

1.) CORPORATION NAME:

**CLINCH RIVER HEALTH SERVICES, INCORPORATED**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

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

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

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

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

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Michael Kinhead	
TITLE:	DIRECTOR	
ADDRESS:	2251 Big Stoney Creek Rd	
CITY/ST/ZIP/CO:	Dungannon, VA 24245	

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 Rd CITY/ST/ZIP/CO: Dungannon, VA 24245	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Pam Stidham TITLE: DIRECTOR ADDRESS: 2450 Hunters Valley East Rd CITY/ST/ZIP/CO: Dungannon, VA 24245	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Tammy Farmer TITLE: DIRECTOR ADDRESS: 693 Lower Grassy Creek Rd CITY/ST/ZIP/CO: Nickelsville, VA 24271	<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
3/20/2013 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.	