No. <b>W 65619</b>		Due no	2. Registered Age	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		WITHERSPOON	WITHERSPOON KELLEY DAVENPORT & TOOLE PS 608 NW BLVD STE 300 COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		PERIMETER SECURITY GROUP, LLC BRENDA BLOOD 7551 AQUA CIRCLE #2 COEUR D ALENE ID 83815						
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses of a	it least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	BRENDA BLOOD		7551 AQUA CIRCLE #2	DALTON GARDENS	ID		83815	
MANAGER KELLY N NELSON		LSON	7488 N GOVERNMENT WAY	COEUR D ALENE	ID		83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 65619		Signature: BRENDA BLOOD		Date: 09/3	Date: 09/15/2015			
		Name (type or print): BRENDA BLOOD		Title: MA	Title: MANAGING MEMBER			
Processed 09/15/2015	* Electronically provided signatures are accepted as original signatures.							