

1.) CORPORATION NAME:

CLINCH RIVER HEALTH SERVICES, INCORPORATED

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANITA WINEGARNER
17633 VETERANS MEMORIAL HWY STE 101
DUNGANNON, VA 24245**

SCC ID NO: **01654490**

5.) STOCK INFORMATION

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

SCOTT COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 17633 VETERANS MEMORIAL HWY STE 101

CITY/ST/ZIP: DUNGANNON, VA 24245

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:	DANNY MANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 ABANA DRIVE		
CITY/ST/ZIP/CO:	DUNGANNON, VA 24245		

NAME:	CLAYTON WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	703 WILLIAMS HOLLOW DR		
CITY/ST/ZIP/CO:	FORT BLACKMORE, VA 24250		

NAME:	KATHRYN HUNNICUTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	734 STAUNTON CREEK LANE		
CITY/ST/ZIP/CO:	FORT BLACKMORE, VA 24250		

NAME:	ANITA WINEGARNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1778 RIVER BLUFF ROAD		
CITY/ST/ZIP/CO:	FORT BLACKMORE, VA 24250		

NAME:	NOAH JENNINGS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4663 LONG HOLLOW ROAD		
CITY/ST/ZIP/CO:	DUNGANNON, VA 24245, US,US		

NAME:	REBECCA BEAVERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	122 JACK SPRINGS DRIVE		
CITY/ST/ZIP/CO:	DUNGANNON, VA 24245		

NAME: BARBARA HILLMAN TITLE: DIRECTOR ADDRESS: PO BOX 373 CITY/ST/ZIP/CO: DUNGANNON, VA 24245	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES MILES TITLE: DIRECTOR ADDRESS: 908 SUGAR PINE LANE CITY/ST/ZIP/CO: GATE CITY, VA 24251	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRAVIS PERRY TITLE: DIRECTOR ADDRESS: 8895 HUNTERS VALLEY EAST ROAD CITY/ST/ZIP/CO: DUNGANNON, VA 24245	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FAYE SANDERS TITLE: DIRECTOR ADDRESS: 383 ELLEN DRIVE CITY/ST/ZIP/CO: GATE CITY, VA 24251	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAT MCCARTY TITLE: DIRECTOR ADDRESS: 8523 TWIN SPRINGS ROAD CITY/ST/ZIP/CO: DUNGANNON, VA 24251	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL KINKEAD TITLE: DIRECTOR ADDRESS: 2251 BIG STONEY CREEK ROAD CITY/ST/ZIP/CO: DUNGANNON, VA 24245, US,US	<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/ KATHRYN HUNNICUTT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHRYN HUNNICUTT, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/27/2012 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.		