No. W 88219		Due no later than Nov 30, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		AARON GR	AARON GRAFF			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALPINE INTEGRATED SECURITY SOLUTIONS, LLC AARON W GRAFF 4829 S SILVERMAPLE AVE BOISE ID 83709 3. New Registered Agent Signature USA		BOISE ID 83709				
NO FILING FEE IF RECEIVED BY DUE DATE				griature.				
4. Limited Liability Compa	anies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	AARON W GRAFF		4829 S. SILVERMAPLE AVE	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Aaı		Date: 12/07/2010				
W 88219		Name (type or		Title: Owner				
Processed 12/07/2010 * Electronically provided signatures are accepted as original signatures.								