

1.) CORPORATION NAME: <b>Swan Financial Corporation</b>	DUE DATE: <b>12/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA</b>	SCC ID NO: <b>F1572793</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>KY</b>	<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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 320 WHITTINGTON PKWY  
STE 106

CITY/ST/ZIP: LOUISVILLE, KY 40222

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: THOMAS SEXTON TITLE: PRESIDENT ADDRESS: 320 WHITTINGTON PKWY STE 106 CITY/ST/ZIP/CO: LOUISVILLE, KY 40222	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DAVID RAQUE TITLE: VICE PRESIDENT ADDRESS: 320 WHITTINGTON PKWY STE 106 CITY/ST/ZIP/CO: LOUISVILLE, KY 40222	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ THOMAS SEXTON	THOMAS SEXTON, PRESIDENT	6/22/2016
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.