

1.) CORPORATION NAME:

The Spikenard Farm, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VIVIAN STRUVE-HAUK
445 FLOYD HIGHWAY NORTH
FLOYD, VA 24091**

SCC ID NO: **F1813007**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FLOYD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 444 FLOYD HIGHWAY NORTH

CITY/ST/ZIP: FLOYD, VA 24091

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:	VIVIAN STRUVE-HAUK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	445 FLOYD HIGHWAY NORTH		
CITY/ST/ZIP/CO:	FLOYD, VA 24091		
NAME:	KENNETH LEVY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	445 FLOYD HIGHWAY NORTH		
CITY/ST/ZIP/CO:	FLOYD, VA 24091		
NAME:	MONICA BURGOON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	445 FLOYD HIGHWAY NORTH		
CITY/ST/ZIP/CO:	FLOYD, VA 24091		
NAME:	MICHAEL STEINRUECK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	445 FLOYD HIGHWAY NORTH		
CITY/ST/ZIP/CO:	FLOYD, VA 24091		
NAME:	CANDYCE SWEDA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	445 FLOYD HWY N		
CITY/ST/ZIP/CO:	FLOYD, VA 24091		
NAME:	Michael Burgoon	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	445 Floyd Highway North		
CITY/ST/ZIP/CO:	Floyd, VA 24091		

NAME: Annie Guppy TITLE: DIRECTOR ADDRESS: 445 Floyd Highway North CITY/ST/ZIP/CO: Floyd, VA 24091	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Jack Wall TITLE: DIRECTOR ADDRESS: 445 Floyd Highway North CITY/ST/ZIP/CO: Floyd, VA 24091	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Jaime Arenas TITLE: DIRECTOR ADDRESS: 445 Floyd Highway North CITY/ST/ZIP/CO: Floyd, VA 24091	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Gunther Hauk TITLE: DIRECTOR ADDRESS: 445 Floyd Highway North CITY/ST/ZIP/CO: Floyd, VA 24091	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	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/ VIVIAN STRUVE-HAUK	VIVIAN STRUVE-HAUK, VICE	1/30/2013		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE		
	PRINTED NAME AND CORPORATE TITLE			
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.				