

No. W 131682	Due no later than Dec 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) STEVE C VICTOR 1528 ADDISON AVE E TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SCHUTTE STORAGE, LLC STEVE C VICTOR 1528 ADDISON AVE E TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>STEVE C. VICTOR 1528 ADDISON E. TWIN FALLS ID. U.S.A. 83301</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 131682 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>[Signature]</i> </td> <td style="width: 40%;"> Date: <i>12/31/15</i> </td> </tr> <tr> <td> Name (type or print): <i>STEVE C. VICTOR</i> </td> <td> Title: <i>MANAGER</i> </td> </tr> </table>	Signature: <i>[Signature]</i>	Date: <i>12/31/15</i>	Name (type or print): <i>STEVE C. VICTOR</i>	Title: <i>MANAGER</i>
Signature: <i>[Signature]</i>	Date: <i>12/31/15</i>				
Name (type or print): <i>STEVE C. VICTOR</i>	Title: <i>MANAGER</i>				