

1.) CORPORATION NAME:

**BLUE GRASS RESOURCE CENTER**

DUE DATE: **10/31/2011**

SCC ID NO: **05109178**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
D BRIAN RICHARDSON  
PO BOX 97  
MONTEREY, VA 24465**

5.) STOCK INFORMATION

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

**HIGHLAND COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 113

CITY/ST/ZIP: BLUE GRASS, VA 24413-

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: BETTY M MITCHELL  
TITLE: P/D  
ADDRESS: 28 BLUE GRASS CEMETERY ROAD  
CITY/ST/ZIP/CO: BLUE GRASS, VA 24413-

OFFICER

DIRECTOR

NAME: CHANDA SPONAUGLE  
TITLE: T/D  
ADDRESS: PO BOX 51  
CITY/ST/ZIP/CO: BLUE GRASS, VA 24413-

OFFICER

DIRECTOR

NAME: PATSY HAMILTON  
TITLE: DIRECTOR  
ADDRESS: 5948 MOUNTAIN TPKE  
CITY/ST/ZIP/CO: HIGHTOWN, VA 24465-

OFFICER

DIRECTOR

NAME: D BRIAN RICHARDSON  
TITLE: DIRECTOR  
ADDRESS: 28 BLUE GRASS CEMETERY RD  
CITY/ST/ZIP/CO: BLUE GRASS, VA 24413-

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.

/s/ BETTY M MITCHELL

BETTY M MITCHELL, P/D

10/30/2011

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.