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|---|---|
| 1.) CORPORATION NAME:<br><b>YourTurn, Inc.</b>  | DUE DATE: <b>4/30/2016</b>  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CLIFF MASSA III<br/>1935 FRANKLIN AVE<br/>MCLEAN, VA</b> | SCC ID NO: <b>07217565</b>  |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b>  | 5.) STOCK INFORMATION<br>CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>   |   |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1301 VERMONT AVE NW  
APT 301

CITY/ST/ZIP: WASHINGTON, DC 20005

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: TRAVIS C VALENTINE                | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT                        |                                     |         |                                     |          |
| ADDRESS: 1301 VERMONT AVE NW<br>APT 301 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20005    |                                     |         |                                     |          |

|                                    |                                     |         |                          |          |
|------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: COREY CALLAHAN               | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY                   |                                     |         |                          |          |
| ADDRESS: 15 LITTLE WEST 12 STREET  |                                     |         |                          |          |
| CITY/ST/ZIP/CO: NEW YORK, NY 10014 |                                     |         |                          |          |

|                                     |                          |         |                                     |          |
|-------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: ROB KELLER                    | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR                     |                          |         |                                     |          |
| ADDRESS: 120 BELLEVUE RD.           |                          |         |                                     |          |
| CITY/ST/ZIP/CO: WATERTOWN, MA 02472 |                          |         |                                     |          |

|                                  |                          |         |                                     |          |
|----------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: CLIFF MASSA III            | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR                  |                          |         |                                     |          |
| ADDRESS: 1935 FRANKLIN AVE       |                          |         |                                     |          |
| CITY/ST/ZIP/CO: MCLEAN, VA 22101 |                          |         |                                     |          |

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/ TRAVIS C VALENTINE                              | TRAVIS C VALENTINE,<br>PRESIDENT | 4/8/2016 |
| 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.