

1.) CORPORATION NAME:

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

DUE DATE: **12/31/2013**

SCC ID NO: **02126746**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SARAH BETH GILLESPIE  
214 W. MAIN STREET  
MARION, VA**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

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.

|                 |                     |                                  |  |
|-----------------|---------------------|----------------------------------|--|
| NAME:           | RACHEL VAUGHN       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |                                  |  |
| 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:          | PRESIDENT         |   |  |
| ADDRESS:        | 307 W MAIN STREET |   |  |
| CITY/ST/ZIP/CO: | MARION, VA 24354  |   |  |

|                 |                     |   |  |
|-----------------|---------------------|---|--|
| 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:           | TREY WHITE        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | President Elect   |   |  |
| ADDRESS:        | 150 JOHNSTON ROAD |   |  |
| CITY/ST/ZIP/CO: | MARION, VA 24354  |   |  |

|                 |                  |   |  |
|-----------------|------------------|---|--|
| NAME:           | DAWN ARCHER      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | Secretary        |   |  |
| 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 |                                  |  |

|                 |                         |                                  |  |
|-----------------|-------------------------|----------------------------------|--|
| 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:           | 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:           | 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:           | 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:           | 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:           | Sue Henderson           | <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:           | Brandy Buchanan         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                |                                  |  |
| ADDRESS:        | PO Drawer 927           |                                  |  |
| 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:           | Sarah Gillespie         | <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/ Sarah Gillespie                                 | Sarah Gillespie, DIRECTOR        | 12/2/2013 |
| 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.