

1.) CORPORATION NAME:

Disability Specialists, Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1755125**

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

AUTH IN VI

INCorp SERVICES INC

7288 HANOVER GREEN DR

MECHANICSVILLE, VA 23111

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20055 SW PACIFIC HWY STE 203

CITY/ST/ZIP: SHERWOOD, OR 97140-

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: WILLIAM L POLLOCK
TITLE: PRESIDENT
ADDRESS: 20055 SW PACIFIC HWY STE 203
CITY/ST/ZIP/CO: SHERWOOD, OR 97140-

OFFICER

DIRECTOR

NAME: SCOTT FLETCHER
TITLE: DIRECTOR
ADDRESS: 251 EDELWEISS DR #4
CITY/ST/ZIP/CO: BOZEMAN, MT 59718-

OFFICER

DIRECTOR

NAME: TRAVIS HAYNES
TITLE: DIRECTOR
ADDRESS: 20055 SW PACIFIC HWY STE 203
CITY/ST/ZIP/CO: SHERWOOD, OR 97140-

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/ WILLIAM L POLLOCK

WILLIAM L POLLOCK, PRESIDENT

5/10/2011

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.