

No. W 23192	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL WURTZ 1468 S MAIN ST PO BOX 537 CASCADE ID 83611																													
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. HIGH MOUNTAIN STORAGE-CASCADE LLC PO BOX 537 CASCADE ID 83611		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></td> <td><i>member</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><i>MICHAEL EDENSE WURTZ</i></td> <td><i>P.O. BOX 537</i></td> <td><i>CASCADE</i></td> <td><i>ID</i></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><i>1468 S. MAIN ST</i></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code		<i>member</i>							<i>MICHAEL EDENSE WURTZ</i>	<i>P.O. BOX 537</i>	<i>CASCADE</i>	<i>ID</i>					<i>1468 S. MAIN ST</i>				
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5. Organized Under the Laws of: IDAHO W 23192		6. Signature: <i>[Signature]</i> Date: <i>7-6-10</i> Name (type or print): <i>MICHAEL D. WURTZ</i> Title: <i>owner</i>																														
Issued 06/21/2010 by SLD <i>member</i>																																