No. C 180291 Return to:		Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter	Names and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasurer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY	BRIAN RENC		135 S LASALLE STREET SUITE 3100 1383 NORTH MCDOWELL BLVD SUITE 250	CHICAGO	IL	USA	60603
TREASURER	GARY SEMLI	NG		PETALUMA	CA	USA	94954
PRESIDENT	SCOTT L M	URRAY	1409 NORTH FORBES ROAD	LEXINGTON	KY	USA	40511
DIRECTOR	DAVID CAPE	LLI	1056 THOMAS JEFFERSON ST. NW	WASHINGTON	DC	USA	20007
DIRECTOR	GARY SEMLING		1383 NORTH MCDOWELL BLVD SUITE 250	PETALUMA	CA	USA	94954
DIRECTOR STANIS IR SMITH		1100-111 DUNSMUIR STREET	VANCOUVER		CANADA	V6B 6A3	
5. Organized Under the Laws of: 6. Annual Report must		be signed.*					
NC		Signature: BRIAN RENO		Date: 08/18/2016			
C 180291		Name (type or print): BRIAN RENO		Title: SECRETARY			
Processed 08/18/2016		* Electronically provided	d signatures are accepted as original signa	atures.			