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| 1.) CORPORATION NAME: ARM Security, Inc. | DUE DATE: 8/31/2013 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA | SCC ID NO: F1764333 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: UT | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 491 S 1325 W, #3-4

CITY/ST/ZIP: Orem, UT 84058

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|---------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: DALE GERARD | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 4931 N 300 W | | | | |
| CITY/ST/ZIP/CO: PROVO, UT 84604 | | | | |

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|---------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: ALEX DUNN | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 4931 N. 300 W. | | | | |
| CITY/ST/ZIP/CO: PROVO, UT 84604 | | | | |

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|---------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: TODD R PEDERSEN | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CEO | | | | |
| ADDRESS: 4931 N. 300 W. | | | | |
| CITY/ST/ZIP/CO: PROVO, UT 84604 | | | | |

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|---------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: JAMES CHRISTENSEN | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: ASST SECRETARY | | | | |
| ADDRESS: 4931 N 300 W | | | | |
| CITY/ST/ZIP/CO: PROVO, UT 84604 | | | | |

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|---------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: NATHAN B WILCOX | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 4931 N 300 W | | | | |
| CITY/ST/ZIP/CO: PROVO, UT 84604 | | | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

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|---|----------------------------------|-----------|
| /s/ NATHAN B WILCOX | NATHAN B WILCOX, SECRETARY | 6/14/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.