
| MEMBER | DARRELL L CAMPBELL | 3843 CABBELL RD | NEW MEADOWS | ID | USA | 83654 |
| 5. Organized Under the Laws of: ID W 2320 | 6. Annual Report must be signed.* Signature: DONNA CAMPBELL Name (type or print): DONNA CAMPBELL | | Date: 04/15/2015 Title: MANAGER | | | |
| Processed 04/15/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |