

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215503578
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1.) CORPORATION NAME: <b>QPHI Home Services, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CHRISTOPHER SHAWN JONES          4001 SHADOW LAND DR.          RADFORD, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PULASKI COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>3/31/2015</b> SCC ID NO: <b>07618416</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 4001 SHADOW LAND DR.  CITY/ST/ZIP: RADFORD, VA 24141
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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: CHRISTOPHER SHAWN JONES TITLE: PRESIDENT ADDRESS: 4001 SHADOW LAND DR. CITY/ST/ZIP/CO: RADFORD, VA 24141	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: JENNIFER DELAINE JONES TITLE: DIRECTOR ADDRESS: 4001 SHADOW LAND DR. CITY/ST/ZIP/CO: RADFORD, VA 24141	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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 SHAWN JONES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER SHAWN JONES, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/25/2015 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.