

1.) CORPORATION NAME:

**SCOTT COUNTY LONG DISTANCE, INC.**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VERNON E INGE JR  
LECLAIRRYAN, A PROFESSIONAL CORPORATION  
951 E BYRD ST, 8TH FL**

SCC ID NO: **05114129**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 149 WOODLAND ST  
P O BOX 487

CITY/ST/ZIP: GATE CITY, VA 24251

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:	GARRY HOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1200 POWELL MOUNTAIN RD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		

NAME:	EDWIN DINGUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	578 HORSE HILL LANE		
CITY/ST/ZIP/CO:	NICKELSVILLE, VA 24271		

NAME:	PHILLIP G OSBORNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	P O BOX 125		
CITY/ST/ZIP/CO:	DUNGANNAON, VA 24245-0125		

NAME:	WILLIAM J FRANKLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	4798 BISHOPTOWN ROAD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		

NAME:	DANIEL E ODOM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	220 ROCK CITY RD		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37664		

NAME:	KEITH DAVIDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3145 RURITAN RUN ROAD		
CITY/ST/ZIP/CO:	GATE CITY, VA 24251		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY EGAN DIRECTOR 1060 SLOANTOWN ROAD DUFFIELD, VA 24244	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN FERGUSON DIRECTOR 225 FERGUSON BRIDGE ROAD NICKELSVILLE, VA 24271	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOBY HILTON DIRECTOR 3171 COX CHAPEL ROAD DUFFIELD, VA 24244	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM JOHNSON DIRECTOR 5155 RYE COVE MEMORIAL ROAD DUFFIELD, VA 24244	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN KILGORE DIRECTOR 2050 MANVILLE ROAD GATE CITY, VA 24251	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILLY MANESS DIRECTOR 377 MANESS HOLLOW ROAD BLACKWATER, VA 24221	<input 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.			
/s/ DANIEL E ODOM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL E ODOM, CFO PRINTED NAME AND CORPORATE TITLE	11/19/2014 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.			