

1.) CORPORATION NAME: <b>Ricky W. Sink Post 5895, V.F.W.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>SARAH ELLEN WARE          76 CHERRYWOOD LANE          BUCHANAN, VA</b>	DUE DATE: <b>7/31/2015</b> SCC ID NO: <b>03786621</b> 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: <b>BOTETOURT COUNTY</b>			
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: P O BOX 363  CITY/ST/ZIP: BUCHANAN, VA 24066
--

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: CHAD L. KRANTZ TITLE: VICE COMMANDER ADDRESS: 496 BOYD ST CITY/ST/ZIP/CO: BUCHANAN, VA 24066	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	---	--	--

NAME: FRANK M WARE TITLE: COMMANDER ADDRESS: 806 WASENA AVE SW #514 CITY/ST/ZIP/CO: ROANOKE, VA 24015	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	---	--	--

NAME: SARAH WARE TITLE: QUARTER MASTER ADDRESS: 806 WASENA AVE SW #514 CITY/ST/ZIP/CO: ROANOKE, VA 24015	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	---	--	--

NAME: JAMES B EUBANK TITLE: DIRECTOR ADDRESS: 861 DRY BRANCH ROAD CITY/ST/ZIP/CO: BUCHANAN, VA 24066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
---	----------------------------------	--	--

NAME: CECIL D MOUNTCASTLE TITLE: DIRECTOR ADDRESS: 5534 ORCHARD VILLAS CIRCLE CITY/ST/ZIP/CO: ROANOKE, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" 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/ SARAH WARE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SARAH WARE, QUARTER MASTER PRINTED NAME AND CORPORATE TITLE	8/26/2015 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.