

1.) CORPORATION NAME:

**MOUNTAIN MANAGEMENT, INCORPORATED**

DUE DATE: **1/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
RICHARD R GRINNAN  
4 N 4TH ST  
RICHMOND, VA 23219**

SCC ID NO: **04393278**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 26765

CITY/ST/ZIP: RICHMOND, VA 23261-

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: MARK A CLEMENS  
TITLE: PRES/DIR  
ADDRESS: PO BOX 261  
CITY/ST/ZIP/CO: JULIAN, WV 25529-

OFFICER

DIRECTOR

NAME: HARRY CHILDRESS  
TITLE: VICE PRESIDENT  
ADDRESS: 500 HAWTHORNE DRIVE  
CITY/ST/ZIP/CO: NORTON, VA 24273-

OFFICER

DIRECTOR

NAME: GAIL KISER  
TITLE: ASST SECRETARY  
ADDRESS: 500 HAWTHORNE DR  
CITY/ST/ZIP/CO: NORTON, VA 24273-

OFFICER

DIRECTOR

NAME: ERIC BRIAN TOLBERT  
TITLE: DIRECTOR  
ADDRESS: PO BOX 26765  
CITY/ST/ZIP/CO: RICHMOND, VA 23261-

OFFICER

DIRECTOR

NAME: ROGER HOWARD  
TITLE: VICE PRESIDENT  
ADDRESS: 500 HOWARD DRIVE  
CITY/ST/ZIP/CO: NORTON, VA 24273-

OFFICER

DIRECTOR

NAME: JEFFREY M JAROSINSKI TITLE: TREASURER ADDRESS: PO BOX 26765 CITY/ST/ZIP/CO: RICHMOND, VA 23261-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: RICHARD R GRINNAN TITLE: SECRETARY ADDRESS: PO BOX 26765 CITY/ST/ZIP/CO: RICHMOND, VA 23261-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: LARRY E PALMER TITLE: ASST SECRETARY ADDRESS: PO BOX 26765 CITY/ST/ZIP/CO: RICHMOND, VA 23261-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: EDWARD RINER TITLE: ASST TREASURER ADDRESS: 153 WEST MAIN ST CITY/ST/ZIP/CO: ABINGDON, VA 24210-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: M SHANE HARVEY TITLE: ASST SECRETARY ADDRESS: PO BOX 261 CITY/ST/ZIP/CO: JULIAN, WV 25529-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: THOMAS P COOK TITLE: Authorized Agen ADDRESS: PO BOX 261 CITY/ST/ZIP/CO: JULIAN, WV 25529-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ LARRY E PALMER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LARRY E PALMER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/24/2011 DATE
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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.