

1.) CORPORATION NAME:

**Craig County Recreation and Conservation Association**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SANDRA DUDDING  
18897 CUMBERLAND GAP RD  
NEW CASTLE, VA 24127**

SCC ID NO: **07216534**

5.) STOCK INFORMATION

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

**CRAIG COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: OLD RAILROAD AND CRAIGS CREEK ROAD  
P. O. BOX 371

CITY/ST/ZIP: NEW CASTLE, VA 24127-0371

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.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHAWN HILDEBRAND	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 261	
CITY/ST/ZIP/CO:	NEW CASTLE, VA 24127	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOANNA HUTCHISON	
TITLE:	TREASURER	
ADDRESS:	1405 CALDWELL MOUNTAIN RD	
CITY/ST/ZIP/CO:	NEW CASTLE, VA 24127	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GWEN JOHNSON	
TITLE:	DIRECTOR	
ADDRESS:	301 SALEM AVE	
CITY/ST/ZIP/CO:	APT A-7 NEW CASTLE, VA 24127	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GINA SMITH	
TITLE:	SECRETARY	
ADDRESS:	6964 LITTLE MOUNTAIN RD	
CITY/ST/ZIP/CO:	NEW CASTLE, VA 24127	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TRACY SURFACE	
TITLE:	DIRECTOR	
ADDRESS:	5382 CRAIG VALLEY DR	
CITY/ST/ZIP/CO:	NEW CASTLE, VA 24127	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTINA RATLIFF	
TITLE:	PRESIDENT	
ADDRESS:	131 4TH STREET	
CITY/ST/ZIP/CO:	NEW CASTLE, VA 24127	

NAME: BRANDON RATLIFF TITLE: TREASURER ADDRESS: 131 4TH STREET CITY/ST/ZIP/CO: NEW CASTLE, VA 24127	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BONNIE HUFFMAN TITLE: VICE PRESIDENT ADDRESS: 49 MITCHELL DRIVE CITY/ST/ZIP/CO: NEW CASTLE, VA 24127	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TEANNA HUTTON TITLE: TREASURER ADDRESS: 254 BOULEVARD CITY/ST/ZIP/CO: NEW CASTLE, VA 24127	<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/ JOANNA HUTCHISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOANNA HUTCHISON, PRINTED NAME AND CORPORATE TITLE	4/12/2012 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.		