No. <b>W 128536</b> Return to:		Due no later than Aug 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  NORTH IDAHO SECURITY LLC.  TOM J HOLMAN PO BOX 515  NORDMAN ID 83848			2. Registered Agent and Address (NO PO BOX)  TOM HOLMAN  1840 REEDER CREEK RD  NORDMAN ID 83848  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				NORDMAN II				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	ARLINA B H	OLMAN	1840 REEDER CREEK ROAD	NORDMAN	ID	USA	83848	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tom Holman			Date: 07/15/2014			
W 128536		Name (type or		Title: Owner				
Processed 07/15/2014 * Electronically provided signatures are accepted as original signatures.								