

Filed
Secretary of State
State of Washington
Date Filed: 03/23/2018
Effective Date: 03/23/2018

UBI #: 604 106 197

Annual Report

document on request.

BUSINESS INFORMATION Business Name: THE STINSON ASSOCIATES LLC **UBI Number:** 604 106 197 Business Type: WA LIMITED LIABILITY COMPANY **Business Status:** ACTIVE Principal Office Street Address: C/O FRESHWATER STINSON PARTNERS LLC, 2718 ALL VIEW WAY, BELMONT, CA, 94002-1410, USA Principal Office Mailing Address: C/O FRESHWATER STINSON PARTNERS LLC, 2718 ALL VIEW WAY, BELMONT, CA, 94002-1410, USA Expiration Date: 03/31/2019 Jurisdiction: UNITED STATES, WASHINGTON Formation/Registration Date: 03/29/2017 Period of Duration: **PERPETUAL** Inactive Date: Nature of Business: REGISTERED AGENT CONSENT To change your Registered Agent, please delete the current Registered Agent below. **Registered Agent Consent (Check One):** I am the Registered Agent. Use my Contact Information. I am not the Registered Agent. I declare under penalty of perjury that the WA Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Limited Liability Company must keep the signed consent document in its records, and must produce the

RCW 23.95.415 requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

REGISTERED AGENT RCW 23.95.410

Registered Agent Name Street Address Mailing Address

KTC SERVICE 701 5TH AVE, SUITE 3300, SEATTLE, WA, 701 5TH AVE, SUITE 3300, SEATTLE, WA,

CORPORATION 98104-7055, USA 98104-7055, USA

PRINCIPAL OFFICE

Phone:

651-861-0086

Email:

CORPCOMPLIANCE@KARRTUTTLE.COM

Street Address:

C/O FRESHWATER STINSON PARTNERS LLC, 2718 ALL VIEW WAY, BELMONT, CA, 94002-1410, USA

Mailing Address:

C/O FRESHWATER STINSON PARTNERS LLC, 2718 ALL VIEW WAY, BELMONT, CA, 94002-1410, USA

GOVERNORS

Title Type Entity Name First Name Last Name

GOVERNOR ENTITY FRESHWATER STINSON PARTNERS LLC

NATURE OF BUSINESS

REAL ESTATE

EFFECTIVE DATE

Effective Date:

03/23/2018

CONTROLLING INTEREST

Does your company own real property (including leasehold interests) in Washington?

YES

1. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

NO

2. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

NO

3. Unanswered, or Blank?

NO

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer IF:

* This company owns land, buildings or other real estate in Washington State,

AND

* You answered "YES" to question 1 above.

This document is a public record. For more information visit www.sos.wa.gov/corps

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit www.dor.wa.gov/REET

Business Licensing Service, PO Box 9034, Olympia, WA 98507-9034

For excistance or to request this document in an alternate format, visit business wa gov/BLS or call 360-705-6744. Telephonesis and the second services of the request this document in an alternate format, visit business was gov/BLS or call 360-705-6744. Telephonesis was provided by the second services of the request this document in an alternate format, visit business was gov/BLS or call 360-705-6744. Telephonesis was provided by the second services of the request this document in an alternate format.

may call 711. Fax 360-705-6699
RETURN ADDRESS FOR THIS FILING
Attention: Email: Address:
UPLOAD ADDITIONAL DOCUMENTS
Do you have additional documents to upload? No
EMAIL OPT-IN
By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.
AUTHORIZED PERSON
I am an authorized person.
Person Type: ENTITY
First Name: MARTI
Last Name: MUNHALL
Entity Name: KTC SERVICE CORPORATION
Title: ASST, SEC.

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.