

1.) CORPORATION NAME:

Virginia Rural Health Association

DUE DATE: **3/31/2011**

SCC ID NO: **04440756**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

BETH O'CONNOR

2265 KRAFT DRIVE

BLACKSBURG, VA 24060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2265 KRAFT DR

CITY/ST/ZIP: BLACKSBURG, VA 24060-

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: MAGGIE BASSETT
TITLE: VICE PRESIDENT
ADDRESS: PO BOX 6964
CITY/ST/ZIP/CO: RADFORD, VA 24142-

OFFICER

DIRECTOR

NAME: BETH O'CONNOR
TITLE: EXEC DIRECTOR
ADDRESS: 2265 KRAFT DRIVE
CITY/ST/ZIP/CO: BLACKSBURG, VA 24060-

OFFICER

DIRECTOR

NAME: SUSAN ALFORD
TITLE: DIRECTOR
ADDRESS: PO BOX 3293
CITY/ST/ZIP/CO: LEBANON, VA 24266-

OFFICER

DIRECTOR

NAME: JAMES TYLER
TITLE: TREASURER
ADDRESS: 159 HARTLEY WAY
CITY/ST/ZIP/CO: PEARISBURG, VA 24134-

OFFICER

DIRECTOR

NAME: MARIANNE BAERNHOLDT
TITLE: DIRECTOR
ADDRESS: PO BOX 800782
202 JEANETTE LANCASTER WAY
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIRK BALLIN DIRECTOR 201 E MAIN ST. SALEM, VA 24153-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD CHAPMAN DIRECTOR PO BOX 729 SALTVILLE, VA 24370-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEAL GRAHAM DIRECTOR 6802 PARAGON PLACE # 625 RICHMOND, VA 23230-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	OLIVER HAYES DIRECTOR 2265 KRAFT DRIVE BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHEENA MACKENZIE SECRETARY 1506 PALMYRA AVE RICHMOND, VA 23227-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONYA PARRIS-WILKINS DIRECTOR 8380 BOYDTON PLANK RD ALBERTA, VA 23821-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDNA RENSING DIRECTOR PO BOX 980510 RICHMOND, VA 23298-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE SUTPHIN DIRECTOR 2265 KRAFT DRIVE BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES WERTH DIRECTOR BOX 6946 RU RADFORD, VA 24142-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANICE WILKINS PRESIDENT 227 LANDMARK DR STUART, VA 24171-	<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.			

<u>/s/ BETH O'CONNOR</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>BETH O'CONNOR, EXEC DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE	<u>2/1/2011</u> 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.