| No. 0133711 | Annual Report Form 1935 | 2. Registered Agent ar | nd Office NOT A P.O. BOX |
|--|--|------------------------|--------------------------|
| Return to: SECRETARY OF STATE 1 700 VIDE LINES N | Varing Address - Please Correct, If Not Correct ALARM ALCRI OF IDAHD, INC. | · · · · · | OMPSON AVE STE 1 |
| PO B 0 X*83720 BOISE, ID 83720-0080 NO FEE REQUIRED: 5 M 296 | DAVID THOMPSON 712 & FAIRVIEW AVE STE 12 | Nelciala | ID 83642 |
| NOTER REQUIREDS M 'SO | | 3. Organized Under th | |
| 4. Corporations Enter Namescand A | ddresses of President, Secretary and Directors | s (check one) | C108711 |
| Office held Name | Street or P.O. Address | City | State Zip |
| Day 5 Pouce The | empson 559 Amonita | Bayle . | State Zip Iol 836/4 |
| Diffice held Name Pipus The | / | | |
| Remarks . | | | |
| o ja | | | |
| The second secon | | | |
| | | | |
| 5. NATURE OF BUSINESS | 6. I certify that this Annual Report has been | examined by me and | is to the best of my |
| Alasan Sales | knowledge true, correct and complete. Signature | Date | 1/26/91 |
| ANY LAWFUL | Name (Typed or Printed) | Title | |
| ISSUED: 37-36-199 | | | 571 |
| | 45 | , , , | J J # |
| | | | |
| | ************************************** | | |
| | Na. Int | | |