

1.) CORPORATION NAME: <b>MOOSEHEAD HARVESTING INCORPORATED</b>	DUE DATE: <b>4/30/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b>	SCC ID NO: <b>F1104688</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</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 style="text-align: center;">3,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	3,000
CLASS	AUTHORIZED				
COMMON	3,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>NH</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: MAIN STREET LINWOOD PLAZA PO BOX 159  CITY/ST/ZIP: LINCOLN, NH 03251	
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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: KATHLEEN A REED TITLE: P/T ADDRESS: MAIN STREET LINWOOD PLAZA CITY/ST/ZIP/CO: LINCOLN, NH 03251	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: KATHLEEN A BOGIN TITLE: SECRETARY ADDRESS: MAIN STREET LINWOOD PLAZA CITY/ST/ZIP/CO: LINCOLN, NH 03251	<input checked="" type="checkbox"/>	OFFICER	<input 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/ KATHLEEN A REED	KATHLEEN A REED, P/T	3/13/2013
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.