

1.) CORPORATION NAME:

Pigeon Creek Processing Corporation

DUE DATE: **1/31/2011**

SCC ID NO: **03533460**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
RICHARD R GRINNAN
4 N 4TH ST
RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 HAWTHORNE DR

CITY/ST/ZIP: NORTON, VA 24273-

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:	MARK A CLEMENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 261		
CITY/ST/ZIP/CO:	JULIAN, WV 25529-		
NAME:	RICHARD R GRINNAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 26765		
CITY/ST/ZIP/CO:	RICHMOND, VA 23261-		
NAME:	ERIC B TOLBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 26765		
CITY/ST/ZIP/CO:	RICHMOND, VA 23261-		
NAME:	JEFFREY M JAROSINSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 26765		
CITY/ST/ZIP/CO:	RICHMOND, VA 23261-		
NAME:	LARRY E PALMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	PO BOX 26765		
CITY/ST/ZIP/CO:	RICHMOND, VA 23261-		

NAME: EDWARD RINER TITLE: ASST TREASURER ADDRESS: 153 WEST MAIN ST CITY/ST/ZIP/CO: ABINGDON, VA 24210-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: M SHANE HARVEY TITLE: ASST SECRETARY ADDRESS: PO BOX 261 CITY/ST/ZIP/CO: JULIAN, WV 25529-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: THOMAS P COOK TITLE: Authorized Agen ADDRESS: PO BOX 261 CITY/ST/ZIP/CO: JULIAN, WV 25529-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RICHARD L CRAIG TITLE: Authorized Agen ADDRESS: 153 WEST MAIN ST CITY/ST/ZIP/CO: ABINGDON, VA 24210-	<input checked="" type="checkbox"/> OFFICER <input 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/ LARRY E PALMER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LARRY E PALMER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/24/2011 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.		