

|                                                                                                                                                        |           |                                                                                                                                                 |      |                                                       |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 168374</b>                                                                                                                                    |           | <b>Due no later than Jun 30, 2018</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><br>ALPHA SECURITY SYSTEMS LLC<br>MIKE HILL<br>763 W AVALON STE B<br>KUNA ID 83634 |      | MIKE HILL<br>763 W AVALON STE B<br>KUNA ID 83634-8363 |         |                  |  |
|                                                                                                                                                        |           |                                                                                                                                                 |      | 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                                                                                                                                                 | MIKE HILL | PO                                                                                                                                              | KUNA | ID                                                    | USA     | 83634            |  |
| 5. Organized Under the Laws of:                                                                                                                        |           | 6. Annual Report must be signed.*                                                                                                               |      |                                                       |         |                  |  |
| <b>ID<br/>W 168374</b>                                                                                                                                 |           | Signature: Mike Hill                                                                                                                            |      |                                                       |         | Date: 07/27/2018 |  |
|                                                                                                                                                        |           | Name (type or print): Mike Hill                                                                                                                 |      |                                                       |         | Title: Member    |  |
| Processed 07/27/2018                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                       |      |                                                       |         |                  |  |