

1.) CORPORATION NAME:

**C AND O EMPLOYEES' HOSPITAL ASSOCIATION**

DUE DATE: **7/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHELLE M HOKE  
511 MAIN STREET, 2ND FLOOR  
CLIFTON FORGE, VA**

SCC ID NO: **01274372**

5.) STOCK INFORMATION

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

**ALLEGHANY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 511 MAIN STREET 2ND FLOOR

CITY/ST/ZIP: CLIFTON FORGE, VA 24422

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KENNY FARLEY	
TITLE:	PRESIDENT	
ADDRESS:	271 TOWNSHIP RD 1167	
CITY/ST/ZIP/CO:	PROCTORVILLE, OH 45669	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIM BRADEN	
TITLE:	VICE PRESIDENT	
ADDRESS:	6014 DEE CT	
CITY/ST/ZIP/CO:	ASHLAND, KY 41102	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN BARRON	
TITLE:	SECRETARY	
ADDRESS:	17295 SHILOH CHURCH RD	
CITY/ST/ZIP/CO:	MONTPELIER, VA 23192	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANNA BROOKS	
TITLE:	COADMINISTRATOR	
ADDRESS:	138 FALCON RIDGE RD	
CITY/ST/ZIP/CO:	CLIFTON FORGE, VA 24422	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHELLE HOKE	
TITLE:	COADMINISTRATOR	
ADDRESS:	303 DUSTYS ROAD	
CITY/ST/ZIP/CO:	COVINGTON, VA 24426	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RODNEY BEVINS	
TITLE:	DIRECTOR	
ADDRESS:	84 BEVINS LANE	
CITY/ST/ZIP/CO:	PIKEVILLE, KY 41501	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN HAZELWOOD DIRECTOR 2423 OLD GENEVA ROAD HENDERSON, KY 42420	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH MANTLE DIRECTOR 1048 BRENTWOOD DRIVE RUSSELL, KY 41169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRAVIS RAYNES DIRECTOR 3731 CROSS CREEK BUFFALO, WV 25033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN SMITH DIRECTOR 1707 JONES STREET FLATWOODS, KS 41139	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT THORNTON DIRECTOR 164 WIND CHASE WAY MADISONVILLE, TN 37354	<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/ KENNY FARLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KENNY FARLEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/14/2016 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.			