

1.) CORPORATION NAME: **Virginia No-Till Alliance, Inc.** DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CLETUS M SELLERS III** SCC ID NO: **07423775**

**70 NORTH MASON ST STE 110  
HARRISONBURG, VA**

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.

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 checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: 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: 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: GUY GOCHENOUR TITLE: DIRECTOR ADDRESS: 236 SHAWNEE LN. CITY/ST/ZIP/CO: WOODSTOCK, VA 22664	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN JONES DIRECTOR 53 LEHIGH RD. CRAIGSVILLE, VA 24430	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WES MARSHALL DIRECTOR 557 BURKETOWN RD. WEYERS CAVE, VA 24486	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL J MYERS DIRECTOR 150 WALKUP LN HARRISONBURG, VA 22801	<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, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/22/2013 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.			