

1.) CORPORATION NAME:

**LOHR MANAGEMENT, LTD.**

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

SCC ID NO: **01977081**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
GAYLON BEIGHTS  
6162 ROCKFISH GAP  
CROZET, VA 22932**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALBEMARLE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 3120

CITY/ST/ZIP: CHAPEL HILL, NC 27515-3120

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: JACOB A LOHR  
TITLE: PRES/SEC  
ADDRESS: 325 OXFORDSHIRE LANE  
CITY/ST/ZIP/CO: CHAPEL HILL, NC 27517-

OFFICER

DIRECTOR

NAME: CHARLES CARVER  
TITLE: TREASURER  
ADDRESS: PO BOX 3120  
CITY/ST/ZIP/CO: CHAPEL HILL, NC 27515-3120

OFFICER

DIRECTOR

NAME: GAYLON BEIGHTS  
TITLE: ASST SECRETARY  
ADDRESS: 6162 ROCKFISH GAP  
CITY/ST/ZIP/CO: CROZET, VA 22932-

OFFICER

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/ JACOB A LOHR

JACOB A LOHR, PRES/SEC

10/15/2011

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

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.