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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 28135</b>                                                                                                                                     |                    | <b>Due no later than Jan 31, 2011</b>                                                                                                      |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |                       |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br>SECURITY, LLC<br>JAMES R TOMLINSON<br>205 N 10TH ST STE 200<br>BOISE ID 83702 |       | JAMES R TOMLINSON<br>205 N 10TH ST STE 200<br>BOISE ID 83702 |         |                       |  |
|                                                                                                                                                        |                    |                                                                                                                                            |       | 3. <u>New</u> Registered Agent Signature:*                   |         |                       |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                    |                                                                                                                                            |       |                                                              |         |                       |  |
| Office Held                                                                                                                                            | Name               | Street or PO Address                                                                                                                       | City  | State                                                        | Country | Postal Code           |  |
| MEMBER                                                                                                                                                 | JAMES R. TOMLINSON | 205 N. 10TH ST., STE 200                                                                                                                   | BOISE | ID                                                           | USA     | 83702                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                          |       |                                                              |         |                       |  |
| <b>ID<br/>W 28135</b>                                                                                                                                  |                    | Signature: Jennifer Davis                                                                                                                  |       |                                                              |         | Date: 12/14/2010      |  |
|                                                                                                                                                        |                    | Name (type or print): Jennifer Davis                                                                                                       |       |                                                              |         | Title: Office Manager |  |
| Processed 12/14/2010                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                  |       |                                                              |         |                       |  |