

**FENNEMORE CRAIG**  
ATTORNEYS

Elaine Shaddock  
Paralegal  
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300 South Fourth Street, Suite 1400  
Las Vegas, NV 89101  
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(099990.0344 CH 82)

April 18, 2018

VIA E-MAIL  
(sbensing@sbstrategic.com)

Nevada Institute For Autonomous Systems  
c/o Scott Bensing  
1 East Liberty Street, Suite 444  
Reno, NV 89501

Re: Nevada Institute For Autonomous Systems

Dear Scott:

The Annual List for the corporation is coming due. To assist with this process we enclose the following:

1. The Annual List of Officers, Directors ("Annual List"), for the above corporation for the filing period June 2018 to June 2019.

It is my understanding that the corporation solicits charitable/tax deductible contributions, so I have marked the form accordingly. It is required that the names and addresses of the President, Secretary, Treasurer and **all** directors/trustees of the corporation be reflected on the Annual List. If there have been any changes in that information (e.g. directors, officers, addresses), please write or type the changes directly on the form. When the information has been corrected, or if there are no changes, an officer of the corporation should sign and date the Annual List where indicated at the bottom.

The corporation's Annual List must be filed with the Nevada Secretary of State on or before June 30, 2018. The filing fee is \$50.00. The Nevada Secretary of State will assess a \$50.00 late fee if the Annual List is not filed by the due date.

2. Charitable Solicitation Registration Statement ("CSR Statement").  
A non-profit corporation soliciting charitable/tax deductible contributions must also complete the CSR Statement. Therefore, I have enclosed the CSR Statement partially completed with information from the form filed last year. Please provide

the information required at Item 8. The completed form should be signed by an officer of the corporation at the bottom of the form where indicated.

The CSR Statement is required to be filed with the Annual List if the corporation is soliciting charitable/tax deductible contributions and does not qualify for an exemption, see exemptions below. If the nature of the business has changed, please let me know.

Exemptions to the CSR Statement:

- Requests for contributions, donations, gifts, or the like, which are directed only to a total of fewer than 15 persons, annually.
- Requests for contributions, donations, gifts, or the like, are directed only to persons who are related within the third degree of consanguinity of affinity to the officers, directors, trustees or executive personnel of the corporation.
- Corporation is recognized as a church under the Internal Revenue Code, section 501(c)(3).
- Appeals for funds to benefit a particular person or his or her immediate family named in the solicitation, but only if all the proceeds of the solicitation are given to or expended for the direct benefit of the person or his or her immediate family.
- Conducted by an alumni association of an accredited institution which solicits only persons who have an established affiliation with the institution, including, without limitation, current and former students, members of the faculty or staff, or persons who are within the third degree of consanguinity or affinity of such persons.

If you would like for Fennemore Craig to continue to be your registered agent, please return the executed Annual List and the executed CSR Statement **to me** with a single check payable to **Fennemore Craig** in the amount of **\$150.00** which is the sum of the following:

- \$50.00 Nevada Secretary of State Annual List filing fee; and
- \$100.00 Fennemore Craig Registered Agent fee.

We would appreciate receiving the executed list and payment before **June 20, 2018**, so that we may timely file the Annual List prior to the due date of June 30, 2018. When received, we will file the Annual List with the Nevada Secretary of State.

It is time to prepare the annual corporate records regarding members and directors/trustees. Nevada statutes require that corporations elect officers and directors/trustees in the manner prescribed in the Bylaws of the corporation. Annual records should also reflect major corporate actions from the previous year and/or major actions the corporation wishes to authorize and approve for the ensuing year. Such actions might include loans to or from the corporation, its officers, directors/trustees, or members, agreements entered into by the corporation, purchases made by the corporation, compensation to or benefit programs involving directors/trustees, officers, and members. If the corporation has engaged or will engage in any such transactions, and you would like us to prepare consents or meeting minutes, please provide us with any pertinent facts and we will be happy prepare the consents or meeting minutes to reflect such activities for an additional fee based on our regular hourly rates.

Page 3

It is important that you keep proper records, including annual minutes as described in the bylaws of the corporation and/or significant business transactions. If you are preparing these records, please provide me with copies of the documents for the file.

If you have any questions concerning these matters, please contact me by telephone at 702-791-8289 or by email at [eshaddock@fclaw.com](mailto:eshaddock@fclaw.com).

Sincerely,

  
Elaine Shaddock  
Paralegal

cc: Richard Jost, Esq. (via email)

**(NONPROFIT) INITIAL/ANNUAL LIST OF OFFICERS AND DIRECTORS OF**

**NEVADA INSTITUTE FOR AUTONOMOUS SYSTEMS**

**E0302482013-0**

NAME OF CORPORATION

ENTITY NUMBER

FOR THE FILING PERIOD OF 2018 TO 2019. DUE BY 6/30/2018



\*100206\*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)**

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT: Read instructions before completing and returning this form**

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. If there are additional officers, attach a list of them to this form. An **Officer or other authorized signer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. Return the completed form with the \$50.00 filing fee, if no capitalization. A \$50.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
3. Make your check payable to the Secretary of State. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
4. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.
5. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

**ABOVE SPACE IS FOR OFFICE USE ONLY**

**FILING FEE: \$50.00 (IF NO CAPITALIZATION) LATE PENALTY: \$50.00 (if filing late)**

**Charitable Solicitation Information - check applicable box**

Does Organization intend to solicit charitable/tax deductible contributions?  No - no additional form required  Yes - "Charitable Solicitation Registration Statement" required

Organization claims exemption pursuant to (2015) AB50 15(1) or is recognized as a church under Internal Revenue Code 501(c)(3).  Exempt from filing - "Exemption From Charitable Solicitation Registration Statement" required

**\*\* Failure to include the required statement form will result in rejection of the filing and could result in late fees.\*\***

**For nonprofit entities formed under NRS Chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below and submit Declaration of Eligibility form. **Failure to attach the required notarized Declaration of Eligibility will result in a rejection, which could result in late fees.**

Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002

**NRS Chapter 81 - Nonprofit:** entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls into one of these categories by marking the appropriate box. If the entity does not meet either of these categories please submit \$200.00 for the state business license.

Unit-owners' Association  Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

JOHN V WHITE NAME: 300 SOUTH 4TH STREET SUITE 1400 ADDRESS:	TITLE(S) PRESIDENT (OR EQUIVALENT OF) LAS VEGAS NV 89101 CITY: ST: ZIP:
J SCOTT BENSING NAME: 300 SOUTH 4TH STREET SUITE 1400 ADDRESS:	TITLE(S) SECRETARY (OR EQUIVALENT OF) LAS VEGAS NV 89101 CITY: ST: ZIP:
JAMES A BARRETT JR NAME: 300 SOUTH 4TH STREET SUITE 1400 ADDRESS:	TITLE(S) TREASURER (OR EQUIVALENT OF) LAS VEGAS NV 89101 CITY: ST: ZIP:
J SCOTT BENSING NAME: 300 SOUTH 4TH STREET SUITE 1400 ADDRESS:	TITLE(S) DIRECTOR LAS VEGAS NV 89101 CITY: ST: ZIP:

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X**  
 Signature of Officer or Other Authorized  
 Signature

Title:

Date:

ADDENDUM TO ANNUAL LIST  
OF OFFICERS AND DIRECTORS  
NEVADA INSTITUTE FOR AUTONOMOUS SYSTEMS

Nevada Secretary of State Entity No. E0302482013-0

ADDITIONAL DIRECTORS

<u>Name</u>	<u>Title</u>	<u>Address</u>
John V. White	Director	300 S. Fourth Street, Ste. 1400 Las Vegas, NV 89101
James A. Barrett, Jr.	Director	300 S. Fourth Street, Ste. 1400 Las Vegas, NV 89101
Mridul Gautam	Director	300 S. Fourth Street, Ste. 1400 Las Vegas, NV 89101
Tina Quigley	Director	300 S. Fourth Street, Ste. 1400 Las Vegas, NV 89101
Lynn Fenstemaker	Director	300 S. Fourth Street, Ste. 1400 Las Vegas, NV 89101
Colin Robertson	Director	300 S. Fourth Street, Ste. 1400 Las Vegas, NV 89101



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov  
 www.nvsilverflume.gov



\*280103\*

## Charitable Solicitation Registration Statement

(PURSUANT TO NRS CHAPTER 82)

*Required for any corporation that intends to solicit charitable/tax deductible contributions. To be filed with Initial/Annual List Forms.*

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Names of Charitable Organization:</b> (please complete items a thru c; attach additional page(s) if necessary)	a) Name of charitable organization as filed with the Secretary of State's office: <input style="width: 90%;" type="text" value="Nevada Institute For Autonomous Systems"/> b) Exact name of charitable organization as registered with the Internal Revenue Service. <input style="width: 90%;" type="text" value="Nevada Institute For Autonomous Systems"/> c) Name or names under which charitable organization may or intends to solicit charitable contributions: <input style="width: 90%;" type="text" value="Nevada Institute For Autonomous Systems"/>																														
<b>2. Web Address:</b> (optional *)	<input style="width: 90%;" type="text"/> *will be listed on public entity search																														
<b>3. USA PATRIOT ACT certification:</b> (optional)	<input type="checkbox"/> Check here to accept the following certification. In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.																														
<b>4. Places of Business:</b> (please complete items a and b; attach additional page(s) if necessary)	a) Address and telephone number of the principal place of business of the charitable organization: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text" value="6795 Edmond Street, Suite 300"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="Las Vegas"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="NV"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="89118"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="USA"/></td> </tr> <tr> <td colspan="5" style="text-align: right; font-size: small;">Telephone Number: <input style="width: 150px;" type="text" value="702-479-2987"/></td> </tr> <tr> <td style="font-size: x-small;">Address</td> <td style="font-size: x-small;">City</td> <td style="font-size: x-small;">State</td> <td style="font-size: x-small;">Zip Code</td> <td style="font-size: x-small;">Country</td> </tr> </table> b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text" value="6795 Edmond Street, Suite 300"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="Las Vegas"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="NV"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="89118"/></td> <td style="width: 10%;"><input style="width: 95%;" type="text" value="USA"/></td> </tr> <tr> <td colspan="5" style="text-align: right; font-size: small;">Telephone Number: <input style="width: 150px;" type="text" value="702-479-2987"/></td> </tr> <tr> <td style="font-size: x-small;">Address</td> <td style="font-size: x-small;">City</td> <td style="font-size: x-small;">State</td> <td style="font-size: x-small;">Zip Code</td> <td style="font-size: x-small;">Country</td> </tr> </table> Name of Custodian: <input style="width: 60%;" type="text" value="Nevada Institute For Autonomous Systems"/>	<input style="width: 95%;" type="text" value="6795 Edmond Street, Suite 300"/>	<input style="width: 95%;" type="text" value="Las Vegas"/>	<input style="width: 95%;" type="text" value="NV"/>	<input style="width: 95%;" type="text" value="89118"/>	<input style="width: 95%;" type="text" value="USA"/>	Telephone Number: <input style="width: 150px;" type="text" value="702-479-2987"/>					Address	City	State	Zip Code	Country	<input style="width: 95%;" type="text" value="6795 Edmond Street, Suite 300"/>	<input style="width: 95%;" type="text" value="Las Vegas"/>	<input style="width: 95%;" type="text" value="NV"/>	<input style="width: 95%;" type="text" value="89118"/>	<input style="width: 95%;" type="text" value="USA"/>	Telephone Number: <input style="width: 150px;" type="text" value="702-479-2987"/>					Address	City	State	Zip Code	Country
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<b>5. Exempt Status and Federal Tax ID:</b>	Federal tax exempt status: <input style="width: 150px;" type="text" value="501(c)(3)"/> EIN - Federal Tax ID: <input style="width: 150px;" type="text" value="46-3341782"/>																														
<b>6. Names and Addresses of Executive Personnel:</b> (attach additional page(s) if necessary)	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text" value="J. Scott Bensing"/></td> <td style="width: 40%;"><input style="width: 95%;" type="text" value="Secretary"/></td> </tr> <tr> <td style="font-size: x-small;">Name</td> <td style="font-size: x-small;">Title</td> </tr> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text" value="1 East Liberty Street, Suite 444"/></td> <td style="width: 40%;"><input style="width: 95%;" type="text" value="Reno"/></td> </tr> <tr> <td style="font-size: x-small;">Address</td> <td style="font-size: x-small;">City</td> </tr> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"><input style="width: 95%;" type="text" value="NV"/></td> </tr> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"><input style="width: 95%;" type="text" value="89501"/></td> </tr> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"><input style="width: 95%;" type="text" value="USA"/></td> </tr> <tr> <td style="font-size: x-small;">Address</td> <td style="font-size: x-small;">City</td> </tr> <tr> <td style="font-size: x-small;">State</td> <td style="font-size: x-small;">Zip Code</td> </tr> <tr> <td style="font-size: x-small;">Country</td> <td style="font-size: x-small;">Country</td> </tr> </table>	<input style="width: 95%;" type="text" value="J. Scott Bensing"/>	<input style="width: 95%;" type="text" value="Secretary"/>	Name	Title	<input style="width: 95%;" type="text" value="1 East Liberty Street, Suite 444"/>	<input style="width: 95%;" type="text" value="Reno"/>	Address	City		<input style="width: 95%;" type="text" value="NV"/>		<input style="width: 95%;" type="text" value="89501"/>		<input style="width: 95%;" type="text" value="USA"/>	Address	City	State	Zip Code	Country	Country										
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<b>7. Fiscal Year:</b>	Day and month of end of fiscal year of the charitable organization: Day: <input style="width: 50px;" type="text" value="31"/> Month: <input style="width: 100px;" type="text" value="December"/>																														
<b>8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:</b>	<input type="checkbox"/> Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from Form 990 or 990EZ for the most recent fiscal year. <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; font-size: x-small;">Total Revenue (line 12, Form 990; line 9, Form 990EZ).....</td> <td style="width: 20%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: x-small;">Total Expenses (line 18, Form 990; line 17, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: x-small;">Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: x-small;">Total Assets (line 20, Form 990; line 25, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: x-small;">Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: x-small;">Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	Total Revenue (line 12, Form 990; line 9, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Total Expenses (line 18, Form 990; line 17, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Total Assets (line 20, Form 990; line 25, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....	<input style="width: 95%;" type="text"/>	Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....	<input style="width: 95%;" type="text"/>																		
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<b>9. Signature:</b> (must be signed by an officer of the nonprofit corporation)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <table style="width: 100%; border: none;"> <tr> <td style="width: 45%;"><input checked="" type="checkbox"/></td> <td style="width: 55%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: x-small;">Officer Signature</td> <td style="font-size: x-small;">Title</td> </tr> <tr> <td style="width: 45%;"></td> <td style="width: 55%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td></td> <td style="font-size: x-small;">Date</td> </tr> </table>	<input checked="" type="checkbox"/>	<input style="width: 95%;" type="text"/>	Officer Signature	Title		<input style="width: 95%;" type="text"/>		Date																						
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INVOICE

APRIL 18, 2018

LAW OFFICES

**FENNEMORE CRAIG, P.C.**

300 SOUTH FOURTH STREET  
SUITE 1400  
LAS VEGAS, NEVADA 89101

TEL. NO: (702) 692-8000

Nevada Institute For Autonomous Systems  
c/o Scott Bensing  
1 East Liberty Street, Suite 444  
Reno, NV 89501

OUR FILE NO. 099990.0344

FEDERAL IDENTIFICATION No.  
86-0293128

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RE: Nevada Institute For Autonomous Systems  
2018 Registered Agent Services

**Professional Services:**

Annual Registered Agent Fee – June 2018 - 2019 \$100.00

**Expenses:**

Secretary of State:

Filing Fee for Annual List and Business License Fee June 2018 – 2019. \$50.00

TOTAL DUE: \$150.00

THANK YOU FOR YOUR REMITTANCE

FENNEMORE CRAIG