

1.) CORPORATION NAME: <b>ANDERSON REGISTERED AGENTS INC. (USED IN VA          BY:ANDERSON REGISTERED AGENTS)</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES INC          7288 HANOVER GREEN DR          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>NV</b>	DUE DATE: <b>5/31/2016</b> SCC ID NO: <b>F1930470</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 3225 MCLEOD DRIVE #110 CITY/ST/ZIP: LAS VEGAS, NV 89121
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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: A T MATHIS TITLE: PRES/SEC/TREAS ADDRESS: 3225 MCLEOD DRIVE SUITE 100 CITY/ST/ZIP/CO: LAS VEGAS, NV 89121	<input checked="" 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/ A T MATHIS	A T MATHIS, PRES/SEC/TREAS	5/26/2016
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.