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|--|---|
| 1.) CORPORATION NAME:<br><b>Indian Springs Homeowners' Association, Inc.</b>   | DUE DATE: <b>7/31/2015</b>  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>WILLIAM MASON WALSH III<br/>6495 INDIAN RIDGE DRIVE<br/>EARLYSVILLE, VA</b> | SCC ID NO: <b>06198634</b>  |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>ALBEMARLE COUNTY</b>   | 5.) STOCK INFORMATION<br>CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 353

CITY/ST/ZIP: EARLYSVILLE, VA 22936

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: NATE HARRISON                   |   |  |
| TITLE: PRESIDENT                      |   |  |
| ADDRESS: PO BOX 353                   |   |  |
| CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936 |   |  |

|                                       |   |  |
|---------------------------------------|---|--|
|                                       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JANE KOPP                       |   |  |
| TITLE: PRESIDENT                      |   |  |
| ADDRESS: PO BOX 353                   |   |  |
| CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936 |   |  |

|                                       |   |  |
|---------------------------------------|---|--|
|                                       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MARK ROBERTS                    |   |  |
| TITLE: PRESIDENT                      |   |  |
| ADDRESS: PO BOX 353                   |   |  |
| CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936 |   |  |

|                                       |   |  |
|---------------------------------------|---|--|
|                                       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: BOBBY SHIFLETT                  |   |  |
| TITLE: PRESIDENT                      |   |  |
| ADDRESS: PO BOX 353                   |   |  |
| CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936 |   |  |

|                                       |   |  |
|---------------------------------------|---|--|
|                                       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: WILLIAM WALSH                   |   |  |
| TITLE: PRESIDENT                      |   |  |
| ADDRESS: PO BOX 353                   |   |  |
| CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936 |   |  |

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/ NATE HARRISON                                   | NATE HARRISON, PRESIDENT         | 8/22/2015 |
| 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.