

1.) CORPORATION NAME:

**SPIRITWHEEL ALLEGIANCE, INC.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARY L KELLEY  
10547 MOCCASIN VALLEY RD  
LEBANON, VA**

SCC ID NO: **06911499**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RUSSELL COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10547 MOCCASIN VALLEY RD

CITY/ST/ZIP: LEBANON, VA 24266

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:	GARY L. KELLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10547 MOCCASIN VALLEY ROAD		
CITY/ST/ZIP/CO:	LEBANON, VA 24266		
NAME:	JULIA S. KELLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10547 MOCCASIN VALLEY ROAD		
CITY/ST/ZIP/CO:	LEBANON, VA 24266		
NAME:	TINA NELSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	P O BOX 131		
CITY/ST/ZIP/CO:	LEBANON, VA 24266		
NAME:	GENE K GREER JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15280 BORDWINE RD		
CITY/ST/ZIP/CO:	BRISTOL, VA 24201		
NAME:	JOHNNY HELBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2097 MOCCASIN VALLEY RD		
CITY/ST/ZIP/CO:	LEBANON, VA 24266		
NAME:	BENNIE JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1351		
CITY/ST/ZIP/CO:	LEBANON, VA 24266		

NAME: Gary Lynn Hartsock TITLE: DIRECTOR ADDRESS: 5924 DOLITTLE ROAD CITY/ST/ZIP/CO: BIG STONE GAP, VA 24219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GARY LYNN HARTSOCK TITLE: DIRECTOR ADDRESS: 5924 DOLITTLE ROAD CITY/ST/ZIP/CO: BIG STONE GAP, VA 24219	<input 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/ GARY L. KELLEY	GARY L. KELLEY, PRESIDENT	4/1/2013
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.