

1.) CORPORATION NAME:

**ELK-AYR FARM, INC.**

DUE DATE: **7/31/2011**

SCC ID NO: **01470913**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
BETTY S LAHMAN  
3069 N EAST SIDE HWY  
ELKTON, VA 22827-2450**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROCKINGHAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3069 N EAST SIDE HWY

CITY/ST/ZIP: ELKTON, VA 22827-2450

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: BETTY LAHMAN TITLE: TREASURER ADDRESS: 3069 N EAST SIDE HWY CITY/ST/ZIP/CO: ELKTON, VA 22827-2450	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BETTY LAHMAN TITLE: PRESIDENT ADDRESS: 3069 N EAST SIDE HWY CITY/ST/ZIP/CO: ELKTON, VA 22827-2450	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BETTY LAHMAN TITLE: SECRETARY ADDRESS: 3069 N EAST SIDE HWY CITY/ST/ZIP/CO: ELKTON, VA 22827-2450	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BETTY LAHMAN TITLE: DIRECTOR ADDRESS: 3069 N EAST SIDE HWY CITY/ST/ZIP/CO: ELKTON, VA 22827-2450	<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.

<u>/s/ BETTY LAHMAN</u>	<u>BETTY LAHMAN, TREASURER</u>	<u>6/17/2011</u>
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.