

1.) CORPORATION NAME: EXP Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DOUGLAS WILSON 4725 GARST MILL RD STE 3 ROANOKE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 3/31/2016 SCC ID NO: 04621983 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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 21707 CITY/ST/ZIP: ROANOKE, VA 24018
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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.

NAME: TONY TRIPLETTE TITLE: P/T ADDRESS: PO BOX 21707 CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: KAREN TRIPLETTE TITLE: VP/S ADDRESS: PO BOX 21707 CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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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/ TONY TRIPLETTE	TONY TRIPLETTE, P/T	3/31/2016
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.