

1.) CORPORATION NAME: New River Valley Health Foundation	DUE DATE: 2/28/2015		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: FRED NEWHOUSE NEW RIVER VALLEY HEALTH FOUNDATION 2900 TYLER RD CHRISTIANSBURG, VA	SCC ID NO: 02523900 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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: MONTGOMERY COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 1513 CITY/ST/ZIP: RADFORD, VA 24143	
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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: MICHAEL BARBER TITLE: TREASURER ADDRESS: 1400 TYLER AVE CITY/ST/ZIP/CO: RADFORD, VA 24141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: FRED NEWHOUSE TITLE: CHAIRMAN ADDRESS: 175 CHERRY LN CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: SALLY MCCARTHY TITLE: SECRETARY ADDRESS: PO BOX 818 ST CITY/ST/ZIP/CO: PULASKI, VA 24301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: WILLIAM CHRISTIAN TITLE: VICE CHAIRMAN ADDRESS: 100 INGLEWOOD CITY/ST/ZIP/CO: RADFORD, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ MICHAEL BARBER	MICHAEL BARBER, TREASURER	1/21/2015
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.