

1.) CORPORATION NAME: Wellness of Northern Virginia, Inc.	DUE DATE: 11/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HEIDI K ARCHER 46165 WESTLAKE DR #100 POTOMAC FALLS, VA	SCC ID NO: 06679898				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY	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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 46165 WESTLAKE DR #100 CITY/ST/ZIP: POTOMAC FALLS, VA 20165	
--	--

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: HEIDI K ARCHER TITLE: PRESIDENT ADDRESS: 46165 WESTLAKE DR #100 CITY/ST/ZIP/CO: POTOMAC FALLS, VA 20165	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ALBERT B THOMAS II TITLE: VP/DIRECTOR ADDRESS: 46165 WESTLAKE DR #100 CITY/ST/ZIP/CO: POTOMAC FALLS, VA 20165	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: HEIDI K ARCHER TITLE: DIRECTOR ADDRESS: 46165 WESTLAKE DRIVE 100 CITY/ST/ZIP/CO: POTOMAC FALLS, VA 20165	<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/ ALBERT B THOMAS II	ALBERT B THOMAS II, VP/DIRECTOR	11/29/2014
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.