

|                                                                                                                                                        |              |                                                                                                                                                                                         |               |                                                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------|---------------------|
| No. <b>W 34135</b>                                                                                                                                     |              | <b>Due no later than Oct 31, 2017</b>                                                                                                                                                   |               | <b>2. Registered Agent and Address (NO PO BOX)</b>     |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ANTON MINI STORAGE, L.L.C.<br>TODD KAUFMAN<br>120 ANTON AVE<br>COEUR D ALENE ID 83815 |               | CRAIG COZAD<br>120 ANTON AVE<br>COEUR D'ALENE ID 83815 |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                         |               | 3. <u>New</u> Registered Agent Signature:*             |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |              |                                                                                                                                                                                         |               |                                                        |                     |
| Office Held                                                                                                                                            | Name         | Street or PO Address                                                                                                                                                                    | City          | State                                                  | Country Postal Code |
| MANAGER                                                                                                                                                | CRAIG COZAD  | 120 ANTON AVE                                                                                                                                                                           | COEUR D'ALENE | ID                                                     | 83815               |
| MANAGER                                                                                                                                                | TODD KAUFMAN | 120 ANTON AVE                                                                                                                                                                           | COEUR D'ALENE | ID                                                     | 83815               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34135</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Bridget Sundahl<br>Name (type or print): Bridget Sundahl<br>Date: 09/12/2017<br>Title: Controller                                       |               |                                                        |                     |
| Processed 09/12/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                               |               |                                                        |                     |