

1.) CORPORATION NAME:

**ltron, Inc.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1595588**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	75,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2111 N MOLTER RD

CITY/ST/ZIP: LIBERTY LAKE, WA 99019

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.

<p>NAME: LeRoy NOSBAUM TITLE: PRES/CEO ADDRESS: 2111 North Molter Road CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEVEN M HELMBRECHT TITLE: SR VP/CFO ADDRESS: 2111 N MOLTER ROAD CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN W HOLLERAN TITLE: SECRETARY ADDRESS: 2111 N MOLTER RD CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KIRBY DYESS TITLE: DIRECTOR ADDRESS: 2111 NORTH MOLTER RD. CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JON ELIASSEN TITLE: DIRECTOR ADDRESS: 2111 N MOLTER RD CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHARLES GAYLORD TITLE: DIRECTOR ADDRESS: 2111 N MOLTER RD. CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS GLANVILLE DIRECTOR 2111 N MOLTER RD LIBERTY LAKE, WA 99019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON NELSON DIRECTOR 2111 N MOLTER RD LIBERTY LAKE, WA 99019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY PRUITT DIRECTOR 2111 N MOLTER RD LIBERTY LAKE, WA 99019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRAHAM M WILSON DIRECTOR 2111 N MOLTER ROAD LIBERTY LAKE, WA 99019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEROY NOSBAUM DIRECTOR 2111 North Molter Rd. Liberty Lake, WA 99019	<input 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/ JOHN W HOLLERAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN W HOLLERAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/5/2012 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.			