

1.) CORPORATION NAME:

**OSPREY INVESTMENTS, LTD.**

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT R THOMPSON JR  
64 SOUTH DR  
KILMARNOCK, VA**

SCC ID NO: **02465441**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORTHUMBERLAND COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 64 SOUTH DRIVE

CITY/ST/ZIP: KILMARNOCK, VA 22482

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT R. THOMPSON, JR.		
TITLE: PRESIDENT		
ADDRESS: 64 SOUTH DRIVE		
CITY/ST/ZIP/CO: KILMARNOCK, VA 22482		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CONNIE B THOMPSON		
TITLE: SECRETARY		
ADDRESS: 64 SOUTH DR		
CITY/ST/ZIP/CO: KILMARNOCK, VA 22482		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROSS B. CHRISTIANSEN		
TITLE: DIRECTOR		
ADDRESS: P. O. BOX 112		
CITY/ST/ZIP/CO: KILMARNOCK, VA 22482		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARL C. CHRISTIANSEN		
TITLE: DIRECTOR		
ADDRESS: RT 1 BOX 1051		
CITY/ST/ZIP/CO: KILMARNOCK, VA 22482		

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/ ROBERT R. THOMPSON, JR.	ROBERT R. THOMPSON, JR., PRESIDENT	7/18/2015
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.