FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Fu Duan		s s	Date of Event Retatement (Month/		3. Issuer Name and Ticker or Trading Symbol Interlink Plus, Inc. [ITRK]								
(Last) 4952 W. RAINI SUITE 326 (Street) LAS VEGAS (City)	(First) BOW BLVD. NV (State)	(Middle) 89118 (Zip)				ionship of Reporting Pe all applicable) Director Officer (give title below) President, CEO,	X	10% Owner Other (speci below)	fy	(Mor	nth/Day/Year) dividual or Joint/ icable Line) Form filed by	de of Original Filed Group Filing (Check / One Reporting Person / More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						nt of Securities Ily Owned (Instr. 4)				Nature of Indirect Beneficial Ownership (Instr.)			
Common Stock						43,000,000		D					
Preferred Stock, Series A Convertable						2,000,000		D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4)		4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securities Derivative Security (Instr. 4)				4. Conversion or Exercise Price of		5. Ownership Form: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	ı Title			Amount or Number of Shares	Security		(Instr. 5)		

Explanation of Responses:

Duan Fu

03/28/2016

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).