

1.) CORPORATION NAME: Potomac Falls Rehabilitation, Inc.	DUE DATE: 8/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ALBERT BRUCE THOMAS II 46165 WESTLAKE DR #100 STERLING, VA	SCC ID NO: 07678246				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY	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: 46165 WESTLAKE DR #100

CITY/ST/ZIP: STERLING, VA 20165

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: ALBERT BRUCE THOMAS II TITLE: PRESIDENT ADDRESS: PO BOX 651062 CITY/ST/ZIP/CO: STERLING, VA 20165	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: HEIDI KAMBROD ARCHER TITLE: DIRECTOR ADDRESS: 46165 WESTLAKE DR #100 CITY/ST/ZIP/CO: STERLING, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ALBERT BRUCE THOMAS II TITLE: DIRECTOR ADDRESS: 46165 WESTLAKE DR #100 CITY/ST/ZIP/CO: STERLING, VA 20165	<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/ ALBERT BRUCE THOMAS II	ALBERT BRUCE THOMAS II,	11/29/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.