

1.) CORPORATION NAME:

Heartland Express, Inc. of Iowa

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT WALKER
709 OLD HUNT WAY
HERDON, VA**

SCC ID NO: **F1873324**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 901 N. KANSAS AVE

CITY/ST/ZIP: NORTH LIBERTY, IA 52317

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: MICHAEL GERDIN TITLE: PRESIDENT ADDRESS: 901 N. KANSAS AVE. CITY/ST/ZIP/CO: NORTH LIBERTY, IA 52317	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN COSAERT TITLE: TREASURER ADDRESS: 901 N. KANSAS AVE. CITY/ST/ZIP/CO: NORTH LIBERTY, IA 52317	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS HILL TITLE: SECRETARY ADDRESS: 901 N. KANSAS AVE CITY/ST/ZIP/CO: NORTH LIBERTY, IA 52317	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BENJAMIN ALLEN TITLE: DIRECTOR ADDRESS: 901 N KANSAS AVE CITY/ST/ZIP/CO: NORTH LIBERTY, IA 52317	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE CROUSE TITLE: DIRECTOR ADDRESS: 901 N KANSAS AVE CITY/ST/ZIP/CO: NORTH LIBERTY, IA 52317	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TAHIRA K HIRA TITLE: DIRECTOR ADDRESS: 901 N. KANSAS AVE CITY/ST/ZIP/CO: NORTH LIBERTY, IA 52317	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RICHARD JACOBSON TITLE: DIRECTOR ADDRESS: 901 N KANSAS AVE. CITY/ST/ZIP/CO: NORTH LIBERTY, IA 52317	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES PRATT TITLE: DIRECTOR ADDRESS: 901 N KANSAS AVE CITY/ST/ZIP/CO: NORTH LIBERTY, IA 52317	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ THOMAS HILL	THOMAS HILL, SECRETARY	9/16/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.