

1.) CORPORATION NAME:

**Marten Transport, Ltd.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1828021**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	48,000,000
PREFER	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 129 MARTEN ST

CITY/ST/ZIP: MONDOVI, WI 54755

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: TIMOTHY M KOHL TITLE: PRESIDENT ADDRESS: 129 MARTEN ST CITY/ST/ZIP/CO: MONDOVI, WI 54755</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RANDOLPH L MARTEN TITLE: CHAIRMAN CEO ADDRESS: 129 MARTEN ST CITY/ST/ZIP/CO: MONDOVI, WI 54755</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES J HINNENDAEL TITLE: CFO ADDRESS: 129 MARTEN ST CITY/ST/ZIP/CO: MONDOVI, WI 54755</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT G SMITH TITLE: COO ADDRESS: 129 MARTEN ST CITY/ST/ZIP/CO: MONDOVI, WI 54755</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JERRY BAUER TITLE: DIRECTOR ADDRESS: 129 MARTEN STREET CITY/ST/ZIP/CO: MONDOVI, WI 54755</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT DEMOREST TITLE: DIRECTOR ADDRESS: 129 MARTEN STREET CITY/ST/ZIP/CO: MONDOVI, WI 54755</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: LARRY B HAGNESS TITLE: DIRECTOR ADDRESS: 129 MARTEN ST CITY/ST/ZIP/CO: MONDOVI, WI 54755	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY OWENS TITLE: DIRECTOR ADDRESS: 129 MARTEN STREET CITY/ST/ZIP/CO: MONDOVI, WI 54755	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOM WINKEL TITLE: DIRECTOR ADDRESS: 129 MARTEN STREET CITY/ST/ZIP/CO: MONDOVI, WI 54755	<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/ TIMOTHY M KOHL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY M KOHL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/24/2014 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.		