

1.) CORPORATION NAME: <b>1source Insurance Agency, Inc. (USED IN VA BY:1source Insurance Group, A Nevada Corporation)</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BAUER'S FASHION EYEWEAR LLC          4680 KING ST          ALEXANDRIA, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>NV</b>	DUE DATE: <b>6/30/2015</b> SCC ID NO: <b>F1930785</b> 5.) STOCK INFORMATION <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>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 3650 N RANCHO DR STE 103  CITY/ST/ZIP: LAS VEGAS, NV 89130
---

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: BRAD STANGEL TITLE: PRESIDENT ADDRESS: 3650 N RANCHO DR STE 103 CITY/ST/ZIP/CO: LAS VEGAS, NV 89130	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

NAME: NANNETTE STANGEL TITLE: TREASURER ADDRESS: 3650 N RANCHO DR STE 103 CITY/ST/ZIP/CO: LAS VEGAS, NV 89130	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

NAME: HOWARD WINTERS TITLE: SECRETARY ADDRESS: 3650 N. RANCHO DR STE 103 CITY/ST/ZIP/CO: LAS VEGAS, NV 89130	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

NAME: MELINDA SUZANNE WINTERS TITLE: DIRECTOR ADDRESS: 3650 N RANCHO DR STE 103 CITY/ST/ZIP/CO: LAS VEGAS, NV 89130	<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/ NANNETTE STANGEL	NANNETTE STANGEL, TREASURER	5/7/2015
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.