

1.) CORPORATION NAME:

J&W Risk Services, Inc.

DUE DATE: **7/31/2011**

SCC ID NO: **F1554049**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 HARBOR ISLES BLVD

CITY/ST/ZIP: KLAMATH FALLS, OR 97601-

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: BARRY HOMRIGHAUS
TITLE: PRESIDENT
ADDRESS: 3250 LAKEPORT BLVD
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

DIRECTOR

NAME: RON SAXTON
TITLE: VICE PRESIDENT
ADDRESS: 3250 LAKEPORT BLVD
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

DIRECTOR

NAME: R. NEIL STUART
TITLE: VICE PRESIDENT
ADDRESS: 401 HARBOR ISLES BLVD
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

DIRECTOR

NAME: MATTHEW WENDT
TITLE: TREASURER
ADDRESS: 401 HARBOR ISLES BLVD
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

DIRECTOR

NAME: DAVID STORK
TITLE: SECRETARY
ADDRESS: 3250 LAKEPORT BLVD
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

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.

| | | |
|---|-----------------------------------|------------------|
| <u>/s/ RON SAXTON</u> | <u>RON SAXTON, VICE PRESIDENT</u> | <u>7/12/2011</u> |
| 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.