

1.) CORPORATION NAME:

**CAMP ALTA MONS, INC.**

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**JENNINGS T BIRD**

**305 FIRST ST SW STE 729**

**ROANOKE, VA 24011**

SCC ID NO: **01543149**

5.) STOCK INFORMATION

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

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2842 CROCKETT SPRINGS RD

CITY/ST/ZIP: SHAWSVILLE, VA 24162-

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: WARNER BONDERMAN  
TITLE: DIRECTOR  
ADDRESS: 1300 MEADOWVIEW DRIVE  
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER  DIRECTOR

NAME: JAMES E PEARMAN JR  
TITLE: PRESIDENT  
ADDRESS: 6927 CAMPBELL DR  
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER  DIRECTOR

NAME: BRENDA BROOKS  
TITLE: SECRETARY  
ADDRESS: 4616 PHYLLIS ROAD  
CITY/ST/ZIP/CO: ROANOKE, VA 24012-

OFFICER  DIRECTOR

NAME: VIRGINIA BOLTE  
TITLE: DIRECTOR  
ADDRESS: 8218 NORTHSIDE RD  
CITY/ST/ZIP/CO: NEW CASTLE, VA 24127-

OFFICER  DIRECTOR

NAME: WILEY JACKSON BURROWS  
TITLE: DIRECTOR  
ADDRESS: 2217 CRYSTAL SPRINGS AVE  
CITY/ST/ZIP/CO: ROANOKE, VA 24014-

OFFICER  DIRECTOR

NAME: JON C CAWLEY TITLE: DIRECTOR ADDRESS: 211 RICHFIELD AVE CITY/ST/ZIP/CO: SALEM, VA 24153-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES D COLE TITLE: DIRECTOR ADDRESS: PO BOX 5 CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY C DICKISON TITLE: DIRECTOR ADDRESS: 90 TINKER MOUNTAIN DR CITY/ST/ZIP/CO: DALEVILLE, VA 24083-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM HUGHES TITLE: DIRECTOR ADDRESS: 2506 SHARMAR RD CITY/ST/ZIP/CO: ROANOKE, VA 24018-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM LOGAN TITLE: DIRECTOR ADDRESS: 5108 CANTER DR CITY/ST/ZIP/CO: ROANOKE, VA 24018-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ERIN MUCHA TITLE: DIRECTOR ADDRESS: 1335 WOODBINE DR SE CITY/ST/ZIP/CO: ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BEN SNAPP TITLE: DIRECTOR ADDRESS: 2708 MOUNT PLEASANT RD CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162-	<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/ JAMES E PEARMAN JR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES E PEARMAN JR, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
7/9/2011 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.	