State of California
Secretary of State

Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)
FEES (Filing and Disclosure): $25.00.
If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME
   West Edge Halo Inc.

2. CALIFORNIA CORPORATE NUMBER
   C3664854

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.
   □ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE
   40 29th Street
   CITY: San Francisco
   STATE: CA
   ZIP CODE: 94110

5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY
   40 29th Street
   CITY: San Francisco
   STATE: CA
   ZIP CODE: 94110

6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4
   CITY: San Francisco
   STATE: CA
   ZIP CODE: 94110

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER
   GEOBERINA R. RAMIREZ
   40 29th Street
   CITY: San Francisco
   STATE: CA
   ZIP CODE: 94110

8. SECRETARY
   GEOBERINA R. RAMIREZ
   40 29th Street
   CITY: San Francisco
   STATE: CA
   ZIP CODE: 94110

9. CHIEF FINANCIAL OFFICER
   MICHAEL MALONEY
   40 29th Street
   CITY: San Francisco
   STATE: CA
   ZIP CODE: 94110

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME
    GEOBERINA R. RAMIREZ
    40 29th Street
    CITY: San Francisco
    STATE: CA
    ZIP CODE: 94110

11. NAME
    MICHAEL MALONEY
    40 29th Street
    CITY: San Francisco
    STATE: CA
    ZIP CODE: 94110

12. NAME
    (blank)

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS
    GEOBERINA R. RAMIREZ

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL
    40 29th Street
    CITY: San Francisco
    STATE: CA
    ZIP CODE: 94110

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
    Real Estate

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

   DATE: 6/13/16
   NAME: GEOBERINA R. RAMIREZ
   TITLE: MANAGER

   APPROVED BY SECRETARY OF STATE

SI-200 (REV 01/2013)