No. W 50067 Return to:	Due no later than Apr 30, 2010 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL T BISHOP	(15)
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. STORAGELAND, LLC  1309 HERON-ST. 950 W. BAUMOCKSt.	BOISE ID 83702 Switz 1100	
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID 83702 Suite 1100	3. <u>New</u> Registered Agent Signature.	
· · ·	es: Enter Names and Addresses of Managers OR Members.		-
Office Held Nan	interer bereigte feite er an eine eine eine eine beite beite beite bereichte bereichte bereichte beite	City State Country Postal Code	
Hesident W Manager	Uchael T. Bishop 1309 Heroust	EDIES ARU OIT 38128	
			4
	· · · · · · · · · · · · · · · · · · ·	ECRET STAT	
5. Organized Under the Law	vis of: 6. Signature: Middle & Biden		
W 50067	Name (type or print): Michael T. E	Sishop The Deside ut m	LAVAGE
Issued 06/18/2010 by LJM		167596	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.** 

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

Block 5: May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the internet once it has been flied. DO <u>NOT</u> enter Social Security numbers.

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existance. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED