

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000119

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, 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

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

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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****02/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	AAGESON, CHRIS
Address	1201 WESTERN AVENUE SUITE 700
City-State-Zip:	SEATTLE WA 98101