

16-249290

FILED
Secretary of State
State of California

JUN 22 2016



Secretary of State
Statement of Information
(Limited Liability Company)

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LLC-12

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - Face Page \$1.00 & .50 for each attachment page,
Certification Fee - \$5.00

6/NF/CC
This Space For Office Use Only

1. Limited Liability Company Name
CHI-EY ASSET RECOVERY SERVICES LLC

2. 12-Digit Secretary of State File Number
201522410470

3. State or Place of Organization (only if formed outside of California)
OREGON

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 35701 CA-190, Suite 1084	City (no abbreviations) SPRINGVILLE	State CA	Zip Code 93265
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

5. Manager(s) or Member(s) If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name and address must be listed. Attach additional pages, if necessary.

a. First Name WAI	Middle Name C.	Last Name SHUBERT	Suffix
b. Address 35701 CA-190, Suite 1084	City (no abbreviations) Springville	State CA	Zip Code 93265

6. Agent for Service of Process **Item 6a and 6b:** If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation) WAI	Middle Name C.	Last Name SHUBERT	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 35701 CA-190, Suite 1084	City (no abbreviations) Springville	State CA	Zip Code 93265
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b			

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Advocacy group and Consulting Services (provide public knowledge only) for former athletes

8. Chief Executive Officer, if elected or appointed

a. First Name WAI	Middle Name C.	Last Name SHUBERT	Suffix
b. Address 35701 CA-190, Suite 1084	City (no abbreviations)	State	Zip Code

9. The information contained herein, including any attachments, is true and correct.

6/18/2016 WAI C. SHUBERT CEO/OWNER

Date Type or Print Name of Person Completing the Form Title Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: [WAI C. SHUBERT]
 Company: CHI-EY ASSET RECOVERY SERVICES LLC
 Address: 35701 CA-190, Suite 1084
 City/State/Zip: [Springville, CA 93265]