No. C 50183		Due no later than Sep 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. CHS INC. AMANDA KEGLEY 5500 CENEX DRIVE MS260 INVER GROVE HEIGHTS MN 55077		2. Registered Age	Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				12550 W EXPLO BOISE ID 837				
4. Corporations: Enter	Names and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ANGIE OLSC	DNOWSKI	5500 CENEX DRIVE	INVER GROVE HEIGHTS	MN	USA	55077	
PRESIDENT	CARL M CASALE		5500 CENEX DRIVE	INVER GROVE HEIGHTS	MN	USA	55077	
SECRETARY	DAN SCHURR		3009 WISCONSIN STREET	LE CLAIRE	IA	USA	52753	
DIRECTOR	SCOTT SINCLAIR		5500 CENEX DRIVE	INVER GROVE HEIGHTS	MN	USA	55077	
DIRECTOR	MIKE JOHNSTON		5500 CENEX DRIVE	INVER GROVE HEIGHTS	MN	USA	55077	
DIRECTOR	JASON SCHWANTZ		5500 CENEX DRIVE	INVER GROVE HEIGHTS	MN	USA	55077	
5. Organized Under the	e Laws of:	6. Annual Report mu	ust be signed.*					
MN C 50183		Signature: AMANDA KEGLEY		Date: 09/01/2	Date: 09/01/2016			
		Name (type or print): AMANDA KEGLEY		EDSERVATION BROWN BOOK A SECOND	Title: PROPERTY TAX ANALYST			
Processed 09/01/2016		* Electronically provi	ded signatures are accepted as origina	al signatures.				