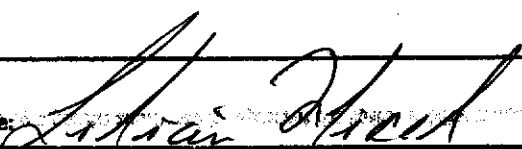


|                                                                                              |                      |                                                                                                                                    |       |                                                                                                                                                        |                     |
|----------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| No. <b>W 87070</b>                                                                           |                      | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 12/07/2010</b>                                                       |       | 2. Registered Agent and Office (NOT A P.O. BOX)<br>LILIAN HICEL BELTRAN<br>135 ROY WAY 31557 Hwy 200<br><del>SAGLE ID 83860</del><br>Ponderay ID 83852 |                     |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                      | 1. Mailing Address: Correct in this box if needed.<br><br>NORTH IDAHO RENTALS AND STORAGE, LLC<br><br>PO BOX 135<br>SAGLE ID 83860 |       | 3. New Registered Agent Signature.                                                                                                                     |                     |
| REINSTATEMENT<br>FEE DUE: \$30.00                                                            |                      |                                                                                                                                    |       |                                                                                                                                                        |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.            |                      |                                                                                                                                    |       |                                                                                                                                                        |                     |
| Manager/Member                                                                               | Name                 | Street or PO Address                                                                                                               | City  | State                                                                                                                                                  | Country Postal Code |
|                                                                                              | Lilian Hicel Beltran | P.O. Box 135                                                                                                                       | Sagle | ID                                                                                                                                                     | USA 83860           |
| 5. Organized Under the Laws of: IDAHO W 87070                                                |                      |                                                                                                                                    |       |                                                                                                                                                        |                     |
| 6.                                                                                           |                      | Signature:                                      |       | Date: 12-21-2010                                                                                                                                       |                     |
|                                                                                              |                      | Name (type or print): Lilian Hicel Beltran                                                                                         |       | Title: Manager                                                                                                                                         |                     |
| Issued 12/21/2010 by CLH                                                                     |                      |                                                                                                                                    |       |                                                                                                                                                        |                     |

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct 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.