

1.) CORPORATION NAME:

**CHAMBER OF COMMERCE OF SMYTH COUNTY,
INCORPORATED**

DUE DATE: **12/31/2012**

SCC ID NO: **02126746**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KRISTIN W. UNTIEDT-BARNETT
214 WEST MAIN STREET
MARION, VA 24354**

5.) STOCK INFORMATION

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

SMYTH COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 214 WEST MAIN STREET
PO BOX 924

CITY/ST/ZIP: MARION, VA 24354

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.

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|-----------------|---------------------|---|--|
| NAME: | RACHEL VAUGHN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | PO DRAWER B | | |
| CITY/ST/ZIP/CO: | SALTVILLE, VA 24370 | | |
| NAME: | DENNIS FARLEY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 307 W MAIN STREET | | |
| CITY/ST/ZIP/CO: | MARION, VA 24354 | | |
| NAME: | TREY WHITE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 150 JOHNSTON ROAD | | |
| CITY/ST/ZIP/CO: | MARION, VA | | |
| NAME: | CINDY SWORD | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | PO BOX 1560 | | |
| CITY/ST/ZIP/CO: | CHILHOWIE, VA 24319 | | |
| NAME: | DAWN ARCHER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 150 JOHNSTON RD | | |
| CITY/ST/ZIP/CO: | MARION, VA 24354 | | |
| NAME: | LORI BAXLEY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 760 | | |
| CITY/ST/ZIP/CO: | MARION, VA 24354 | | |

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|--|----------------------------------|----------------------------------|--|
| NAME: | REGINA DAVIDSON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 232 ROLLING HILLS DRIVE | | |
| CITY/ST/ZIP/CO: | MARION, VA 24354 | | |
| NAME: | DEBORAH CLEAR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 19383 STIRRUP DRIVE | | |
| CITY/ST/ZIP/CO: | ABINGDON, VA 24211 | | |
| NAME: | VINCE GROSECLOSE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 241 MAGNOLIA STREET | | |
| CITY/ST/ZIP/CO: | MARION, VA 24354 | | |
| NAME: | KENNETH HEATH | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 1005 | | |
| CITY/ST/ZIP/CO: | MARION, VA 24354 | | |
| NAME: | CATHY MAINE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 880 | | |
| CITY/ST/ZIP/CO: | MARION, VA 24354 | | |
| NAME: | RON ORR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 548 CAMPBELL DRIVE | | |
| CITY/ST/ZIP/CO: | SALTVILLE, VA 24370 | | |
| NAME: | DAVID RHEA | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 5006 | | |
| CITY/ST/ZIP/CO: | CHILHOWIE, VA 24319 | | |
| NAME: | CATHY SMITH | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 149 CRESTWOOD DRIVE | | |
| CITY/ST/ZIP/CO: | CHILHOWIE, VA | | |
| NAME: | SCOTT HAMMOND | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 1220 | | |
| CITY/ST/ZIP/CO: | SALTVILLE, VA 24370 | | |
| NAME: | KRISTIN UNTIEDT-BARNETT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 214 WEST MAIN STREET | | |
| CITY/ST/ZIP/CO: | MARION, VA 24354 | | |
| 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/ RACHEL VAUGHN | RACHEL VAUGHN, PRESIDENT | 12/5/2012 | |
| 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. | | | |