

1.) CORPORATION NAME:

**SCOTT COUNTY TELEPHONE CO-OPERATIVE**

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VERNON E INGE, JR.  
LECLAIRRYAN, A PROFESSIONAL CORPORATION  
951 E BYRD ST, 8TH FL**

SCC ID NO: **00633396**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 149 WOODLAND ST  
P O BOX 487

CITY/ST/ZIP: GATE CITY, VA 24251

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:	JOHN KILGORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2050 MANVILLE ROAD		
CITY/ST/ZIP/CO:	GATE CITY, VA 24251		

NAME:	TOBY HILTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3171 COX CHAPEL ROAD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		

NAME:	WILLIAM JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5155 RYE COVE MEMORIAL ROAD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		

NAME:	JOHN FERGUSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	225 FERGUSON BRIDGE LANE		
CITY/ST/ZIP/CO:	NICKELSVILLE, VA 24271		

NAME:	WILLIAM J FRANKLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	4798 BISHOPTOWN ROAD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		

NAME:	DANIEL E ODOM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	220 ROCK CITY ROAD		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37664		

NAME: KEITH DAVIDSON TITLE: DIRECTOR ADDRESS: 3145 RURITAN ROAD CITY/ST/ZIP/CO: GATE CITY, VA 24251	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWIN DINGUS TITLE: DIRECTOR ADDRESS: 578 HORSE HILL LANE CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROY EGAN TITLE: DIRECTOR ADDRESS: 1060 SLOANTOWN ROAD CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARRY HOOD TITLE: DIRECTOR ADDRESS: 1200 POWELL MOUNTAIN ROAD CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BILLY MANESS TITLE: DIRECTOR ADDRESS: 377 MANESS HOLLOW ROAD CITY/ST/ZIP/CO: BLACKWATER, VA 24221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILLIP OSBORNE TITLE: DIRECTOR ADDRESS: P O BOX 125 CITY/ST/ZIP/CO: DUNGANNON, VA 24245	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ DANIEL E ODOM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL E ODOM, CFO PRINTED NAME AND CORPORATE TITLE	8/13/2014 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.		