

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

Cooperative Regions of Organic Producer Pools

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1920091**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	5,000
COMB	1,500,000
COMC	500,000

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

4.) STATE OR COUNTRY OF INCORPORATION:
WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE ORGANIC WAY

CITY/ST/ZIP: LA FARGE, WI 54639

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: MICHAEL BEDESSEM TITLE: CFO ADDRESS: ONE ORGANIC WAY CITY/ST/ZIP/CO: LA FARGE, WI 54639</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GEORGE SIMON TITLE: CEO ADDRESS: ONE ORGANIC WAY CITY/ST/ZIP/CO: LA FARGE, WI 54639</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ARNIE TAMA TRUSSONI TITLE: PRESIDENT ADDRESS: E1404 MUNDSOCK RD CITY/ST/ZIP/CO: GENOA, WI 54632</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAM RIESGRAF TITLE: VICE PRESIDENT ADDRESS: 2065 5TH AVE CITY/ST/ZIP/CO: EDGAR, WI 54426</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARK KRUSE TITLE: TREASURER ADDRESS: 2601 LA FAYETTE RIDGE RD CITY/ST/ZIP/CO: LANSING, IA 52151</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAN PEARSON TITLE: SECRETARY ADDRESS: 524 CTY MM CITY/ST/ZIP/CO: RIVER FALLS, WI 54022</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: KEITH WILSON TITLE: DIRECTOR ADDRESS: 10700 S GALENA RD CITY/ST/ZIP/CO: CUBA CITY, WI 53807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STEVE PIERSON TITLE: DIRECTOR ADDRESS: 22431 RIVER ROAD NE CITY/ST/ZIP/CO: ST PAUL, OR 97137	<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/ MICHAEL BEDESSEM	MICHAEL BEDESSEM, CFO	2/11/2014
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.