

1.) CORPORATION NAME:

MOUNTAIN VALLEY CHARITABLE FOUNDATION, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GEORGE ROBERT SMITH III
1744 WILLIS HOLLOW RD
SHAWSVILLE, VA 24162**

SCC ID NO: **02372225**

5.) STOCK INFORMATION

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

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 532

CITY/ST/ZIP: SHAWSVILLE, VA 24162

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: THOMAS M DUNKENBERGER TITLE: PRESIDENT ADDRESS: P O BOX 321 CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE R SMITH III TITLE: SECRETARY ADDRESS: 1744 WILLIS HOLLOW RD CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELLEN RYAN TITLE: TREASURER/DIR ADDRESS: 3545 REGENCY RD CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lauren Tate TITLE: DIRECTOR ADDRESS: Box 38 CITY/ST/ZIP/CO: Shawsville, VA 24162	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Melissa Pilkington TITLE: DIRECTOR ADDRESS: 4099 Fort Vause Dr CITY/ST/ZIP/CO: Shawsville, VA 24162	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James Pearman TITLE: VICE PRESIDENT ADDRESS: 6927 Campbell Dr. CITY/ST/ZIP/CO: Salem, VA 24153	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Dorothy King TITLE: DIRECTOR ADDRESS: 410 Alleghany Spring Rd. CITY/ST/ZIP/CO: Shawsville, VA 24162	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Dale Mull TITLE: DIRECTOR ADDRESS: 1339 Sweet Springs Rd CITY/ST/ZIP/CO: Shawsville, VA 24162	<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/ GEORGE R SMITH III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEORGE R SMITH III, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/19/2012 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.		