

1.) CORPORATION NAME:

**TRIPLE L - N&S, INC.**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHRISTOPHER D LEMONDS  
1511 WOLFTRAP ROAD  
GRAFTON, VA**

SCC ID NO: **03742939**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**YORK COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1511 WOLFTRAP ROAD

CITY/ST/ZIP: GRAFTON, VA 23692

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:	CHRISTOPHER D LEMONDS	
TITLE:	PRESIDENT	
ADDRESS:	1511 WOLFTRAP ROAD	
CITY/ST/ZIP/CO:	GRAFTON, VA 23692	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT G SEARS	
TITLE:	VICE PRESIDENT	
ADDRESS:	9 WIDGEON CIR	
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23602	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT E LAYMAN	
TITLE:	TREASURER	
ADDRESS:	227 WINSTONS COURT	
CITY/ST/ZIP/CO:	RICHMOND, KY 40475	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TYREE P NICKERSON	
TITLE:	SECRETARY	
ADDRESS:	100 RAYMOND DRIVE	
CITY/ST/ZIP/CO:	SEAFORD, VA 23696	

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/ CHRISTOPHER D LEMONDS	CHRISTOPHER D LEMONDS,	5/13/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.