

1.) CORPORATION NAME:

ALLIED HOME MEDICAL, INC.

DUE DATE: **1/31/2011**

SCC ID NO: **F1694175**

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

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3075 POPLAR GROVE RD

CITY/ST/ZIP: COOKEVILLE, TN 38506-

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: KIRK CASKEY
TITLE: PRESIDENT
ADDRESS: 3075 POPLAR GROVE RD
CITY/ST/ZIP/CO: COOKEVILLE, TN 38506-

OFFICER

DIRECTOR

NAME: WILLIAM CASKEY
TITLE: VICE PRESIDENT
ADDRESS: 3075 POPLAR GROVE RD
CITY/ST/ZIP/CO: COOKEVILLE, TN 38506-

OFFICER

DIRECTOR

NAME: LINDA CASKEY
TITLE: SEC TREAS
ADDRESS: 3075 POPLAR GROVE RD
CITY/ST/ZIP/CO: COOKEVILLE, TN 38506-

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.

/s/ LINDA CASKEY

LINDA CASKEY, SEC TREAS

12/22/2010

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.