

1.) CORPORATION NAME: **Berry Truss & Component Shop, Inc.** DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **KYRA K BISHOP** SCC ID NO: **04644720**  
**170 EAST MAIN STREET**  
**PO BOX 350**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE: **CHILHOWIE, VA 24319**

4.) STATE OR COUNTRY OF INCORPORATION: **VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 170 E. MAIN ST  
CITY/ST/ZIP: CHILHOWIE, VA 24319

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: THOMAS BERRY BISHOP TITLE: PRESIDENT ADDRESS: PO BOX 405 CITY/ST/ZIP/CO: 170 E MAIN STREET CHILHOWIE, VA 24319	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KYRA KEGLEY BISHOP TITLE: S/T ADDRESS: PO BOX 405 CITY/ST/ZIP/CO: 170 E MAIN STREET CHILHOWIE, VA 24319	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ KYRA KEGLEY BISHOP	KYRA KEGLEY BISHOP, S/T	4/23/2012
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.