

1.) CORPORATION NAME: Lara's League, Inc.	DUE DATE: 9/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LARA HOPEWELL 19718 WILLOWDALE PL ASHBURN, VA	SCC ID NO: 07417603
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 19718 WILLOWDALE PLACE CITY/ST/ZIP: ASHBURN, VA 20147	
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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.

NAME: LARA HOPEWELL TITLE: PRESIDENT ADDRESS: 19718 WILLOWDALE PLACE CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: TRAVIS JOHNSON TITLE: TREAS/DIR ADDRESS: 43289 AUGUSTINE PL CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: PAMELA LIND TITLE: DIR OF MARKETNG ADDRESS: 43211 SOMERSET HILLS TERRACE CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: KERRY SMITH TITLE: DIR/SECY ADDRESS: 19712 FAR HILLS CT CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" 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/ TRAVIS JOHNSON	TRAVIS JOHNSON, TREAS/DIR	9/29/2015
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.