

1.) CORPORATION NAME:

Virginia No-Till Alliance, Inc.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLETUS M SELLERS III
70 NORTH MASON ST STE 110
HARRISONBURG, VA 22802**

SCC ID NO: **07423775**

5.) STOCK INFORMATION

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

HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 965 PLEASANT VALLEY RD.

CITY/ST/ZIP: HARRISONBURG, VA 22801

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:	TIMMY FRENCH				
TITLE:	DIRECTOR				
ADDRESS:	407 N CHURCH ST				
CITY/ST/ZIP/CO:	WOODSTOCK, VA 22664				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DANIEL J MYERS				
TITLE:	DIRECTOR				
ADDRESS:	150 WALKUP LN				
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ANTHONY BEERY				
TITLE:	PRESIDENT				
ADDRESS:	4027 SPADERS CHURCH RD.				
CITY/ST/ZIP/CO:	MOUNT CRAWFORD, VA 22841				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MARK DEAVERS				
TITLE:	TREASURER				
ADDRESS:	8984 PHILLIPS STORE RD.				
CITY/ST/ZIP/CO:	BROADWAY, VA 22815				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	TIM CLINE				
TITLE:	DIRECTOR				
ADDRESS:	97 RAILSIDE DR.				
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BRIAN JONES				
TITLE:	DIRECTOR				
ADDRESS:	53 LEHIGH RD.				
CITY/ST/ZIP/CO:	CRAIGSVILLE, VA 24430				

NAME: MATTHEW WESLEY YANCEY TITLE: ASST SECRETARY ADDRESS: 3675 CAPTAIN YANCEY RD. CITY/ST/ZIP/CO: ELKTON, VA 22827	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WES MARSHALL TITLE: DIRECTOR ADDRESS: 557 BURKETOWN RD. CITY/ST/ZIP/CO: WEYERS CAVE, VA 24486	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GUY GOCHENOUR TITLE: DIRECTOR ADDRESS: 236 SHAWNEE LN. CITY/ST/ZIP/CO: WOODSTOCK, VA 22664	<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/ MATTHEW WESLEY YANCEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW WESLEY YANCEY, PRINTED NAME AND CORPORATE TITLE	2/19/2013 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.		