INITIAL/ANNUAL LIST OF TRUSTEES AND STATE B	USINESS LICENSE APPL	ICATION	ENTITY NUMBER
NAME OF DISCINECE TRUST			
NAME OF BUSINESS TRUST			
FOR THE FILING PERIOD OF TO			
USE BLACK INK ONLY - DO NOT HIGHLIGHT			
**YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflu	•		
Return one file stamped copy. (If filing not accompanied by order ins stamped copy will be sent to registered agent.)	structions, file		
<u>IMPORTANT:</u> Read instructions before completing and returning this form.			
 Print or type names and addresses, either residence or business, for all trustees. A To sign the form. FORM WILL BE RETURNED IF UNSIGNED. 	rustee must		
 If there are additional trustees, attach a list of them to this form. Return the completed form with the filing fee of \$125.00. A \$75.00 penalty must be ac failure to file this form by the deadline. An annual list received more than 90 days before date shall be deemed an amended list for the previous year. 		ABOVE SPACE I	S FOR OFFICE USE ONLY
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for	failure to file form by deadline.		
 Make your check payable to the Secretary of State. Ordering Copies: If requested above, one file stamped copy will be returned at no accomp fee of \$2.00 per page is required for each additional copy generated when accompany your order. 			
 Return the completed form to: Secretary of State, 202 North Carson Street, Carson C Form must be in the possession of the Secretary of State on or before the last day of t received after due date will be returned for additional fees and penalties. Failure to inc 	he month in which it is due. (Postmark da		
FILING FEE: \$125.00 LATE PENALTY: \$75.00 (if filing late)	SINESS LICENSE FEE: \$200.00 LATE	PENALTY: \$100.0	0 (if filing late)
CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX Pursuant to NRS Chapter 76, this entity is exempt from the business lic NOTE: If claiming an exemption, a notarized Declaration of Eligibility attach the Declaration of Eligibility form will result in rejection, which is	ense fee. Exemption code: form must be attached. Failure to	001 - Govern	0 Exemption Codes nmental Entity Picture Company 80B.020 Insurance Co.
NAME	TITLE(S)		
	TRUSTEE		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S) TRUSTEE		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TRUSTEE		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TRUSTEE		
ADDRESS	CITY	STATE	ZIP CODE
None of the trustees identified in the list of trustees has been identified with the frepower or authority of a trustee in furtherance of any unlawful conduct.	audulent intent of concealing the identit	y of any person o	r persons exercising the
I declare, to the best of my knowledge under penalty of perjury, that the informatic a category C felony to knowingly offer any false or forged instrument for filing in the		owledge that purs	uant to NRS 239.330, it is
	Title	Date	.
X			
Signature of Trustee or Other Authorized Signature		Nevada Sec	retary of State List Trustee Revised: 1-5-15