2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2023
Secretary of State
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Entity Name: CUSHING TERRELL INC.

Current Principal Place of Business:

13 NORTH 23RD STREET
BILLINGS, MT 59101

Current Mailing Address:

PO BOX 1439
BILLINGS, MT 59103 US

FEI Number: 81-0305543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	BEAL, JIM
Address	13 NORTH 23RD STREET
City-State-Zip:	BILLINGS MT 59101

Title	DIRECTOR
Name	ARTHUR, ROBERT A.
Address	306 WEST RAILROAD AVENUE SUITE 104
City-State-Zip:	MISSOULA MT 59802

Title	SECRETARY, DIRECTOR
Name	KOEL, DAVID
Address	745 SOUTH MAIN STREET
City-State-Zip:	KALISPELL MT 59901

Title	DIRECTOR
Name	SPERRY, BRAD
Address	13 NORTH 23RD STREET
City-State-Zip:	BILLINGS MT 59101

Title	DIRECTOR, MANAGING PARTNER
Name	BYRNES, MARTIN
Address	219 - 2ND AVENUE SOUTH
City-State-Zip:	GREAT FALLS MT 59405

Title	PRESIDENT, DIRECTOR
Name	MATTHEWS, GREG
Address	13 NORTH 23RD STREET
City-State-Zip:	BILLINGS MT 59101

Title	DIRECTOR
Name	BUTLER, JASON
Address	800 MAIN STREET, STE 800
City-State-Zip:	BOISE ID 83702

Title	DIRECTOR, CHIEF KNOWLEDGE OFFICER
Name	ARMER, JAMES
Address	800 MAIN STREET STE 800
City-State-Zip:	BOISE ID 83702

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREG MATTHEWS PRESIDENT 03/01/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHRISTENSEN, SHANNON
Address	13 NORTH 23RD STREET
City-State-Zip:	BILLINGS MT 59101