

| | | | | | |
|---|---|-------|------------|--------|--------|
| 1.) CORPORATION NAME: Koniag Services, Inc. | DUE DATE: 3/31/2015 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET | SCC ID NO: F1701897 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND, VA | 5.) STOCK INFORMATION | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: AK | <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>10,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 10,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 10,000 | | | | |

| | |
|----------------------------------|--|
| 6.) PRINCIPAL OFFICE ADDRESS: | |
| ADDRESS: 4300 B STREET SUITE 408 | |
| CITY/ST/ZIP: ANCHORAGE, AK 99503 | |

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 type="checkbox"/> DIRECTOR |
| NAME: ED O'HARE | | |
| TITLE: PRES/CEO | | |
| ADDRESS: 4100 LAFAYETTE CENTER DRIVE | | |
| CITY/ST/ZIP/CO: SUITE 303 CHANTILLY, VA 20151 | | |

| | | |
|--|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAVE LESLIE | | |
| TITLE: VICE PRESIDENT | | |
| ADDRESS: 4100 LAFAYETTE CENTER DRIVE | | |
| CITY/ST/ZIP/CO: SUITE 303 CHANTILLY, VA 20151 | | |

| | | |
|-------------------------------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: THOMAS H PANAMAROFF | | |
| TITLE: DIR/CHAIRMAN | | |
| ADDRESS: 4300 B STREET #408 | | |
| CITY/ST/ZIP/CO: ANCHORAGE, AK 99503 | | |

| | | |
|---|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DANIEL C. NIELSEN | | |
| TITLE: DIRECTOR | | |
| ADDRESS: 4300 B STREET | | |
| CITY/ST/ZIP/CO: SUITE #408 ANCHORAGE, AK 99503 | | |

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/ ED O'HARE | ED O'HARE, PRES/CEO | 2/25/2015 |
| 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.