

1.) CORPORATION NAME:

**Eastern Region Management Corporation**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **03925641**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7075 FLYING CLOUD DR

CITY/ST/ZIP: EDEN PRAIRIE, MN 55344

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.

<p>NAME: KARLA ROBERTSON TITLE: PRES/SEC ADDRESS: 7075 FLYING CLOUD DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DEVON HART TITLE: VP/TREAS ADDRESS: 250 PARKCENTER BLVD CITY/ST/ZIP/CO: BOISE, ID 83706</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRUCE BESANKO TITLE: VP ADDRESS: 7075 FLYING CLOUD DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID JOHNSON TITLE: VP ADDRESS: 7075 FLYING CLOUD DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DOYLE TROYER TITLE: VP ADDRESS: 250 PARKCENTER BLVD CITY/ST/ZIP/CO: BOISE, ID 83706</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KIMBERLY MYRDAHL TITLE: VP ADDRESS: 7075 FLYING CLOUD DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	STUART MCFARLAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP		
ADDRESS:	7075 FLYING CLOUD DR		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344		

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/ DOYLE TROYER	DOYLE TROYER, VP	5/7/2014
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.