

1.) CORPORATION NAME: DKB Therapy Speech & Language Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DENIECE M PAYNE 10105 S. FULTON DR. FREDERICKSBURG, VA	DUE DATE: 12/31/2014 SCC ID NO: 07592405 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</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SPOTSYLVANIA COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 507 WESTWOOD OFFICE PARK CITY/ST/ZIP: FREDERICKSBURG, VA 22401

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: BRIANA PAYNE WERLITZ TITLE: PRESIDENT ADDRESS: 10105 S FULTON DRIVE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DENIECE M PAYNE TITLE: DIRECTOR ADDRESS: 10105 S. FULTON DR. CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408	<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.

<u>/s/ BRIANA PAYNE WERLITZ</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>BRIANA PAYNE WERLITZ, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>10/30/2014</u> DATE
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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.