

1.) CORPORATION NAME:

LaMair-Mulock-Condon Co.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1481201**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4200 UNIVERSITY AVENUE SUITE 200

CITY/ST/ZIP: WEST DES MOINES, IA 50266

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 checked="" type="checkbox"/> DIRECTOR
NAME:	GREG T LAMAIR	
TITLE:	CEO/P/D	
ADDRESS:	4200 UNIVERSITY AVENUE SUITE 200	
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50266	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK E KEAIRNES	
TITLE:	SR.VP/D	
ADDRESS:	4200 UNIVERSITY AVENUE STE 200	
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50266	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK LYONS	
TITLE:	CFO/EXEC VP/D	
ADDRESS:	4200 UNIVERSITY AVENUE STE 200	
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50266	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GREG D SIECK	
TITLE:	VICE PRESIDENT	
ADDRESS:	64 MEADOWBROOK CIRCLE	
CITY/ST/ZIP/CO:	CUMMING, IA 50061	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Richard P DeBartolo	
TITLE:	VICE PRESIDENT	
ADDRESS:	4200 University Avenue #200	
CITY/ST/ZIP/CO:	West Des Moines, IA 50266	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Gary M Nordquist	
TITLE:	VICE PRESIDENT	
ADDRESS:	4200 University Avenue #200	
CITY/ST/ZIP/CO:	West Des Moines, IA 50266	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patrick K Duff VICE PRESIDENT 4200 University Avenue #200 West Des Moines, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeffrey R Baker VICE PRESIDENT 4200 University Ave West Des Moines, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert J Schueler VICE PRESIDENT 4200 University Ave #200 West Des Moines, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ford Singbush VICE PRESIDENT 4200 University Ave #200 West Des Moines, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amy L Kuennen VICE PRESIDENT 4200 University Ave #200 West Des Moines, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MaryAnn Van Dyke VICE PRESIDENT 4200 University Ave #200 West Des Moines, VA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David A Dawson VICE PRESIDENT 4200 University Ave #200 West Des Moines, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott L Aukes VICE PRESIDENT 4200 University Avenue #200 West Des Moines, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eric Sorenson VICE PRESIDENT 4200 University Avenue #200 West Des Moines, IA 50266	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Frederick J Bounds VICE PRESIDENT 4200 University Avenue #200 West Des Moines, IA 50266	<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/ GREG T LAMAIR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GREG T LAMAIR, CEO/P/D PRINTED NAME AND CORPORATE TITLE	7/2/2013 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.			