

1.) CORPORATION NAME: Amish Mennonites of VA, Incorporated	DUE DATE: 5/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DUANE WEAVER 65 MILMONT DR STUARTS DRAFT, VA	SCC ID NO: 04283941
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: AUGUSTA COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 7 MULLINS LN CITY/ST/ZIP: STUARTS DRAFT, VA 24477	
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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: DUANE WEAVER TITLE: OFFICER ADDRESS: 65 MILMONT DRIVE CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JESSE D HERSHBERGER TITLE: DIRECTOR ADDRESS: 214 CHURCHMANS MILL ROAD CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MAYNARD I MILLER TITLE: DIRECTOR ADDRESS: 55 MULLINS LN CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JONATHAN TROYER TITLE: DIRECTOR ADDRESS: 7 MULLINS LN CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477	<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/ DUANE WEAVER	DUANE WEAVER, OFFICER	3/30/2015
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.