

1.) CORPORATION NAME:

ltron, Inc.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1595588**

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.

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | PHILIP C MEZEY | |
| TITLE: | PRES/CEO | |
| ADDRESS: | 2111 NORTH MOLTER ROAD | |
| CITY/ST/ZIP/CO: | LIBERTY LAKE, WA 99019 | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | STEVEN M HELMBRECHT | |
| TITLE: | EXEC VP/CFO | |
| ADDRESS: | 2111 N MOLTER ROAD | |
| CITY/ST/ZIP/CO: | LIBERTY LAKE, WA 99019 | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | JOHN W HOLLERAN | |
| TITLE: | EXEC VP AND COO | |
| ADDRESS: | 2111 NORTH MOLTER ROAD | |
| CITY/ST/ZIP/CO: | LIBERTY LAKE, WA 99019 | |

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|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | SHANNON M VOTAVA | |
| TITLE: | SECRETARY | |
| ADDRESS: | 2111 N MOLTER RD | |
| CITY/ST/ZIP/CO: | LIBERTY LAKE, WA 99019 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | KIRBY DYESS | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 2111 NORTH MOLTER RD. | |
| CITY/ST/ZIP/CO: | LIBERTY LAKE, WA 99019 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JON ELIASSEN | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 2111 N MOLTER RD | |
| CITY/ST/ZIP/CO: | LIBERTY LAKE, WA 99019 | |

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|--|--|-------------------|-------------------------------------|----------|
| NAME: CHARLES GAYLORD TITLE: DIRECTOR ADDRESS: 2111 N MOLTER RD. CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: THOMAS GLANVILLE TITLE: DIRECTOR ADDRESS: 2111 N MOLTER RD CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: SHARON NELSON TITLE: DIRECTOR ADDRESS: 2111 N MOLTER RD CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: GARY PRUITT TITLE: DIRECTOR ADDRESS: 2111 N MOLTER RD CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: GRAHAM M WILSON TITLE: DIRECTOR ADDRESS: 2111 N MOLTER ROAD CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: LYNDA L ZIEGLER TITLE: DIRECTOR ADDRESS: 2111 NORTH MOLTER RD. CITY/ST/ZIP/CO: LIBERTY LAKE, WA 99019 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: Michael Pulli TITLE: DIRECTOR ADDRESS: 2111 North Molter Rd CITY/ST/ZIP/CO: 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/ SHANNON M VOTAVA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SHANNON M VOTAVA, SECRETARY PRINTED NAME AND CORPORATE TITLE | 6/19/2014 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. | | | | |