RI SOS Filing Number: 201186792220 Date: 12/02/2011 12:09 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

AMENDED

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (a), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(1)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
000158407	Johnston Storage Associates, LLC

3. State of formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Real Estate

5. Principal office address	City	State	Zip
2795 East Cottonwood Parkway, Suite 400	Salt Lake City	UT	84121

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
David L. Rasmussen	Manager

Street Address	City	State	Zip
2795 E. Cottonwood Parkway, Suite 400	Salt Lake City	UT	84121

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
David L. Rasmussen	Charles L. Allen
Street Address	Street Address
2795 East Cottonwood Parkway, Suite 400	2795 East Cottonwood Parkway, Suite 400
City / State / Zip	City / State / Zip
Salt Lake City / UT / 84121	Salt Lake City / UT / 84121
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11

2011 DEC -2 PM 12:09

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b)

000158407

FILED
File Date DEC 02 2011
Check No 12:09
By
* FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

David L. Rasmussen
Signature of Authorized Person *Date*

David L. Rasmussen
Print or Type Name of Authorized Person

Form 632 Rev. 08/08

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

December 02, 2011 12:09 PM

A. RALPH MOLLIS

Secretary of State

70199-1-693071