

1.) CORPORATION NAME: <b>HOUSE MEDIC, INC.</b>	DUE DATE: <b>7/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KIM ALTEMOSE 7 ROLLING RD STAFFORD, VA</b>	SCC ID NO: <b>05240098</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>STAFFORD COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>15,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	15,000
CLASS	AUTHORIZED				
COMMON	15,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7 ROLLING ROAD

CITY/ST/ZIP: STAFFORD, VA 22556

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TODD ALTEMOSE SR		
TITLE: PRESIDENT		
ADDRESS: 7 ROLLING ROAD		
CITY/ST/ZIP/CO: STAFFORD, VA 22556		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIMBERLY A ALTEMOSE		
TITLE: TREASURER		
ADDRESS: 7 ROLLING ROAD		
CITY/ST/ZIP/CO: STAFFORD, VA 22556		

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/ TODD ALTEMOSE SR	TODD ALTEMOSE SR, PRESIDENT	7/31/2014
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.