

1.) CORPORATION NAME:

**ALTA MONS, INC.**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES ELWOOD PEARMAN  
421 S COLLEGE AVE  
SALEM, VA**

SCC ID NO: **01543149**

5.) STOCK INFORMATION

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

**SALEM 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6927 CAMPBELL DR		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	JAMES D COLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 5		
CITY/ST/ZIP/CO:	SHAWSVILLE, VA 24162		
NAME:	BRENDA BROOKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4616 PHYLLIS ROAD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24012		
NAME:	WILEY JACKSON BURROWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2217 CRYSTAL SPRINGS AVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	WILLIAM HUGHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2506 SHARMAR RD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	WILLIAM LOGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5108 CANTER DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

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: JENNIE WEEKS TITLE: SECRETARY ADDRESS: 1995 RICHLAND HILLS DR CITY/ST/ZIP/CO: SALEM, VA 24153	<input checked="" 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	6/18/2014 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.		