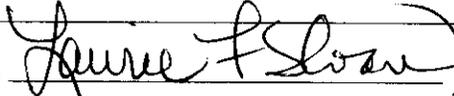


| No. W 10190 | Due no later than Nov 30, 2000 | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | |
|---|---|---|--|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|---------------------|---------------------|-------------|------------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | Annual Report Form 1. Mailing Address - Correct in this box, if applicable STORAGEPLUS PROPERTIES 1, LLC | | CHRIS R STEPHENS 200 S MAIN ST KETCHUM, ID 83340 | | | | | | | | | | | | | |
| | PO BOX 1065 SUN VALLEY, ID 83353 | | 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th data-bbox="272 353 444 391"><u>Office held</u></th> <th data-bbox="444 353 714 391"><u>Name</u></th> <th data-bbox="714 353 1159 391"><u>Street or P.O. Address</u></th> <th data-bbox="1159 353 1313 391"><u>City</u></th> <th data-bbox="1313 353 1468 391"><u>State</u></th> <th data-bbox="1468 353 1647 391"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="272 391 444 473">Managing Manager</td> <td data-bbox="444 391 714 473">SB Investments, Inc</td> <td data-bbox="714 391 1159 473">PO Box 1065</td> <td data-bbox="1159 391 1313 473">Sun Valley</td> <td data-bbox="1313 391 1468 473">ID</td> <td data-bbox="1468 391 1647 473">83353</td> </tr> </tbody> </table> | | | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | Managing Manager | SB Investments, Inc | PO Box 1065 | Sun Valley | ID | 83353 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | |
| Managing Manager | SB Investments, Inc | PO Box 1065 | Sun Valley | ID | 83353 | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 10190 | | 6.  Signature _____ Date <u>9-13-2000</u> Name (Typed or Printed) <u>Laurie F. Sloan</u> Title: <u>Dir of Operations</u> XXXX | | | | | | | | | | | | | | |

Issued 09/04/2000

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