

No. W 64138	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX)															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SANDPOINT STORAGE SOLUTIONS, LLC LEWIS PATRICK 32607 HWY 200 SANDPOINT ID 83864		LEWIS PATRICK 32607 HWY 200 SANDPOINT ID 83864															
			3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>MANAGER</td><td>Lewis Patrick</td><td>32607 Hwy 200</td><td>Sandpt</td><td>ID</td><td>Bozons</td><td>83864</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGER	Lewis Patrick	32607 Hwy 200	Sandpt	ID	Bozons	83864
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MANAGER	Lewis Patrick	32607 Hwy 200	Sandpt	ID	Bozons	83864												
5. Organized Under the Laws of: IDAHO W 64138		6. Signature: <u>LE Patrick</u> Name (type or print): <u>LEWIS E. PATRICK</u>			Date: <u>9-13-10</u> Title: <u>Manager</u>													
Issued 09/13/2010 by DK1																		