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|---|--|-------|------------|--------|-----|
| 1.) CORPORATION NAME: Vision Advisors, Inc. | DUE DATE: 7/31/2015 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street | SCC ID NO: F1761628 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY | 5.) STOCK INFORMATION | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: AR | <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>400</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 400 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 400 | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 174 CORNERSTONE COURT STE A CITY/ST/ZIP: HOT SPRINGS, AR 71913 | | | | | |

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.

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|---|---|-----------------------------------|--|
| NAME: DALE WALBERT | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| TITLE: PRESIDENT | | | |
| ADDRESS: 174 CORNERSTONE COURT STE A | | | |
| CITY/ST/ZIP/CO: HOT SPRINGS, AR 71913 | | | |

| | | | |
|---|---|-----------------------------------|--|
| NAME: CHRIS CORJAY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| TITLE: VICE PRESIDENT | | | |
| ADDRESS: 174 CORNERSTONE COURT STE A | | | |
| CITY/ST/ZIP/CO: HOT SPRINGS, AR 71913 | | | |

| | | | |
|------------------------------------|---|--|--|
| NAME: LORI BURLESON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: SECRETARY | | | |
| ADDRESS: 2090 MARINA AVENUE | | | |
| CITY/ST/ZIP/CO: PETALUMA, CA 94954 | | | |

| | | | |
|------------------------------------|---|--|--|
| NAME: LYNDA PITTS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: CEO | | | |
| ADDRESS: 351 HICKS VALLEY ROAD | | | |
| CITY/ST/ZIP/CO: PETALYMA, CA 94952 | | | |

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/ DALE WALBERT | DALE WALBERT, PRESIDENT | 9/29/2015 |
| 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.