

1.) CORPORATION NAME:

TALKING RAIN BEVERAGE COMPANY, INC.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIOANAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1885492**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 30520 SE 84TH STREET

CITY/ST/ZIP: PRESTON, WA 98050

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: KEVIN KLOCK TITLE: CEO/PRESIDENT ADDRESS: PO BOX 549 CITY/ST/ZIP/CO: PRESTON, WA 98050	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LAWRENCE HEBNER TITLE: VICE PRESIDENT ADDRESS: PO BOX 549 CITY/ST/ZIP/CO: PRESTON, WA 98050	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD JASPER TITLE: SEC/TREASURER ADDRESS: PO BOX 549 CITY/ST/ZIP/CO: PRESTON, WA 98050	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD KLINE TITLE: DIRECTOR ADDRESS: PO BOX 549 CITY/ST/ZIP/CO: PRESTON, WA 98050	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN ANDERSON TITLE: VICE PRESIDENT ADDRESS: PO BOX 549 CITY/ST/ZIP/CO: PRESTON, WA 98050	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANDREW HARING TITLE: VP/GC ADDRESS: PO BOX 549 CITY/ST/ZIP/CO: PRESTON, WA 98050	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A KEARNS VICE PRESIDENT PO BOX 549 PRESTON, WA 98050	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LOWES VICE PRESIDENT PO BOX 549 PRESTON, WA 98050	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIVIAN PAGE VICE PRESIDENT PO BOX 549 PRESTON, WA 98050	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUSSELL SCHLEIDEN VICE PRESIDENT PO BOX 549 PRESTON, WA 98050	<input checked="" type="checkbox"/> OFFICER	<input 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/ KEVIN KLOCK	KEVIN KLOCK, CEO/PRESIDENT	1/17/2014
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.