

1.) CORPORATION NAME: Lyons & Mitchell, P.C. Attorneys and Counselors at Law 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RAQUEL ALDERMAN LYONS 7338 CARROLLTON PIKE GALAX, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CARROLL COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 9/30/2015 SCC ID NO: 06656367 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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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6.) PRINCIPAL OFFICE ADDRESS:	ADDRESS: 7338 CARROLLTON PIKE CITY/ST/ZIP: GALAX, VA 24333
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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: RAQUEL ALDERMAN LYONS TITLE: PRESIDENT ADDRESS: 7338 CARROLLTON PIKE CITY/ST/ZIP/CO: GALAX, VA 24333	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: RENAE ALDERMAN MITCHELL TITLE: S/T ADDRESS: 7338 CARROLLTON PIKE CITY/ST/ZIP/CO: GALAX, VA 24333	<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/ RAQUEL ALDERMAN LYONS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RAQUEL ALDERMAN LYONS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/4/2015 DATE
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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.