

1.) CORPORATION NAME:

**ROCKBRIDGE FARMERS COOPERATIVE, INCORPORATED**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM B. MC CLUNG  
18 NORTH MAIN STREET  
P. O. BOX 1157**

SCC ID NO: **00446955**

**LEXINGTON, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 250,000    |
| PREFER | 500,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LEXINGTON CITY (FILED IN ROCKBRIDGE COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 645 WADDELL STREET

CITY/ST/ZIP: LEXINGTON, VA 24450

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                 |                            |   |  |
|-----------------|----------------------------|---|--|
| NAME:           | JON LESLIE MCDONALD        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE CHAIRMAN              |   |  |
| ADDRESS:        | 520 WALKERS CREEK RD       |   |  |
| CITY/ST/ZIP/CO: | ROCKBRIDGE BATHS, VA 24473 |   |  |
| NAME:           | C B LEECH IV               | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CHAIRMAN                   |   |  |
| ADDRESS:        | 32 SPRING BRANCH RD.       |   |  |
| CITY/ST/ZIP/CO: | LEXINGTON, VA 24450        |   |  |
| NAME:           | DAVID TARDY                | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                  |   |  |
| ADDRESS:        | 908 RUFFNER PL             |   |  |
| CITY/ST/ZIP/CO: | LEXINGTON, VA 24450        |   |  |
| NAME:           | TOMMY L BARE               | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                   |   |  |
| ADDRESS:        | 662 DRY HOLLOW RD          |   |  |
| CITY/ST/ZIP/CO: | ROCKBRIDGE BATHS, VA 24473 |   |  |
| NAME:           | WILL LEECH                 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                   |   |  |
| ADDRESS:        | 394 BLUE GRASS TEL         |   |  |
| CITY/ST/ZIP/CO: | LEXINGTON, VA 24450        |   |  |
| NAME:           | MIKE B LOTTS               | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                   |   |  |
| ADDRESS:        | 614 RURAL VALLEY ROAD      |   |  |
| CITY/ST/ZIP/CO: | NATURAL BRIDGE, VA 24578   |   |  |

|                 |                            |                                  |  |
|-----------------|----------------------------|----------------------------------|--|
| NAME:           | ROBERT WHIPPLE             | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                   |                                  |  |
| ADDRESS:        | 1492 MCELWEE RD            |                                  |  |
| CITY/ST/ZIP/CO: | ROCKBRIDGE BATHS, VA 24473 |                                  |  |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                  |            |
|---|----------------------------------|------------|
| /s/ C B LEECH IV                                    | C B LEECH IV, CHAIRMAN           | 11/20/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE       |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.