

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

SIOUX HONEY ASSOCIATION COOPERATIVE

SCC ID NO: **F0085417**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 301 LEWIS BLVD

CITY/ST/ZIP: SIOUX CITY, IA 51102-

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: DAVE ALLIBONE
TITLE: PRESIDENT
ADDRESS: 2501 W 19TH STREET
CITY/ST/ZIP/CO: SIOUX CITY, IA 51103-

OFFICER

DIRECTOR

NAME: ROBERT BRANDI
TITLE: VICE CHAIRMAN
ADDRESS: 14509 SANTA LUCIA
CITY/ST/ZIP/CO: LOS BANOS, CA 93635-

OFFICER

DIRECTOR

NAME: ROB BUHMANN
TITLE: CHAIRMAN
ADDRESS: 245 FIRST AVE
CITY/ST/ZIP/CO: ZURICH, MT 59547-

OFFICER

DIRECTOR

NAME: ROBERT NEWSWANDER
TITLE: DIRECTOR
ADDRESS: 1374 E 2ND ST, SOUTH
CITY/ST/ZIP/CO: HYDE PARK, UT 84318-

OFFICER

DIRECTOR

NAME: JIM OAKLEY
TITLE: DIRECTOR
ADDRESS: 1287 GRANITE HILLS DR
CITY/ST/ZIP/CO: EL CAJON, CA 92019-

OFFICER

DIRECTOR

NAME: GEORGE BUNNELL JR TITLE: DIRECTOR ADDRESS: 807 CENTRAL CITY/ST/ZIP/CO: OXFORD, NE 68967-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROGER HAMILTON TITLE: DIRECTOR ADDRESS: BOX 17 CITY/ST/ZIP/CO: HAZEL, SD 57242-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BOB MORLOCK TITLE: DIRECTOR ADDRESS: 612 COTTONWOOD DRIVE CITY/ST/ZIP/CO: CASSELTON, ND 58012-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAN BAUER TITLE: DIRECTOR ADDRESS: 11519 ANDY LAKE LANE CITY/ST/ZIP/CO: FERTILE, MN 56540-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFF HULL TITLE: DIRECTOR ADDRESS: PO BOX 371 CITY/ST/ZIP/CO: BATTLE LAKE, MN 56515-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT GATRELL TITLE: DIRECTOR ADDRESS: 32416 PINE ROAD CITY/ST/ZIP/CO: EUSTIS, FL 32736-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK MAMMEN TITLE: VICE PRESIDENT ADDRESS: 2500 WEST 19TH STREET CITY/ST/ZIP/CO: SIOUX CITY, IA 51103-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN SMITH TITLE: DIRECTOR ADDRESS: N577 CITY ROAD D CITY/ST/ZIP/CO: EAU GALLE, WI 54737-9998	<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/ DAVE ALLIBONE	DAVE ALLIBONE, PRESIDENT	12/5/2011
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.