

1.) CORPORATION NAME:

Clark-Mortenson Agency, Inc.

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VIRGINIA PROFESSIONAL SERVICES LLC
3850 Gaskins Rd., Suite 120
Richmond, VA**

SCC ID NO: **F1851452**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 102 MAIN ST.
PO BOX 606

CITY/ST/ZIP: KEENE, NH 03431

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KATHERINE BATCHELDER	
TITLE:	PRESIDENT	
ADDRESS:	102 MAIN ST. PO BOX 606 KEENE, NH 03431	
CITY/ST/ZIP/CO:	KEENE, NH 03431	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS MINKLER	
TITLE:	PRESIDENT	
ADDRESS:	102 MAIN ST PO BOX 606 KEENE, NH 03431	
CITY/ST/ZIP/CO:	KEENE, NH 03431	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HEATHER MINKLER	
TITLE:	CEO	
ADDRESS:	102 MAIN ST PO BOX 606 KEENE, NH 03431	
CITY/ST/ZIP/CO:	KEENE, NH 03431	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES NEAL	
TITLE:	CFO	
ADDRESS:	102 MAIN ST PO BOX 606 KEENE, NH 03431	
CITY/ST/ZIP/CO:	KEENE, NH 03431	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES CAMPBELL	
TITLE:	DIRECTOR	
ADDRESS:	102 MAIN STREET PO BOX 606 KEENE, NH 03431	
CITY/ST/ZIP/CO:	KEENE, NH 03431	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES HILL	
TITLE:	DIRECTOR	
ADDRESS:	102 MAIN ST. PO BOX 606 KEENE, NH 03431	
CITY/ST/ZIP/CO:	KEENE, NH 03431	

NAME: KENNETH MCGEE TITLE: DIRECTOR ADDRESS: 102 MAIN ST. CITY/ST/ZIP/CO: KEENE, NH 03431	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN SMITH TITLE: DIRECTOR ADDRESS: 102 MAIN ST PO BOX 606 CITY/ST/ZIP/CO: KEENE, NH 03431	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD WALDO TITLE: DIRECTOR ADDRESS: 102 MAIN ST PO BOX 606 CITY/ST/ZIP/CO: KEENE, NH 03431	<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/ KATHERINE BATCHELDER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHERINE BATCHELDER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/3/2015 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.		