

1.) CORPORATION NAME: Epps Seniors Management, Inc.	DUE DATE: 8/5/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 285 GLEN ALLEN, VA	SCC ID NO: 07877913				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	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				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1819 PEACHTREE ROAD, NE
SUITE 450

CITY/ST/ZIP: ATLANTA, GA 30309

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: BRYANT G COATS TITLE: DIRECTOR ADDRESS: 1918 PEACHTREE ROAD NE SUITE 450 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: CHASE NORTHCUTT TITLE: DIRECTOR ADDRESS: 1819 PEACHTREE ROAD NE SUITE 450 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN R WEST TITLE: DIRECTOR ADDRESS: 1819 PEACHTREE ROAD NE SUITE 450 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<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/ JOHN R WEST	JOHN R WEST, DIRECTOR	8/5/2015
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.