

1.) CORPORATION NAME:

Adolfson & Peterson, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD
SUITE 285**

SCC ID NO: **F1864653**

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	270,000
COMB	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6701 W 23RD ST

CITY/ST/ZIP: SAINT LOUIS PARK, MN 55426

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: SCOTT A WEICHT TITLE: VICE PRESIDENT ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: SAINT LOUIS PARK, MN 55426</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY HANSEN TITLE: CFO ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: SAINT LOUIS PARK, MN 55426</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOANN STORK TITLE: SECRETARY ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: ST LOUIS PARK, MN 55426</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: BROOK ADOLFSON TITLE: DIRECTOR ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: SAINT LOUIS PARK, MN 55426</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK BOATWRIGHT TITLE: DIRECTOR ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: ST LOUIS PARK, MN 55426</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM BRADFORD TITLE: DIRECTOR ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: ST LOUIS PARK, MN 55426</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: MARK DIXON TITLE: DIRECTOR ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: ST LOUIS PARK, MN 55426	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN GOTT TITLE: DIRECTOR ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: ST LOUIS PARK, MN 55426	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN PINNEY TITLE: DIRECTOR ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: ST LOUIS PARK, MN 55426	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brian Ferraioli TITLE: DIRECTOR ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: SAINT LOUIS PARK, MN 55426	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brenna Mann TITLE: VICE PRESIDENT ADDRESS: 6701 W 23RD ST CITY/ST/ZIP/CO: SAINT LOUIS PARK, MN 55426	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Kent WEICHT TITLE: COO ADDRESS: 797 Ventura St CITY/ST/ZIP/CO: Aurora, CO 80011	<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/ JEFFREY HANSEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY HANSEN, CFO PRINTED NAME AND CORPORATE TITLE	5/27/2014 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.		