

1.) CORPORATION NAME:

TYONEK SERVICES GROUP, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1691155**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AK

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1689 C STREET SUITE 219

CITY/ST/ZIP: ANCHORAGE, AK 99501-5131

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: NEWMAN SHUFFLEBARGER TITLE: PRESIDENT ADDRESS: 1689 C ST STE 219 CITY/ST/ZIP/CO: ANCHORAGE, AK 99501-5131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SUSAN MASON TITLE: VICE PRESIDENT ADDRESS: 1689 C STREET, STE 219 CITY/ST/ZIP/CO: ANCHORAGE, AK 99501-5131</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SHARON WILLIFORD TITLE: CHAIRMAN ADDRESS: 1689 C STREET, STE 219 CITY/ST/ZIP/CO: ANCHORAGE, AK 99501-5131</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: EMIL J. MCCORD TITLE: SEC/ TREAS. ADDRESS: 1689 C ST., SUITE 219 CITY/ST/ZIP/CO: ANCHORAGE, AK 99501</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALICIA CASTEEL TITLE: ASST SEC/TREAS ADDRESS: 1689 C STREET, SUITE 219 CITY/ST/ZIP/CO: ANCHORAGE, AK 99501</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SUSANNA L. MOON TITLE: DIRECTOR ADDRESS: 1689 C. STREET, SUITE 219 CITY/ST/ZIP/CO: ANCHORAGE, AK 99501</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BART GARBER TITLE: DIRECTOR ADDRESS: 1689 C ST, STE 219 CITY/ST/ZIP/CO: ANCHORAGE, AK 99501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAISON STANDIFER TITLE: DIRECTOR ADDRESS: 1689 C ST, STE 219 CITY/ST/ZIP/CO: ANCHORAGE, AK 99501	<input 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/ NEWMAN SHUFFLEBARGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NEWMAN SHUFFLEBARGER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/7/2013 DATE
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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.