

|  |   |  |   |                                    |         |             |
|--|---|--|---|------------------------------------|---------|-------------|
| No. <b>W 48956</b>   | <b>Due no later than Mar 31, 2008</b><br><b>Annual Report Form</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>                       |  | SHAWN D ATKINSON<br>30 SOUTH STATE<br>FRANKLIN ID 83237 |                                    |         |             |
|  | SOUTH STATE STORAGE, LLC<br>SHAWN D ATKINSON<br>PO BOX 216<br>FRANKLIN ID 83237 |  | 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 |
| MEMBER   | SHAWN ATKINSON  | PO BOX 216   | FRANKLIN  | ID                                 | USA     | 83237       |
| MEMBER   | TYONA ATKINSON  | PO BOX 216   | FRANKLIN  | ID                                 | USA     | 83237       |
| MEMBER   | DAKOTA ATKINSON   | PO BOX 216   | FRANKLIN  | ID                                 | USA     | 83237       |
| MEMBER   | DERIK ATKINSON  | PO BOX 216   | FRANKLIN,   | ID                                 | USA     | 83237       |
| MEMBER   | SKYLAR ATKINSON   | PO BOX 216   | FRANKLIN  | ID                                 | USA     | 83237       |
| MEMBER   | BRITTEN ATKINSON  | PO BOX 216   | FRANKLIN  | ID                                 | USA     | 83237       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 48956</b>   |   | 6. Annual Report must be signed.*<br>Signature: Shawn D Atkinson<br>Name (type or print): Shawn D Atkinson |   | Date: 02/15/2008<br>Title: Partner |         |             |
| Processed 02/15/2008   |   | * Electronically provided signatures are accepted as original signatures.                                  |   |                                    |         |             |