Colorado Secretary of State
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Annual Report
filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number: 20041152944

Entity name: NEWSOURCE IMPORTS, LLC

Jurisdiction under the law of which the
entity was formed or registered: Colorado

You must complete line 1.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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Baker	Thomas	H	
(Last)	*(First)*	*(Middle)*	*(Suffix)*

531 Spindrift Ct
(Street name and number or Post Office Box information)

Fort Collins	CO	80525
(City)	*(State)*	*(Postal/Zip Code)*

(Province – if applicable)	*(Country – if not US)*

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                                     _____
                                     (Street name and number)

                                     _____

                                     FORT COLLINS   CO   80525
                                     _____
                                     (City)   *(State)*   *(Postal/Zip Code)*
                                                    United States
                                     _____
                                     (Province – if applicable)   *(Country – if not US)*

3. Principal office mailing address: _____
   (if different from above)   *(Street name and number or Post Office Box information)*

                                      _____

                                      _____ ____ _____
                                      (City)   *(State)*   *(Postal/Zip Code)*

                                      _____ _____
                                      (Province – if applicable)   *(Country – if not US)*

4. Registered agent name: (if an individual) BAKER   THOMAS   H.
                                              _____
                                              (Last)   *(First)*   *(Middle)*   *(Suffix)*

        OR (if a business organization)
                                              _____

5. The person identified above as registered agent has consented to being so appointed.

6. Registered agent street address: 531 SPINDRIFT CT
                                     _____
                                     (Street name and number)

                                     _____

                                     FORT COLLINS   CO   80525
                                     _____
                                     (City)   *(State)*   *(Postal/Zip Code)*

7. Registered agent mailing address: _____
   (if different from above)   *(Street name and number or Post Office Box information)*

                                      _____

                                      _____ ____ _____
                                      (City)   *(State)*   *(Postal/Zip Code)*

                                      _____ _____
                                      (Province – if applicable)   *(Country – if not US)*

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