

1.) CORPORATION NAME:

MOUNTAIN TOP TRUCKING, INC.

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL S COFFEY
1273 LOVE ROAD
LYNDHURST, VA**

SCC ID NO: **07341365**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

AUGUSTA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1273 LOVE ROAD

CITY/ST/ZIP: LYNDHURST, VA 22952

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: MICHAEL S COFFEY TITLE: PRESIDENT ADDRESS: 1273 LOVE ROAD CITY/ST/ZIP/CO: LYNDHURST, VA 22952	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KIMBERLY M COFFEY TITLE: TREASURER ADDRESS: 1273 LOVE ROAD CITY/ST/ZIP/CO: LYNDHURST, VA 22952	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KIMBERLY M COFFEY TITLE: SECRETARY ADDRESS: 1273 LOVE ROAD CITY/ST/ZIP/CO: LYNDHURST, VA 22952	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL S COFFEY TITLE: DIRECTOR ADDRESS: 1273 LOVE ROAD CITY/ST/ZIP/CO: LYNDHURST, VA 22952	<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/ KIMBERLY M COFFEY	KIMBERLY M COFFEY,	1/19/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.