

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS -Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___ 2005 Filling Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No 2. Name of Corporation 88268 THOMAS STREET STUDIOS, LTD. State City. Cranston RI 823 Park Ave 5. State of Incorporation G. SIC Code 401-780-0550 257 RHODE ISLAND

3. Street Address Principal Business Office 02910-2037 4: Business Phone No. 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OR MURAL PAINTING; ARTISTICPAINTING. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Harley Bartlett Same Street Address Street Address 44 LaFAYETTE St Same City State Cttv State Zip 02860 RI Same Pawtucket Secretary Name Treasurer Name Same Same Street Address Street Address City State Ctty 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Harley Bartlett Sinvi Address Street Address 20 44 Lafayette St. 2ip 02860 City State Pawtucket RI 35% Director Name Director Name Street Address Since Address 94 City State Zφ State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Glass/Series Number of Shares Par Value Par Value Class/Series 100 1,000 COMM NO PAR VALUE Common Stock No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date Check No	31605	
Ву:	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements contained herein are true and correct. Date Print or Type Name of Officer Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, Rt 02903-1335
401,222,3040

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March (FORM MUST BE TYPED IN BLACK)	1 • Filing Fee:	\$50.00			
1. Corporale ID No. 88268	2. Name of Corporation				
3. Street Address Principal Business (823 PARK AVE			City CRANSTON	State RI	zip 002910-2037
4. Business Phone No. 401-780-0550	,	5. State of Incorpora			6. SIC Code 257
7. Brief Description of the Character o TO ENGAGE IN THE BUSINES			C PAINTING		
8. NAMES AND ADDRESSES O	F THE OFFICERS	("X" BOX FOR A	ATTACHMENT) FILL IN SP	ACES BEFORE USING ATT	ACHMENTS
President Name HARLEY BARTLETT			Vice President Name SAME		
Street Address 44 LAFAYETTE ST			Sircet Address SAME		
Cily PAWTUCKET	State RI	<i>Zip</i> 02860	City	Stato	Zip
Secretary Name			Treasurer Namo		
Street Address	····		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES O	F THE DIRECTORS	("X" BOX FOR A	ATTACHMENT) FILL IN SP	ACES BEFORE USING ATT	ACHMENTS
Director Name HARLEY BARTLETT			Director Name		
Street Address 44 LAFAYETTE ST			Sireel Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Ζίρ
Director Name			Director Name	·	
Street Address	<u> </u>		Street Address	····	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (7)	BOX FOR ATTACHM	IENT)	11. SHARES ISSUED אין 80	X FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES	<u></u>	
Number of Shares Class/	Sories	Par Value	Number of Shares	Class/Series	Par Value
1,000 CC	OMMON STOCK	NO PAR	100	COMMON STOCK	NO PAR
File Date	0 2 2005	nt, Vice President, S	Under penalty of perjury. I dethis report, including any account and that all statements contain that all statements contain the statements of the statement of the statements of the statement of the sta	clare and affirm that I hav ompanying schedules and	ve examined distatements, correct.
			Title of Officer		Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335

2004

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK)

1. Corporate ID No	2 Name of Corporation	•			
88268	THOMAS STREET	T STUDIOS, LTD.			
3. Street Address Principal Business C 823 Park Ave		- Aran	Ctty Cranston	State RI'	Zφ 02910-2037
4. Business Phone No.		5. State of Incorporation			6 SIC Code
401-780-0550					
7 Brief Description of the Character of TO ENGAGE IN THE BUSI	of Business Conducted in I	<u>L RHODE ISLAND</u> Rhode Island AINTING, ARTISTICPAL	NTING.		257
B. NAMES AND ADDRESSES				N CDACEC REPÓDE HEINO	ATTACHMENTE
resident Name	Or The Orriceks	(A BOX POR ATT	Vice President Name	N SPACES BEFORE USING A	WIACHMENIS
Harley Bartlett			Same		
itreet Address			Street Address		
44 Lafayette St			Same		
Cuy	State	Zip	Cuy	State	Zip
Pawtucket	RI	02860	•		
Serietary Name			Treasurer Name		
Same		 	Same		
livet Address			Street Address		
Juy	State	Zip	Guy	State	Zip
NAMES AND ADDRESSES Director Name Harley Bartlett	OF THE DIRECTOR	S: ("X" BOX FOR A	Director Name	. IN SPACES BEFORE USING	ATTACHMENTS
44 Lafayette St.			Street Address		
City	State	ZIp	City	State	Zip
Pawtucket	RI	02860			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHM	⊨ <u>ĖNT</u>) □
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
I,000 COMM NO PAR VALUE			100		
TOTAL STATE OF THE	<u> </u>	<u> </u>	100	Common Stock	No Par
This seems and					
i nis report must be s	ignea in ink by cith	er the President, Vice	President, Secretary, Assis	stant Secretary, Treasurer, Re	ceiver or Trustee
	8 2 6 8 +			perjury. I declare and affirm that ourpanying schedules and statem	
File Date 3.0.0	A		contained herein a	are true and correct. U-12a7W	3.1.04
Check No			Signaluke of Office HARL Print or Type Nam.	EY W. BART	LEIT Date
By:	TE HEE AND		Pour	Lus	
FOR SECRETARY OF STA	OR USE ONLY	J •	Title of Officer		Form 630 Rev. 12/0

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003



Filing Period: Januar	y 1-March 1 • F	iling Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED OR PRIN	•				
T. Carporate ID No. 88268	2. Name of Corporation TUDBLAC CTDE	ET CTUDIOC 1 TD			
3. Street Address Principa <u>l Bus</u> ines		ET STUDIOS, LTD.	City	State .	Zip
	ARK AY	E. S. State of Incorporation	CRANSTON	RI	029) 5- 2037
401-780-1 7. Brief Description of the Charact	OSSO er of Rusiness Conducted in Ri	RHODE ISLAND			257
Commeec	IAL ART	500010			
President Name		RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTACHM	ENTS
HARLEY E	PRITLETT		SAME . Street Address		
44 LAFAYE	TTE ST	Zip	City	State	Zip
PAWTUCKET Secretary Name	RI	07860	Ticasuiei Name		••••
SAME Street Address			SAME Street Address		
City	State	Zip	Gity	State	Zip
9. NAMES AND ADDRED Director Name HARLEY B.		ORS ("X" BOX FOR ATTA	Director Name	BEFORE USING ATTACH	MENTS
HARLEY B, 144 LAFAY	ETTE ST		Street Address		
PAWTUCKER	State X	02860	City	State	Zip
Director Name			Director Name	. 	• • • • • • • • • • • • • • • • • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED (*x* box for attach	IMENT)	11. SHARES ISSUED EX	BOX FOR ATTACHMENT)	<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VA	ALUE		100	Common	, NOTAR
			· 	····	
This report must be sign	ncd in ink by either	the President, Vice P	resident, Secretary, Assist	ant Secretary, Treasurer	, Receiver or Trustee
f iii]			

	* 8 8 2 6 8 *
Elle Date:	4.3.03
Check No.	1596
Зу:	<u>d</u>

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Je Us	1 4·1.03	
Signature d'Officer	Date	
HARLEY	BARTLETT	

Print or Type Name of Officer

۶ معج Title of Officer

Famil 630 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

	•	Filing Fee: \$50.00			INSTRUCTI
(FORM MUST BE TYPED IN					
. Corporate ID No.	2. Name of Corpora				
88268		TREET STUDIOS, LTD.			
. Street Address Principal Busi	• • • • • • • • • • • • • • • • • • • •		City	State	Zip
. Ausiness Phone No.	thance ct	f fam. of the same	MUTUCKE	- VT	52860
	24-33-0	5. State of Incorporation RHODE ISLAND			6. SIC Cade 257
Brief Description of the Char	racter of Business Conducted				
	+ morac				
NAMES AND ADDI	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	S REFORE USING ATTA	CHMENTS
esident Name			Vice President Name		
HARIE	y BART	£ 11	SAm	SE.	
teet Address	•	•	Street Address	, y -	•
44 /	3773167E	55			
	_ State	Zip / ~	: City	State	Ζίμ
CEETALY Name	7. 1. 7. 5. 7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	O2860		· ····	
SAN	~ C		Treasurer Name	C	
Ireet Address	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Street Address	/	
ity	State	Zip	City	State	Zip
			:		
. NAMES AND ADDI	RESSES OF THE DIR	ECTORS ("X" HOX FOR ATT	ACHMENT) FILL IN SPA	CES BEFORE USING ATT	TACHMENTS
ltector Name			Director Name	· · · - · · ·	
rect Address					
itti Auuress			* Street Address		
ity	State	Zip	. City	State	Zip
		•			••••
rector Name		** ************************************	Director Name		***************
reet Address			Street Address		
ty.	State	Zip	Clty	State	Zip
Serrance Augustin				,	
D. SHARES AUTHORI JIHORIZED SHARES	ZED ("X" ROX FOR ATT	ACHMENT) ((*X* HOX FOR ATTACHMEN	<u>"T) U</u>
unber of Shares	Class/Serles	Par Value	ISSUED SHARES Number of Shares	Class/Series	· Par Value
1,000 COMM NO PAR					
.,			100	Comme	I NO PAR
			-1.7-0	-	· · · · · · · · · · · · · · · · · · ·
is report must be si	gned in ink by air	ier the President, Vice I	Procident Courses As	cictant Cocrotant T-	urar Pacainar as Tona
report must be 31	Suca in the by Citi	ici die rresident, vice i Mi n i	resident, secretary, AS	sistant Secretary, ireas	outer, Receiver or ITUS
į l					

	*	8	8	2	6	8	*	
ile Date:	2/-/-	γ.	0.	2	,			
heck No.:	110	3-	1					_
								_

FOR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare and a	ffirm that I have examined
his report, including any accompanying	schedules and statements, an
hat all statements contained herein fre	rue and correct.

Title of Officer

Form 630 12/01

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

State Zip State Zip State Zip PACES BEFORE USING ATTACHMENTS
State Zip
CES BEFORE USING ATTACHMENTS State Zip
State Zip State Zip
State Zip State Zip
State Zip State Zip
State Zip
State Zip
State Zip
<u> </u>
<u> </u>
<u> </u>
<u> </u>
PACES BEFORE USING ATTACHMENTS
PACES BEFORE USING ATTACHMENTS
State Zip
State Zip
i i
ED ("X" BOX FOR ATTACHMENT)
Class/Seties Par Value
· · · · · · · · · · · · · · · · · · ·
Comm No Par VAI
E.

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-133. 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

FOR SECRETARY OF STATE USE ONLY

Filing Period: Janu		Filing Fee: \$50.00			ASSIRI CHO
1. Corporate ID No.	2. Name of Corpora	tion	 - _.		
88268		REET STUDIOS, LTD	•		
3. Street Address Principal Bus	••		City	State	Zip
163 Exchange	Street		Protuctet	₽(02840
4. Business Phone No.		5. State of Incorporation			6. SIC Code
_ 401 724 3300		. RHODE ISLAND			257
7. Brief Description of the Chair	•	n Rhode Island			
Decorative and	MUTAL TAINTING	Onbo (
8. NAMES AND ADDI	KESSES OF THE OFFI	CERS (*X* BOX FOR ATTACH	MENT) IFILL IN SPACI Vice President Name	ES BEFORE USING ATTA	CHMENTS
	da H		SAME		
Street Address			Street Address		
Harley W. Bard sireer Address 44 LAtayette	Start				
City	State	Zip	City	State	Zip
Pautoilet	Ri	02860			
Secretary Name		• • • • • • • • •	Treasurer Name	•	
SAME			SAME		
Street Address			Street Address		
Clty	State	Zip	City	State	Zip
Harky W. Born screen Address 44 Lakayeth G City Partucket	Hett Street State R1	^{7.19} D7440	NA Street Address City	State	Zip
Director Name		•• • • • • • • • • •	Director Name		
NA			NA		
Street Address			Street Address		
St.		***	a	6	71-
City	State	Zip.	City	State	Zip
10. SHARES AUTHOR	IZED (*X* BOX FOR ATTA	ACHMENT) 🗓	11. SHARES ISSUED	O ("X" BOX FOR ATTACHMEN	in
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS CONN	NO PAR VAL		1 100	A	No Par Value
·			100	Comm	100 MAC VATUR
This report must be s	igned in ink by eith	ner the President, Vice P	resident, Secretary, A	ssistant Secretary, Trea	 surer, Receiver or Trus
		■ •	Under penalty of	perjury, I declare and affi	rm that I have examined
•		•			hedules and statements, a
,	112/10		· · · · · · · · · · · · · · · · · · ·	is contained herein are tru	
File Date:	/12/60	···	$\sim 11^{\circ}$	1 Kadrin	ls \ ,
	2667		Strong of Officer	<u> </u>	IV Jun DU
Check No.:			J. V.	2. 11.14	
	Z.		TANY W.	Dertigi Cofficer	

President

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FOR SECRETARY OF STATE USE ONLY

. /		
		RIAD
	NSTRU N	HOX

(FORM MUST BE TYPED IN BL	ACK)				Talket Ho
1. Corporate ID No. 88268	2. Name of Corpor	STREET STUDIOS, L	.TD.		
3. Street Address Principal Busines	Street		Pantucket	State	02840
4. Rusiness Phone No. 4017243300	<u> </u>	5. State of Incorporation	on .		6. SIC Code 257
7. Brief Description of the Charact	er of Business Conducted	In Rhode Island			<u>.</u>
Decorative and		nting			
8. NAMES AND ADDRE	SSES OF THE OFI	PICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES : Vice President Name	BEFORE USING ATTAC	HMENTS A NA
Harley W. B	artlett		Terrance L.	prackenbury	
Street Address \ 44 \ A fayet	4 SHUUT		Street Address 433 Marris	Arenve	
Pawtycke:	State	02866	Pavidence	State	02906
Secretary Name	D. A. ke 1		Treasurer Name		
Street Addiess	Bracken bury		Street Address	1414 W.17.	
433 Morris	Nenve		44 Entage	HL Street	
Providence.	State.	D2906.	City Pantycket	State P 1	82860
9. NAMES AND ADDRE	SSES OF THE DIR	RECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	ES BEFORE USING ATT	
Director Name	Bortlett		Director Name 1111 MMH L.	Brackenburg	
Street Address 44 / 14 / 14 / 14 / 14	Street		Street Address 133 Morris	Kenve	
Parturbet	State	02860	Provide nis	State P1	02906
Director Name	•••••	*************************	Director Name		
		· 			
Street Address	•		Street Address		,
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED (*X* BOX FOR AT	TACHMENT)	: 11. SHARES ISSUED	(X* BOX FOR ATTACHMENT) 기 리 나 1 성당
AUTHORIZEE) SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM N	O PAR VAL		[00]	Comm	No Por VAL
This report must be ster	i cd in ink by eit	her the President Vic	e President, Secretary, Ass	istant Secretary Treas	iter. Receiver or Truste
				,,	,
				•	
	II TATA TAKA TATA DILA	ian ian			
*	8 8 2 6	8 *		erjury, I declare and affirm	
	ing a mengangan perumbahan B			ng any accompanying sch contained bere in are true	edules and statements, and
File Date:	5,00		that are statements	contained person are title	9 1, 100
File Date:			Alah	~ W. ()asa	e11199
Check No.:	200)	LAL	Signature of Officer	$\nu_{\mathfrak{P}}$	Date
		1/1	tlacted W.	. Bartlett	



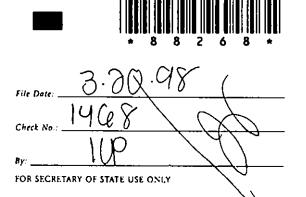
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 88268 3. Street Address Principal Business Office Pawtucket 163 Exchange Street 401 724 3300 7. Brief Description of the Character of Business Conducted in Rhode Island MUIAL and Decorative 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) President Name Harley W. Bartlett Brackenbury Terry Street Address LAPAYETE Street Morris Avenue 15246A 02906 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Harley W. BArtlett Brackenbury 02906 Street Address Street Address City State City 2.10 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHAKES ISSUED SHARES Number of Shares Number of Shares Par Value Class/Series 1,000 SHS COMM NO PAR VAL 100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

that all states	nents contained herein	are true and correct.
Significe of Offi	h. Bath	~ 18 March 98
Signature of Offi	0	Dhie
President	-	
Print or Type Na		
	W. Bartlett	
Title of Officer		

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

COMMANDER.	DE TUDEN	IN DEACES	

1. Corporate ID No.	2. Name of Corpora	tion		·	
88268 3. Street Address Principal Busines \U3 EXChAnge	is Office	TREET STUDIOS, LT	o. Pantucket	suis R1	02860
4. Business Phone No. 401 724 330 7. Brief Description of the Charact DLCOTAtile And	O ter of Business Conducted I				6. SIC Code 0257
8. NAMES AND ADDRE		CERS ('X' BOX FOR ATTACE			
President Name HATKEY BATHET Street Address			Vice President Name Terry Bracken Street Addres! 433 Morris		
City Pantocket	State Pl	02860	Providence Providence	sicite L	DZ 906
Secretary Name EVALUE Smith Street Addieses			: Treasurer Name HArkey BArt		
La 163 Etchange	Strut	21-	: , 44 LA	Payette Street	' Zip
Pawtucket	State R1	D2860	PANTUCKE+	State P1	02860
9. NAMES AND ADDRE Director Name Harley Bartle! Street Address 44 LA La Loyette	sses of the diri H 5+w+	ECTORS (*** BOX FOR ATTA	CHMENT) Director Name TETTY Bracken Street Address 433 Morris	, '	
PANTUCLET Director Name	RI	01860	Providence Director Name	State P	82906
Street Address			Street Address		
CH)	State	Zip	City	Stre	→ zip
10. SHARES AUTHORIZ	ED AND ISSUED ?	X BOX FOR ATTACHMENT)	الومية والوالي المنظامية المراقي الماسية الماسية الماسية الماسية الماسية		
AUTHORIZED SHARES		 	ISSUED SHARES		
Number of Shares	Class/Series	Pat Value	Number of Shares	Cluss/Serles	Par Value
1,000 SHS COMM N	IO PAR VAL	•	100	Comm	No Par Val

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 8 8 2 6 8 *
File Date:	5/13/97
Check No.:	1235
By:	E STATE USE ONLY

Under penalty of perjury, I declare	
= '	nying schedules and statements, and
that all statements contained herei	Butw 8/11/97
Signalure of Officer	Date
Harley Bartlett	
Print or Type Name of Officer	
President	
Title of Officer	