

1.) CORPORATION NAME: Mike's Towing & Recovery, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES P KENT JR PO BOX 299 525 7TH ST ALTAVISTA, VA	DUE DATE: 12/31/2012 SCC ID NO: 05505318 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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CAMPBELL COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 210 WEST SPENCER RAOD CITY/ST/ZIP: HURT, VA 24563
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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: MICHAEL D JOHNSON SR TITLE: P/S ADDRESS: PO BOX 64 CITY/ST/ZIP/CO: HURT, VA 24563	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOYCE ANN JOHNSON TITLE: TREASURER ADDRESS: PO BOX 64 CITY/ST/ZIP/CO: HURT, VA 24563	<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/ MICHAEL D JOHNSON SR	MICHAEL D JOHNSON SR, P/S	4/29/2013
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.