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# Annual Report - Acknowledgement Copy

File Number: 4802500

Submission Date 09/19/2013 06:39 PM EST and Time:

Corporation Name: LOW POWER COMPANY, INC.

 $\begin{array}{c} \textbf{Federal Employer} \\ \textbf{ID:} \end{array} 274878771$ 

Incorporation Date: 03/22/2010

Agent Number: 9018442

Agent Name: THE COMPANY CORPORATION Street Address: 2711 CENTERVILLE RD STE 400

City: WILMINGTON

State: DE **Zip Code: 19808** 

Franchise Tax: \$ 150.00

> Penalty: \$ 125.00

1.5% Monthly \$

Interest:

28.88

Annual Filing Fee: \$ 50.00

Previous \$ Credit/Balance: .01 CR

Prepaid Quarterly \$

**Date** 

0.00 Payments:

**Amount Due: \$** 353.87

**Begin** End

Designation/ **Stock Class** 

No. of Shares

Par Value/ Shares Share Issued

No. of Total **Gross Assets** 

**Asset Date** (MM/DD/YYYY)

03/22/2010

**Date** 

**COMMON** 

10,000 .010000

**Total** 

End Date of Fiscal 12/31/2012 Year:

**Dates of Inactivity:** 

From Date: To Date:

#### FILICIPAL FIACE OF DUSINESS

Non-US Address	,	City	State or Province			Phone Number - Extension	E-mail Address
	212 Thompson Sq.	Mountain View	CA	94043	UNITED STATES	650 - 906 - 9448	info@lopoco.com

### Officer Information

Full Name of Officer	Title	Non-US Address	Street Address	City	State or Province	Zip or Postal Code	Country
Andrew Sharp	СЕО		212 Thompson Sq.	Moutain View	CA	94043	UNITED STATES

#### **Director Information**

Total Number of Directors: 1

Full Name of Directors	Non-US Address		City	State or Province	Zip or Postal Code	Country
Andrew Sharp		212 Thompson Sq.	Moutain View	CA	194043	UNITED STATES

#### **Authorization**

**Terms & Conditions:** 

NOTICE: Pursuant to 8 <u>Del. C.</u> § 502(b), "If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury."

I certify that I have read the Terms and Conditions

Date	Authorized By (Full Name of Officer/Director/Incorporator)	II	Non-US Address	Street Address	City	State or Province	ı	
09/19/2013	Andrew Sharp	СЕО		212 Thompson Sq.	Moutain View	CA	94043	UNITED STATES

## **Payment Information**

09/19/2013 06:39 PM

Amount Paid: \$ 353.87 Filing Date & Time: EST

Payment Method: Credit Card

**Credit Card Information:** 

Card Type: MASTER CARD Card Number: \*\*\*\*\*\*\*\*\*3130

**Expiration Date:** 12/2015 **Reference Number:** 091913183918093

Name: Andrew Sharp

Address 1: 212 Thompson Sq.

Address 2:

City: Mountain View State: CA Postal Code: 94043

**Country:** UNITED STATES