

1.) CORPORATION NAME: **PSIC RPG Association** DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **NATIONAL REGISTERED AGENTS INC** SCC ID NO: **F1903337**  
**4701 COX ROAD, SUITE 285**  
**GLEN ALLEN, VA**

5.) STOCK INFORMATION  

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**IL**

6.) PRINCIPAL OFFICE ADDRESS:  
 ADDRESS: 14001 UNIVERSITY AVE  
 CITY/ST/ZIP: CLIVE, IA 50325

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: ROD WARREN TITLE: PRESIDENT ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRUCE BEAL TITLE: VICE PRESIDENT ADDRESS: 14001 UNIVERSITY AVE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JACQUIE ANDERSON TITLE: VICE PRESIDENT ADDRESS: 14001 UNIVERSITY AVE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ROGER SCHLEUTER TITLE: CFO/TREA ADDRESS: 14001 UNIVERSITY AVE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" 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/ JACQUIE ANDERSON	JACQUIE ANDERSON, VICE PRESIDENT	3/24/2014
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.