

1.) CORPORATION NAME: Animal Connections, Inc.	DUE DATE: 9/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KARIN STRALEY 54 ZION SPRINGS LANE LOUISA, VA	SCC ID NO: 05644646
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUISA COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 54 ZION SPRINGS LANE
CITY/ST/ZIP: LOUISA, VA 23093

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: KARIN STRALEY TITLE: PRESIDENT ADDRESS: 54 ZION SPRINGS LANE CITY/ST/ZIP/CO: LOUISA, VA 23093	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENT JACQUES TITLE: DIRECTOR ADDRESS: 132 GEORGES MILL ROAD CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA JOSENDAHL TITLE: DIRECTOR ADDRESS: 58 FIR CIRCLE CITY/ST/ZIP/CO: MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATTI PAYNE TITLE: DIRECTOR ADDRESS: 436 MALLORY RD CITY/ST/ZIP/CO: LOUISA, VA 23093	<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/ KARIN STRALEY	KARIN STRALEY, PRESIDENT	9/30/2015
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.