

1.) CORPORATION NAME:

DUE DATE: **8/31/2015**

**M Financial Securities Marketing, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1639030**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OR**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1125 NW COUCH ST SUITE 900

CITY/ST/ZIP: PORTLAND, OR 97209

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: CARRIE L FLEISHER TITLE: PRESIDENT ADDRESS: 1125 NW COUCH ST SUITE 900 CITY/ST/ZIP/CO: PORTLAND, OR 97209</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: FRANK E DAY TITLE: VICE PRESIDENT ADDRESS: 1125 NW COUCH STREET SUITE 900 CITY/ST/ZIP/CO: PORTLAND, OR 97209</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: R DAVID WATROS TITLE: VICE PRESIDENT ADDRESS: 1125 NW COUCH STREET SUITE 900 CITY/ST/ZIP/CO: PORTLAND, OR 97209</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: KEVIN B KUKAR TITLE: TREASURER ADDRESS: 1125 NW COUCH ST STE 900 CITY/ST/ZIP/CO: PORTLAND, OR 97209</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DAVID W SCHUTT TITLE: SECRETARY ADDRESS: 1125 NW COUCH ST STE 900 CITY/ST/ZIP/CO: PORTLAND, OR 97209</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DANIEL BYRNE TITLE: DIRECTOR ADDRESS: 1125 NW COUCH ST #900 CITY/ST/ZIP/CO: PORTLAND, OR 97209</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED H JONSKE DIRECTOR 1125 NW COUCH ST STE 900 PORTLAND, OR 97209	<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/ CARRIE L FLEISHER	CARRIE L FLEISHER, PRESIDENT	9/28/2015	
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.			