

SCC eFile

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

216504571

1.) CORPORATION NAME:

K'oyit'ots'ina, Limited

DUE DATE: **2/29/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

SCC ID NO: **F1851676**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	75,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AK

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1603 COLLEGE ROAD

CITY/ST/ZIP: FAIRBANKS, AK 99709

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.

NAME:	ESTHER MCCARTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 68012		
CITY/ST/ZIP/CO:	RUBY, AK 99768		

NAME:	GERLADINE SIMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9221 ELGIN CIRCLE		
CITY/ST/ZIP/CO:	ANCHORAGE, AK 99502		

NAME:	JULIA SIMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 28		
CITY/ST/ZIP/CO:	ALLAKAKET, AK 99720		

NAME:	CHRISTOPHER SIMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 54		
CITY/ST/ZIP/CO:	HUSLIA, AK 99746		

NAME:	FRED BIFELT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 49		
CITY/ST/ZIP/CO:	HUSLIA, AK 99746		

NAME:	LORRAINE DAVID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3228 EDBY ROAD		
CITY/ST/ZIP/CO:	FAIRBANKS, AK 99709		

NAME: STANLEY NED TITLE: DIRECTOR ADDRESS: PO BOX 117 CITY/ST/ZIP/CO: ALLAKAKET, AK 99720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GERALD SAM TITLE: DIRECTOR ADDRESS: 801 D STREET CITY/ST/ZIP/CO: FAIRBANKS, AK 99701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHELLE SAM TITLE: DIRECTOR ADDRESS: PO BOX 91 CITY/ST/ZIP/CO: ALLAKAKET, AK 99720	<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/ ESTHER MCCARTY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ESTHER MCCARTY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/2/2016 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.		