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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------|---------|------------------------|--|
| No. <b>W 128818</b>                                                                                                                                    |                     | <b>Due no later than Sep 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>FUNDAMENTAL ALARM DESIGNS, LLC<br>STEPHANIE L COBBLEY<br>1577 N LINDER RD #111<br>KUNA ID 83634<br>USA |      | STEPHANIE L COBBLEY<br>1577 N LINDER RD #111<br>KUNA ID 83634 |         |                        |  |
|                                                                                                                                                        |                     |                                                                                                                                                                         |      | 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                                                                                                                                                 | STEPHANIE L COBBLEY | 1577 N LINDER RD #111                                                                                                                                                   | KUNA | ID                                                            | USA     | 83634                  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                                                       |      |                                                               |         |                        |  |
| <b>ID<br/>W 128818</b>                                                                                                                                 |                     | Signature: Stephanie L. Cobbley                                                                                                                                         |      |                                                               |         | Date: 08/06/2018       |  |
|                                                                                                                                                        |                     | Name (type or print): Stephanie L. Cobbley                                                                                                                              |      |                                                               |         | Title: Sole Proprietor |  |
| Processed 08/06/2018                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                               |      |                                                               |         |                        |  |