

|                                                                                                                                                        |             |                                                                                                                                             |           |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 143560</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>STORE IDAHO, LLC<br>STORE IDAHO LLC<br>245 N MAIN ST<br>POCATELLO ID 83204 |           | NEIL ALSTON<br>245 N MAIN ST<br>POCATELLO ID 83204 |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                             |           | 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                                                                                                                                                | NEIL ALSTON | 245 N. MAIN ST.                                                                                                                             | POCATELLO | ID                                                 | USA     | 83204            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                           |           |                                                    |         |                  |  |
| <b>ID<br/>W 143560</b>                                                                                                                                 |             | Signature: Neil Alston                                                                                                                      |           |                                                    |         | Date: 09/22/2017 |  |
|                                                                                                                                                        |             | Name (type or print): Neil Alston                                                                                                           |           |                                                    |         | Title: Manager   |  |
| Processed 09/22/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                   |           |                                                    |         |                  |  |