

1.) CORPORATION NAME:

ALTA MONS, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JENNINGS T BIRD
305 FIRST ST SW STE 729
ROANOKE, VA**

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: JAMES E PEARMAN JR TITLE: PRESIDENT ADDRESS: 6927 CAMPBELL DR CITY/ST/ZIP/CO: SALEM, VA 24153	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES D COLE TITLE: TREASURER ADDRESS: PO BOX 5 CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENDA BROOKS TITLE: SECRETARY ADDRESS: 4616 PHYLLIS ROAD CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILEY JACKSON BURROWS TITLE: DIRECTOR ADDRESS: 2217 CRYSTAL SPRINGS AVE CITY/ST/ZIP/CO: ROANOKE, VA 24014	<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
NAME: JENNIE WEEKS TITLE: DIRECTOR ADDRESS: 1995 Richland Hills Dr CITY/ST/ZIP/CO: Salem, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEROY WORLEY TITLE: DIRECTOR ADDRESS: 305 1st St Ste 700 CITY/ST/ZIP/CO: Roanoke, VA 24014	<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	7/23/2013 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.		