

|                                                                                                                                                        |                 |                                                                                                                           |          |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 97745</b>                                                                                                                                     |                 | <b>Due no later than Nov 30, 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>MORELAND STORAGE, LLC<br>PO BOX 155<br>MORELAND ID 83256 |          | DENTON KLINGLER<br>590 WEST 75TH SOUTH<br>BLACKFOOT ID 83221 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                           |          | 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                                                                                                                                                | DENTON KLINGLER | P.O. BOX 155                                                                                                              | MORELAND | ID                                                           | USA     | 83256       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 97745</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Denton Klingler<br>Name (type or print): Denton Klingler                  |          |                                                              |         |             |  |
|                                                                                                                                                        |                 | Date: 12/17/2017<br>Title: Manager                                                                                        |          |                                                              |         |             |  |
| Processed 12/17/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                 |          |                                                              |         |             |  |