

1.) CORPORATION NAME:

SHENANDOAH VALLEY KENNEL CLUB INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BETH B GRIMM
50 WHITEOAK CIR
LYNDHURST, VA**

SCC ID NO: **01005727**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

AUGUSTA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 50 WHITEOAK CIRCLE

CITY/ST/ZIP: LYNDHURST, VA 22952

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:	PAT ROSENBAUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	639 WINDFIELD RD		
CITY/ST/ZIP/CO:	MT JACKSON, VA 22842		

NAME:	PENNY WOODWARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2043 S EASTSIDE HIGHWAY		
CITY/ST/ZIP/CO:	ELKTON, VA 22827		

NAME:	BETH GRIMM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	50 WHITE OAK CIRCLE		
CITY/ST/ZIP/CO:	LYNDHURST, VA 22952		

NAME:	BETH GRIMM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	50 WHITEOAK CIRCLE		
CITY/ST/ZIP/CO:	LYNDHURST, VA 22952		

NAME:	MISSY DAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1803 HOLLY AVE		
CITY/ST/ZIP/CO:	GROTTOES, VA 24441		

NAME:	MICHELE FITZGERALD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	136 TYLER DR		
CITY/ST/ZIP/CO:	NEW MARKET, VA 28844		

NAME: DAVID LOOMIS TITLE: DIRECTOR ADDRESS: PO BOX 495 CITY/ST/ZIP/CO: MT JACKSON, VA 22842	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUANITA MAY TITLE: DIRECTOR ADDRESS: 8433 ROBINSON RD CITY/ST/ZIP/CO: DAYTON, VA 22821	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL NOE TITLE: DIRECTOR ADDRESS: 9142 OLD COUNTY RD CITY/ST/ZIP/CO: GROTTUES, VA 24441	<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/ BETH GRIMM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BETH GRIMM, TREASURER PRINTED NAME AND CORPORATE TITLE	6/17/2013 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.		