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|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| No. <b>W 2982</b>                                                                 | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 01/09/2007</b>                                                                                                       |                                                                                                 | 2. Registered Agent and Office (NOT A P.O. BOX)<br><del>R TODD LAMBERT</del> LORI DONALDSON<br><del>1725 RIVERTON RD</del> 3193 KIMBERLY RD.<br><del>BLACKFOOT ID 83221</del> TWIN FALLS, ID 83301 |                                         |
| Return to:                                                                        | 1. Mailing Address: Correct in this box if needed.                                                                                                                           |                                                                                                 |                                                                                                                                                                                                    |                                         |
| SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080    | PAUL STORAGE LLC<br><del>R TODD LAMBERT</del><br><del>1725 RIVERTON RD</del><br><del>BLACKFOOT ID 83221</del><br>LORI DONALDSON<br>3193 KIMBERLY RD.<br>TWIN FALLS, ID 83301 |                                                                                                 | 3. New Registered Agent Signature.<br>                                                                           |                                         |
| <b>REINSTATEMENT<br/>FEE DUE: \$30.00</b>                                         |                                                                                                                                                                              |                                                                                                 |                                                                                                                                                                                                    |                                         |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. |                                                                                                                                                                              |                                                                                                 |                                                                                                                                                                                                    |                                         |
| Office Held                                                                       | Name                                                                                                                                                                         | Street or PO Address                                                                            | City                                                                                                                                                                                               | State Country Postal Code               |
| MANAGER                                                                           | STGCO, LLC                                                                                                                                                                   | PO BOX 365                                                                                      | TWIN FALLS ID                                                                                                                                                                                      | USA 83303                               |
| 5. Organized Under the Laws of: 6.                                                |                                                                                                                                                                              |                                                                                                 |                                                                                                                                                                                                    |                                         |
| IDAHO<br>W 2982                                                                   |                                                                                                                                                                              | Signature:  |                                                                                                                                                                                                    | Date: 12/3/09                           |
|                                                                                   |                                                                                                                                                                              | Name (type or print): LORI DONALDSON                                                            |                                                                                                                                                                                                    | Title: Managing Member<br>of STGCO, LLC |