

1.) CORPORATION NAME: The Warlick Company-In Home Senior Care, Inc.	DUE DATE: 6/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THEODORE H WARLICK 9026 HOPKINS BRANCH WAY MECHANICSVILLE, VA	SCC ID NO: 07387897				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 9400 CHARTER CROSSING, SUITE A CITY/ST/ZIP: MECHANICSVILLE, VA 23116	
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THEODORE H. WARLICK TITLE: DIRECTOR ADDRESS: 9026 HOPKINS BRANCH WAY CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE WARLICK TITLE: DIRECTOR ADDRESS: 9-26 HOPKINS BRANCH WAY CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116		

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/ THEODORE H. WARLICK	THEODORE H. WARLICK, DIRECTOR	8/11/2015
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.