

1.) CORPORATION NAME: MOUNTAIN TAILS ANIMAL RESCUE	DUE DATE: 4/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PATRICE BOSTIC 315 FRENCH ST PEARISBURG, VA	SCC ID NO: 07766819
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: GILES COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 315 French Street CITY/ST/ZIP: Pearisburg, VA 24134	
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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: SHANNON E ALLEN TITLE: DIRECTOR ADDRESS: 215 BOWENS ROAD CITY/ST/ZIP/CO: PEMBROKE, VA 24136	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICE BOSTIC TITLE: DIRECTOR ADDRESS: 315 FRENCH STREET CITY/ST/ZIP/CO: PEARISBURG, VA 24134	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEBORAH CREGGER TITLE: DIRECTOR ADDRESS: P O BOX 712 CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELAINE M HANMER TITLE: DIRECTOR ADDRESS: 703 COLLEGE STREET CITY/ST/ZIP/CO: NARROWS, VA 24124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANGELA MONTGOMERY TITLE: DIRECTOR ADDRESS: P O BOX 1193 CITY/ST/ZIP/CO: DUBLIN, VA 24084	<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/ _____ ,	5/18/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DATE
PRINTED NAME AND CORPORATE TITLE	

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.