

1.) CORPORATION NAME: TRI-COUNTY TRUCKING, INC.	DUE DATE: 10/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WALTER E RIVERS 410 POWELL AVE BIG STONE GAP, VA 24219	SCC ID NO: 02345395				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WISE COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3209 ALTON DRIVE
CITY/ST/ZIP: KODAK, TN 37764

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: ALDON RAY WILLIS TITLE: PRES/TREAS ADDRESS: 3209 ALTON DRIVE CITY/ST/ZIP/CO: KODAK, TN 37764	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY JANE WILLIS TITLE: VP/S ADDRESS: 3209 ALTON DRIVE CITY/ST/ZIP/CO: KODAK, TN 37764	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KRISTY L HUFFAKER TITLE: DIRECTOR ADDRESS: 3209 ALTON DRIVE CITY/ST/ZIP/CO: KODAK, TN 37764	<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/ NANCY JANE WILLIS	NANCY JANE WILLIS, VP/S	10/30/2012
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.