

2022 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:**13 NORTH 23RD STREET
BILLINGS, MT 59101 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	Title	DIRECTOR, MANAGING PARTNER
Name	BEAL, JIM	Name	BYRNES, MARTIN
Address	13 NORTH 23RD STREET	Address	219 - 2ND AVENUE SOUTH
City-State-Zip:	BILLINGS MT 59101	City-State-Zip:	GREAT FALLS MT 59405
Title	DIRECTOR	Title	DIRECTOR
Name	ARTHUR, ROBERT A.	Name	MURRAY, SHAWN
Address	306 WEST RAILROAD AVENUE SUITE 104	Address	13 NORTH 23RD STREET
City-State-Zip:	MISSOULA MT 59802	City-State-Zip:	BILLINGS MT 59101
Title	PRESIDENT, DIRECTOR	Title	DIRECTOR
Name	MATTHEWS, GREG	Name	BEAL, JIM
Address	13 NORTH 23RD STREET	Address	13 NORTH 23RD STREET
City-State-Zip:	BILLINGS MT 59101	City-State-Zip:	BILLINGS MT 59101
Title	SECRETARY, DIRECTOR	Title	DIRECTOR
Name	KOEL, DAVID	Name	BUTLER, JASON
Address	745 SOUTH MAIN STREET	Address	800 MAIN STREET, STE 800
City-State-Zip:	KALISPELL MT 59901	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: DAVID KOEL**SECRETARY****04/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name FREEMAN, WAYNE
Address 411 EAST MAIN STREET
 SUITE 101
City-State-Zip: BOZEMAN MT 59715

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