

No. C 97689	<b>Annual Report Form</b> 1995 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct  IDAHO SECURITY SYSTEMS, INC. DAVID BOWMAN PO BOX 1626  TWIN FALLS ID 83303		DAVID BOWMAN 2735 EAST 3300 NORTH  TWIN FALLS ID 83301  3. Organized Under the Laws of:  ID C 97689																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0" style="width: 100%;"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>David Bowman</td> <td>2735E 3300N.</td> <td>T.F.</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Sec</td> <td>Mike Bowman</td> <td>442 Morning side</td> <td>T.F.</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	David Bowman	2735E 3300N.	T.F.	ID	83301	Sec	Mike Bowman	442 Morning side	T.F.	ID	83301
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5. NATURE OF BUSINESS  SECURITY SYSTEMS	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>David Bowman</u> Date <u>7/19/96</u> Name (Typed or Printed) <u>David Bowman</u> Title <u>PRES</u>																					

ISSUED: 07-06-1996

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