

1.) CORPORATION NAME:

Wright Tree Service, Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1850827**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5930 GRAND AVE

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.

NAME:	WILBUR NUTTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5930 GRAND AVE		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		

NAME:	SCOTT PACKARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	5930 GRAND AVE		
CITY/ST/ZIP/CO:	WEST DES MONIES, IA 50265		

NAME:	TERRENCE MCGONEGLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/CFO/VP		
ADDRESS:	5930 GRAND AVE		
CITY/ST/ZIP/CO:	WEST DES MONINES, IA 50265		

NAME:	KENDRA JULIE CHAPMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5930 GRAND AVE		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		

NAME:	WADE MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5930 GRAND AVE		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		

NAME:	STEVE PIETZYK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5930 GRAND AVE		
CITY/ST/ZIP/CO:	WEST DES MOINES, IA 50265		

NAME: JOHNNY DANOS TITLE: DIRECTOR ADDRESS: 1915 GRAND AVE CITY/ST/ZIP/CO: DES MOINES, IA 50309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD RUE TITLE: DIRECTOR ADDRESS: 2705 NW 4TH CIR CITY/ST/ZIP/CO: ANKENY, IA 50023	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD RUE TITLE: DIRECTOR ADDRESS: 2705 NW 4TH CIR CITY/ST/ZIP/CO: ANKENY, IA 50023	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY WRIGHT TITLE: DIRECTOR ADDRESS: 578 CHARDONNAY PT CITY/ST/ZIP/CO: WAUKEE, IA 50263	<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/ TERRENCE MCGONEGLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERRENCE MCGONEGLE, SEC/CFO/VP PRINTED NAME AND CORPORATE TITLE	2/28/2013 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.		