

1.) CORPORATION NAME: Temple Care Inc.	DUE DATE: 9/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RAMONA Y JONES 8218 MCCLELLAND PLACE ALEXANDRIA, VA	SCC ID NO: 06443774
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8218 MCCLELLAND PLACE CITY/ST/ZIP: ALEXANDRIA, VA 22309	
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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: RAMONA Y JONES TITLE: EX/P/BD OF D ADDRESS: 8218 MCCLELLAND PLACE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JANETTE GABRIEL TITLE: OFFICER ADDRESS: 648 CHEYENNE DRIVE #102 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: NANCY SHACKLOCK TITLE: OFFICER ADDRESS: 6617 CENTENNIAL DR CITY/ST/ZIP/CO: REYNOLDSBURG, OH 43068	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DR VELMA SMITH TITLE: OFFICER ADDRESS: 4042 BIRCH DR CITY/ST/ZIP/CO: HUNTINGTOWN, MD 20639	<input checked="" 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/ RAMONA Y JONES	RAMONA Y JONES, EX/P/BD OF D	9/29/2014
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.