

1.) CORPORATION NAME:

**M&O CALIFORNIA INSURANCE SERVICES, INC.**

DUE DATE: **6/26/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NORTHWEST REGISTERED AGENT LLC  
4445 CORPORATION LANE STE 264  
VIRGINIA BEACH, VA**

SCC ID NO: **F1939505**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1835 S EXTENSION RD

CITY/ST/ZIP: MESA, AZ 85210

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.

<p>NAME: STEVEN RAY GOBLE TITLE: PRESIDENT ADDRESS: 1835 S EXTENSION RD CITY/ST/ZIP/CO: MESA, AZ 85210-5942</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN ROBERT MCEVOY TITLE: VICE PRESIDENT ADDRESS: 1119 E COTTONWOOD LANE CITY/ST/ZIP/CO: CASA GRANDE, AZ 85122-2950</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL JAMES MESENBRINK TITLE: TREA ADDRESS: 20410 N 19TH AVE #170 CITY/ST/ZIP/CO: PHOENIX, AZ 85027-1405</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID BLAIN CUMMARD JR TITLE: DIRECTOR ADDRESS: 1835 S EXTENSION RD CITY/ST/ZIP/CO: MESA, AZ 85210</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GLENDON DALE NELSON TITLE: DIRECTOR ADDRESS: 1835 S EXTENSION RD CITY/ST/ZIP/CO: MESA, AZ 85210-5942</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Robert T Rice TITLE: DIRECTOR ADDRESS: 5330 N La Cholla Blvd CITY/ST/ZIP/CO: Tucson, AZ 85741</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Leon B Byrd VICE PRESIDENT 5330 N La Cholla Blvd Tucson, AZ 85741	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Bradley Rucker DIRECTOR 1740 Beverly Ave #A Kingman, AZ 86409	<input 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/ STEVEN RAY GOBLE	STEVEN RAY GOBLE, PRESIDENT	6/26/2014
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.