

1.) CORPORATION NAME:

SIoux HONEY ASSOCIATION COOPERATIVE

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0085417**

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	<input checked="" type="checkbox"/> OFFICER	<input 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: ROBERT BRANDI TITLE: VICE CHAIRMAN ADDRESS: 14509 SANTA LUCIA CITY/ST/ZIP/CO: LOS BANOS, CA 93635	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROB BUHMANN TITLE: CHAIRMAN ADDRESS: 245 FIRST AVE CITY/ST/ZIP/CO: ZURICH, MT 59547	<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: 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER HAMILTON DIRECTOR BOX 17 HAZEL, SD 57242	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF HULL DIRECTOR PO BOX 371 BATTLE LAKE, MN 56515	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB MORLOCK DIRECTOR 612 COTTONWOOD DRIVE CASSELTON, ND 58012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM OAKLEY DIRECTOR 1287 GRANITE HILLS DR EL CAJON, CA 92019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SMITH DIRECTOR N577 CITY ROAD D EAU GALLE, WI 54737-9998	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY NOYES DIRECTOR PO BOX 722 NEW PLYMOUTH, ID 83655	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID COY DIRECTOR 4809 LOCHMOOR CIRCLE JONESBORO, AR 72401	<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	11/29/2012	
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.			