No. C 148386		Due no later than Mar 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. PROFESIONAL SECURITY SERVICES INC SHANN CLIFFORD 4276 N 900 E BUHL ID 83316 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX) SHANN CLIFFORD 4276 N 900 E BUHL ID 83316 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				4276 N 900 BUHL ID 8				
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TREASURER	ROBERT JAYNES ANTHONY TOMKINS MICHEAL TOMKINS TODD JAYNES		1287 E 4400 N 4276 N 900 E	BUHL BUHL	ID ID	USA USA	83316 83316	
SECRETARY PRESIDENT			4276 N 900 E 1433 WINTERLANE	BUHL JEROME	ID ID	USA USA	83316 83338	
5 Organized Under the L	aws of	6 Appual Page	t must be signed.*					
5. Organized Under the Laws of:			_					
NV C 148386		Signature: Shann Clifford		Da	Date: 03/07/2011			
		Name (type or print): Shann Clifford		Tit	Title: Office Manager			
Processed 03/07/2011		* Electronically provided signatures are accepted as original signatures.						