

1.) CORPORATION NAME:

APPLE VALLEY MEDIATION NETWORK, INC.

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

EDWARD F WILKINS

4643 OLD VALLEY PK

PO BOX 1105

SCC ID NO: **04365409**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

NEW MARKET, VA 22844

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

SHENANDOAH COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 242 N MAIN STREET
STE 202

CITY/ST/ZIP: WOODSTOCK, VA 22664-

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: LARRY CAVE
TITLE: COMPTROLLER/S
ADDRESS: 11799 FORT VALLEY ROAD
CITY/ST/ZIP/CO: FORT VALLEY, VA 22652-

OFFICER

DIRECTOR

NAME: FRAN ROMEO
TITLE: TREASURER
ADDRESS: 309 WATER ST
CITY/ST/ZIP/CO: EDINBURG, VA 22824-

OFFICER

DIRECTOR

NAME: EDWARD F WILKINS
TITLE: DIRECTOR
ADDRESS: 4643 OLD VALLEY PK
PO BOX 1105
CITY/ST/ZIP/CO: NEW MARKET, VA 22844-

OFFICER

DIRECTOR

NAME: CHRISTI MANNING
TITLE: CHAIRPERSN
ADDRESS: 1601 CAMP ROOSEVELT ROAD
CITY/ST/ZIP/CO: FORT VALLEY, VA 22652-

OFFICER

DIRECTOR

NAME: JACKIE DEWITT
TITLE: SECRETARY
ADDRESS: 1434 HARRISONVILLE RD
CITY/ST/ZIP/CO: TOMS BROOK, VA 22660-

OFFICER

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.

| | | |
|---|-----------------------------------|------------------|
| <u>/s/ EDWARD F WILKINS</u> | <u>EDWARD F WILKINS, DIRECTOR</u> | <u>10/4/2011</u> |
| 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.