

1.) CORPORATION NAME: FEEL GOOD, INC.	DUE DATE: 3/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHRISTOPHER BLAKE KARCHNER 149 MADISON LN NORTH NEWPORT NEWS, VA	SCC ID NO: 07485378				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NEWPORT NEWS CITY	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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 149 MADISON LN. N. CITY/ST/ZIP: NEWPORT NEWS, VA 23606	
---	--

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 type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER BLAKE KARCHNER TITLE: PRESIDENT ADDRESS: 149 MADISON LN. CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER BLAKE KARCHNER TITLE: DIRECTOR ADDRESS: 149 MADISON LANE NORTH CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606		

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/ CHRISTOPHER BLAKE KARCHNER	CHRISTOPHER BLAKE KARCHNER, PRESIDENT	7/31/2015
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.