

1.) CORPORATION NAME:

Thiele Geotech, Inc.

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1748872**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13478 CHANDLER ROAD

CITY/ST/ZIP: OMAHA, NE 68138-3716

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.

<p>NAME: DANIEL J THIELE TITLE: PRESIDENT ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DENNIS J ANDERSON TITLE: VICE PRESIDENT ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT E MATLOCK TITLE: VICE PRESIDENT ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J MARC CASTEEL TITLE: VICE PRESIDENT ADDRESS: 2222 NW PARKRIDGE DRIVE CITY/ST/ZIP/CO: ANKENY, IA 50023</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT K LAPKE TITLE: VICE PRESIDENT ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL FRED GERDES TITLE: SENIOR VICEPRES ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E EHRHART DIRECTOR 5312 CUMING STREET OMAHA, NE 68132-2126	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT G GRIFFIN DIRECTOR 10536 Y STREET OMAHA, NE 68127-4533	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SCOTT KRATZ DIRECTOR 7202 SOUTH 49TH AVENUE OMAHA, NE 68157	<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/ MICHAEL FRED GERDES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL FRED GERDES, SENIOR VICEPRES PRINTED NAME AND CORPORATE TITLE	3/18/2015 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.			