

1.) CORPORATION NAME: **SIoux HONEY ASSOCIATION COOPERATIVE** DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CT CORPORATION SYSTEM** SCC ID NO: **F0085417**

**4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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 type="checkbox"/> OFFICER	<input checked="" 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	

NAME:	DAVID COY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4809 LOCHMOOR CIRCLE		
CITY/ST/ZIP/CO:	JONESBORO, AR 72401		
NAME:	ROGER HAMILTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 17		
CITY/ST/ZIP/CO:	HAZEL, SD 57242		
NAME:	JEFF HULL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 371		
CITY/ST/ZIP/CO:	BATTLE LAKE, MN 56515		
NAME:	BOB MORLOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	612 COTTONWOOD DRIVE		
CITY/ST/ZIP/CO:	CASSELTON, ND 58012		
NAME:	TONY NOYES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 722		
CITY/ST/ZIP/CO:	NEW PLYMOUTH, ID 83655		
NAME:	JIM OAKLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1287 GRANITE HILLS DR		
CITY/ST/ZIP/CO:	EL CAJON, CA 92019		
NAME:	JOHN SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	N577 CITY ROAD D		
CITY/ST/ZIP/CO:	EAU GALLE, WI 54737-9998		
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	11/20/2014	
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.			