No. **C 201040**	**Due no later than Jan 31, 2017**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** OPTASENSE, INC. 5885 TRINITY PARKWAY SUITE 130 CENTREVILLE VA 20120-1969 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G STE 130 BOISE ID 83705 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ROBERT ALLEN EVERS	5885 TRINITY PARKWAY SUITE 130	CENTREVILLE	VA	USA	20120-1969
SECRETARY	ROBERT ALLEN EVERS	5885 TRINITY PARKWAY SUITE 130	CENTREVILLE	VA	USA	20120-1969
TREASURER	BONNIE J. DENNIS	5885 TRINITY PARKWAY SUITE 130	CENTREVILLE	VA	USA	20120-1969
DIRECTOR	NEVILLE SALKELD	5885 TRINITY PARKWAY SUITE 130	CENTREVILLE	VA	USA	20120-1969
DIRECTOR	JAMES POLLARD	5885 TRINITY PARKWAY SUITE 130	CENTREVILLE	VA	USA	20120-1969
DIRECTOR	DARRELL J. OYER	5885 TRINITY PARKWAY SUITE 130	CENTREVILLE	VA	USA	20120-1969
DIRECTOR	ROBERT ALLEN EVERS	5885 TRINITY PARKWAY SUITE 130	CENTREVILLE	VA	USA	20120-1969

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **C 201040**	Signature: Kelly Lettmann	Date: 12/12/2016
	Name (type or print): Kelly Lettmann	Title: POA

Processed 12/12/2016

* Electronically provided signatures are accepted as original signatures.