

1.) CORPORATION NAME:

PHILLIPS KILN SERVICES LTD.

DUE DATE: **12/31/2011**

SCC ID NO: **F0470924**

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
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2607 DAKOTA AVE

CITY/ST/ZIP: SO SIOUX CITY, NE 68776-

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: DARYL AUSTIN
TITLE: PRESIDENT
ADDRESS: 31 HERITAGE
CITY/ST/ZIP/CO: SIOUX CITY, IA 51106-

OFFICER

DIRECTOR

NAME: RICK RASMUSSEN
TITLE: VICE PRESIDENT
ADDRESS: 3733 LINDENWOOD
CITY/ST/ZIP/CO: SIOUX CITY, IA 51104-

OFFICER

DIRECTOR

NAME: WILLIAM CONNER
TITLE: T/S
ADDRESS: 3810 PIERCE STREET
CITY/ST/ZIP/CO: SIOUX CITY, IA 51104-

OFFICER

DIRECTOR

NAME: ERIC BERTNESS
TITLE: CEO
ADDRESS: 317 SOUTH FORK
CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776-

OFFICER

DIRECTOR

NAME: TERRY BROWN
TITLE: PRESIDENT
ADDRESS: 533 JOY CT
CITY/ST/ZIP/CO: SO. SIOUX CITY, NE 68776-

OFFICER

DIRECTOR

NAME: SCOTT A BAKER TITLE: CHAIRMAN ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY J VANSYCKLE TITLE: VICE PRESIDENT ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WALTER M GEBHART TITLE: VICE PRESIDENT ADDRESS: 2607 DAKOTA AVE CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEVIN J CHABIN TITLE: ASST TREASURER ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RALPH J MCCANDLESS TITLE: ASST TREASURER ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARY BETH FLOWERS TITLE: ASST SECRETARY ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHEN M HARRINGTON TITLE: ASST SECRETARY ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-	<input checked="" type="checkbox"/> OFFICER <input 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/ WILLIAM CONNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM CONNER, T/S PRINTED NAME AND CORPORATE TITLE
12/7/2011 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.	