

No. W 102099	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) ROXANNE WITTMAN 6840 W GOVERNMENT WAY SEATTLE 98148-52 DISTRICT 1 ARDENIS ID 83815 ✓ SAME																																										
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. NORTH IDAHO SELF STORAGE, LLC ROXANNE WITTMAN 6840 W GOVERNMENT WAY 2051 N. Main SEATTLE 98148-52 204 COEUR D'ALENE, ID 83814 Coeur D'Alene, Idaho 83814		3. New Registered Agent Signature.																																										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Roxanne Wittman</td> <td>6840 W GOVERNMENT WAY</td> <td>SEATTLE</td> <td>WA</td> <td></td> <td>98148-52</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>2051 N. Main St.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>#204</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>Coeur D'Alene ID 83814</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Roxanne Wittman	6840 W GOVERNMENT WAY	SEATTLE	WA		98148-52	Manager <input type="checkbox"/> Member <input type="checkbox"/>		2051 N. Main St.					Manager <input type="checkbox"/> Member <input type="checkbox"/>		#204					Manager <input type="checkbox"/> Member <input type="checkbox"/>		Coeur D'Alene ID 83814					Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 102099	6. Signature: _____ Date: <u>9/15/16</u> Name (type or print): <u>Roxanne Wittman</u> Title: <u>Manager</u> <u>Roxanne Wittman</u>																																												

Issued 08/31/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**FILED**