

1.) CORPORATION NAME: Perfect Combination, Inc.	DUE DATE: 3/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVID B LOCHRIDGE 1013 RIDGEMERE LN CULPEPER, VA	SCC ID NO: 06739460
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CULPEPER COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 606 Sperryville Pike CITY/ST/ZIP: CULPEPER, VA 22701	
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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: DAVID B LOCHRIDGE TITLE: DIR/PRESIDENT ADDRESS: 1013 RIDGEMERE LANE CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JUDY L GRAY TITLE: VICE PRESIDENT ADDRESS: 732 AMANDA COURT CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: NANCY L LOCHRIDGE TITLE: DIR/TREASURER ADDRESS: 1013 RIDGEMERE LANE CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DARLENE PAYNE TITLE: SECRETARY ADDRESS: 1069 VIRGINIA AVENUE CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input checked="" type="checkbox"/>	OFFICER	<input 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/ DAVID B LOCHRIDGE	DAVID B LOCHRIDGE, DIR/PRESIDENT	6/24/2013
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.