FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0104								
Estimated average burden									
hours per response:	0.5								

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* Bruce A. Cassidy 2013 Irrevocable		2. Date of Event Requiring Statement (Month/Day/Year) 11/20/2019 3. Issuer Name and Ticker or Trading Symbol Interlink Plus, Inc. [ITRK]										
Trust			11/20/2019		Relationship of Reporting Person(s) to Issuer (Check all applicable)					5. If Amendment, Date of Original Filed (Month/Day/Year)		
(City)	(First) MP LANE FL (State)	(Middle) 34240 (Zip)			Dire Offic belo	cer (give title	X	10% Owner Other (speci below)	fy	Appl	icable Line) Form filed by	Group Filing (Check One Reporting Person More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				. Amount of S eneficially Ov	ecurities vned (Instr. 4)	F			Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock				60,	000,000		D					
Preferred Stock, Series A Convertable					2,7	700,000		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		Inderlying	4. Conversion or Exercise Price of			6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Derivat Securit	tive	(Instr. 5)	

Explanation of Responses:

Torii K. Goar, by power of attorney

12/03/2019

** Signature of Reporting Person D

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.

^{*} 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).