

1.) CORPORATION NAME: MENTAL HEALTH ASSOCIATION OF THE NEW RIVER VALLEY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARYA MCPHERSON 1200 ELM STREET SUITE A CHRISTIANSBURG, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: MONTGOMERY COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 6/30/2015 SCC ID NO: 03429826 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
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1200 ELM ST, STE A CITY/ST/ZIP: CHRISTIANBURG, VA 24073	
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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: DIANE GULLY TITLE: PRESIDENT ADDRESS: 112 WOODBINE DR CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: LINDA ELY TITLE: VICE PRESIDENT ADDRESS: 4890 MILLER RIDGE RD CITY/ST/ZIP/CO: DUBLIN, VA 24084	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DAWN VIERS TITLE: TREASURER ADDRESS: 3006 MCLEAN COURT CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: ALISON GALWAY TITLE: SECRETARY ADDRESS: 606 ALLEGHANY ST CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" 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/ DIANE GULLY	DIANE GULLY, PRESIDENT	8/17/2015
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.