

1.) CORPORATION NAME:

WADLOW GAP RURITAN

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PAUL BABB
2225 E CARTERS VALLEY RD
GATE CITY, VA 24251**

SCC ID NO: **07166374**

5.) STOCK INFORMATION

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

SCOTT COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2225 E CARTERS VALLEY ROAD

CITY/ST/ZIP: GATE CITY, VA 24251

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:	JANET EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2736 E CARTERS VALLEY RD		
CITY/ST/ZIP/CO:	GATE CITY, VA 24251		
NAME:	PAUL BABB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2225 EAST CARTERS VALLEY RD		
CITY/ST/ZIP/CO:	GATE CITY, VA 24251		
NAME:	PATTY HENRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	228 STEVENSON HILL DR		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37663		
NAME:	FRANKIE YORK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1000 UNIVERSITY BLVD A-5		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37660		
NAME:	SHIRLEY DARNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2247 E CARTERS VLY RD		
CITY/ST/ZIP/CO:	GATE CITY, VA 24251		
NAME:	VICKEY JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	426 IMPALA DR		
CITY/ST/ZIP/CO:	KINGSPORT, TN 37660		

NAME: DAVID CAVIN TITLE: DIRECTOR ADDRESS: 1000 UNIVERSITY BLVD A-5 CITY/ST/ZIP/CO: KINGSFORT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KATHY BABB TITLE: DIRECTOR ADDRESS: 2225 E CARTERS VALLEY RD CITY/ST/ZIP/CO: GATE CITY, VA 24251	<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/ JANET EDWARDS	JANET EDWARDS, PRESIDENT	1/14/2013
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.