Texas Franchise Tax Public Information Report

To be filled by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

Filing Number: 801394025

**Tcode** 13196 Franchise

**Taxpayer number**

| 3 | 2 | 0 | 4 | 3 | 7 | 6 | 0 | 7 | 2 | 0 |

**Report year**

2017

**Taxpayer name**

QUARRY, LLC

**Mailing address**

1500 DILLMAN ST

**City**

AUSTIN

**State**

TX

**ZIP code plus 4**

78703

**Secretary of State (SOS) file number or Comptroller file number**

0801394025

- Blacken circle if the mailing address has changed.

- Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

**Principal office**

1600 DILLMAN ST, AUSTIN, TX, 78703 2720

**Principal place of business**

1500 DILLMAN ST, AUSTIN, TX, 78703 2720

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

### SECTION A

Name, title and mailing address of each officer, director, member, general partner or manager.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Director</th>
<th>Mailing address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRISTI L CRADDICK</td>
<td>MANAGER</td>
<td>YES</td>
<td>1500 DILLMAN ST</td>
<td>AUSTIN</td>
<td>TX</td>
<td>78703</td>
</tr>
<tr>
<td>THOMAS R CRADDICK JR</td>
<td>MEMBER</td>
<td>YES</td>
<td>1501 WOOLDRIDGE DRIVE</td>
<td>AUSTIN</td>
<td>TX</td>
<td>78703</td>
</tr>
</tbody>
</table>

### SECTION B

Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

<table>
<thead>
<tr>
<th>Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution</th>
<th>State of formation</th>
<th>Texas SOS file number, if any</th>
<th>Percentage of ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution</td>
<td>State of formation</td>
<td>Texas SOS file number, if any</td>
<td>Percentage of ownership</td>
</tr>
</tbody>
</table>

### SECTION C

Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

<table>
<thead>
<tr>
<th>Name of owned (parent) corporation, LLC, LP, PA or financial institution</th>
<th>State of formation</th>
<th>Texas SOS file number, if any</th>
<th>Percentage of ownership</th>
</tr>
</thead>
</table>

Registered agent and registered office currently on file (see instructions if you need to make changes): CHRISTI L. CRADDICK

**Agent:** CHRISTI L. CRADDICK

**Office:** 1500 DILLMAN ST

**City**

AUSTIN

**State**

TX

**ZIP Code**

78703

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

**Sign here**

JOHN MICHAEL ANDERSON

Title: CPA

Date: 04/14/2017

Area code and phone number: (432) 682 - 6258

Texas Comptroller Official Use Only

**VE/DE**

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TRANSMITTER ID = CCHFTWSPROD
TLN = 00036105159