

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215508667						
1.) CORPORATION NAME: Mastercare Solutions, Inc.		DUE DATE: 4/30/2015						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RALS VA, LLC 7288 HANOVER GREEN DR MECHANICSVILLE, VA		SCC ID NO: F1554478						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td style="text-align: center;">1,000</td> </tr> <tr> <td>COMB</td> <td style="text-align: center;">1,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	1,000	COMB	1,000
CLASS	AUTHORIZED							
COMA	1,000							
COMB	1,000							
4.) STATE OR COUNTRY OF INCORPORATION: OR								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 10260 SW GREENBURG RD STE 375 CITY/ST/ZIP: PORTLAND, OR 97223 </div>								
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: MIKE SKIENS TITLE: PRESIDENT ADDRESS: 10260 SW GREENBURG RD CITY/ST/ZIP/CO: PORTLAND, OR 97223		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR						
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/ MIKE SKIENS	MIKE SKIENS, PRESIDENT	3/5/2015						
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.								