Filing Fee: \$75.00 ID Number: 000159592



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence. Rhode Island 02904-2615

BUSINESS CORPORATION

RECEIVED ECRETARY OF STATE CORPORATIONS DIV

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is EXTRA SPACE STORAGE INC.					
2.	It is incorporated under the laws of MARYLAND					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on, authorizing it to transact business in Rhode Island under the name of: EXTRA SPACE STORAGE INC.					
4.	The corporate name of the corporation has been changed to NO CHANGE					
	(If no change, so indicate.)					
5.	The name, if different, which it elects to use in Rhode Island is:					
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:					
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:					
	(If no other or additional purposes are proposed, insert "No Change.")					
	NO CHANGE FILED					
	FEB 2 5 2016					
	- Cu 208647					

Form No. 151 Revised: 12/05

RI041 - 12/15/05 C T System Online

	Total Number of Authorized Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value	
	300,000,000	COMMON		.01	
_					
. (8	a) An estimate of the value of is \$_6,500,000,000	of all property to be ow	ned by the corporation f	for the following year, wherever located,	
(l	o) An estimate of the value of is \$_13,000,000	of the corporation's pro	perty to be located with	in Rhode Island during the following year	
(0	An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is				
. (a	An estimate of the gross amount of business to be transacted by the corporation during the following year is \$_845,000,000				
(i	An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is $\frac{2,300,000}{}$.				
(0	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is%. [divide (b) by and multiply by 100 to obtain the percentage]				
0 .	Except as herein modified, the hereby confirmed, ratified and	ne original Application d incorporated by refe	for Certificate of Authorence into this Application	rity continues in full force and effect and is on for Amended Certificate of Authority.	
1. 7	This Application for Amended which shall be no later than the	l Certificate of Authori he 90 th day after the d	ty shall be effective upo ate of this filing	n filing unless a specified date is provided	
)ate:	February 24, 2016		examined this Applica including any accostatements contained	rjury, I declare and affirm that I have tion for Amended Certificate of Authority mpanying attachments, and that al herein are true and correct.	
			David L. Rasmussen		
			Type or Pr	rint Name of Authorized Officer	