

1.) CORPORATION NAME: <b>SLIP, INC.</b>	DUE DATE: <b>8/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JAMES B. GALBRAITH 2424 ROLLINGWOOD DR. SALEM, VA</b>	SCC ID NO: <b>02595759</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>SALEM CITY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 2424 ROLLINGWOOD DRIVE  CITY/ST/ZIP: SALEM, VA 24153	
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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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES B GALBRAITH				
TITLE: PRESIDENT				
ADDRESS: 2424 ROLLINGWOOD DRIVE				
CITY/ST/ZIP/CO: SALEM, VA 24153				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: SHARON F GALBRAITH				
TITLE: SEC/TRES				
ADDRESS: 2424 ROLLINGWOOD DRIVE				
CITY/ST/ZIP/CO: SALEM, VA 24153				

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.

/s/ JAMES B GALBRAITH	JAMES B GALBRAITH, PRESIDENT	8/14/2014
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.