## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 07, 2002 8:00 am Secretary of State

[		-00 ICEFORI	(UDK)	Secreta	ny or State	
DOC	UMENT# 82324	05-07-2002	05-07-2002 90220 046 ***150.00			
1. Entity !						
1	ARM Securities	Corporatio	1			
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	- PO NOT WE!					
	DO NOT WRITE	IN THIS SI	PACE			
2. Principa	al Place of Business	3. Mailing Address	4			
#1 North Main #1 No			Main			
Julie, A	рг. », etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & S	State	City & State	***************************************			
Miz	iot, NO	Minot NA		4. FEI Number 41-0953406	Applied For	
Zip	Country	Zip	Country		Not Applicable	
5	8703 USA	58703	USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Name and Address of Current Regi		
	DO NOT W	NITE	Name /T	A		
	DO NOT WI		Street Address (	Corporation Sy P.O. Box Number is Not Acceptable) O South Pine I	SICM	
	IN THIS SP	ACF	120	O South Pine I	sland Road	
		.0_				
			City D/	ntation	■ Zip Code	
8. The abo	ve named entity submits this statement for	the purpose of changing its r	Printered office or resident	niarion	FL Zip Code 333324	
		Fire Fire Fire Fire St.	agratered office of register	eu agent, or both, in the State of Florida.		
SIGNATURE	E					
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature required	when reinstaling)	ATE	
9. This cor	poration is eligible to satisfy its Intangible	January 1 - Ma	y 1 Fee is \$150.00			
Tax filing requirement and elects to do so.			1, Fee is \$550,00 10. Election Campaign Financing \$5			
***************************************	<i>y</i>	Make Check Payable	to Department of State	Trust Fund Contribution.	Added to Fees	
11. TIŤLE	President Dir.	RECTORS				
NAME	Richard Dolson		TITLE			
STREET ADDRESS			NAME STREET ADDRESS			
CITY - ST - ZIP	Missot NO 58703		CITY ST-ZIP			
TITLE	CEO, Dir.		TriLE			
VAME	Robert E. Walstad		NAME			
STREET ADDRESS CITY : ST - ZIP	#1 North Main		STREET ADDRESS			
TITLE	Missat WA SX703		CITY ST-ZIP			
IAME	Secretary, Dir Tacqueline L. Cust HI North Main		TILE			
TREET ADDRESS	#1 North Main	: <i>,</i>	NAME STREET ADDRESS			
CITY-ST-ZIP	Minot, ND 58103		CITY:ST-DP	DO NOT WE	RITE	
ITLE	Lreusurer		STITLE			
AME	Heather Ackerman		NAME	IN THIS SPA	ACE	
TREET ADORESS	#1 Worth Main		STREET ADDRESS	and the second second		
	Must NA 58703		aCITY-ST-ZIP			
TLE	U. Pres., Dir		TITLE			
ame Reet address	Brad Wells # 1 North Main		NAME STOCET ADDRESS			
TY - ST - ZIP	Minot NA STRUS		STREET ADDRESS CHY-SI-ZIP			
TLE	1. Prec Dir		THLE			
ME	V. Pres. Dir Dale C. Bauman 305 Clark St		NAME			
REET ADDRESS	305 Clark St		STREET ADDRESS			
11-21-2P	AMES 14 50010		CITY+ST-ZIP			
<ul> <li>I hereby c indicated</li> </ul>	ertify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the	exemption stated in Section	on 119.07(3)(i), Florida Statutes. I further	certify that the information	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE	S	IG	N	A٦	ΓŪ	IR	E
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BENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/32/02 701-852-539: