

1.) CORPORATION NAME: FALLING MOON EQUINE SERVICES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DONALD J KIEFER PO BOX 270 CASANOVA, VA 20139-270	DUE DATE: 2/28/2013 SCC ID NO: 04220778 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> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAUQUIER COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 9113 LEES RIDGE RD CITY/ST/ZIP: WARRENTON, VA 20186
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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.

NAME: DONALD J KIEFER TITLE: OFFICER ADDRESS: 9113 LEES RIDGE RD CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LYNN G KIEFER TITLE: OFFICER ADDRESS: 9113 LEES RIDGE RD CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input checked="" 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/ DONALD J KIEFER	DONALD J KIEFER, OFFICER	2/1/2013
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.