| No. W 23375 | | Due no later than Mar 31, 2016 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|---------------------------|---------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | L D COFFI | L D COFFEY | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF | | 1. Mailing Address: Correct in this box if needed. OREGON SELF STORAGE SHERWOOD, L.C. LD COFFEY 8312 NORTHVIEW ST STE 120 BOISE ID 83704 | | STE 120 BOISE ID | 8312 NORTHVIEW ST STE 120 BOISE ID 83704 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | | | | | | | |
| 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 PROVIDENT I | | DEVELOPMENT GROUP | 8312 NORTHVIEW ST STE 120 | BOISE | ID | | 83704 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 23375 | | Signature: Gretchen Casey | | | Date: 02/26/2016 | | | |
| | | Name (type or print): | | Title: Bookkeeper | | | | |
| Processed 02/26/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |