

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

### CERTIFICATE OF INCORPORATION

#### BUSINESS CORPORATION

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of SADDLE-UP, INC. duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation of SADDLE-UP, INC.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this May 6, 1998.



*Joyce Hazeltine*  
JOYCE HAZELTINE  
Secretary of State



4. Authorized Shares. The aggregate number of shares which the corporation shall have authority to issue is 500,000 common shares, each having a par value of \$1.00.

5. Initial Director. The name and address of the initial director is Greg Miller, P.O. Box 464, Murdo, SD 57559.

6. Initial Registered Agent. The name and address of the initial registered agent of the corporation is Greg Miller, P.O. Box 464, Murdo, SD 57559.

7. Name and Address of Incorporator. The name and address of the incorporators are:

NAME	ADDRESS
Andrea Sheehan	19395 288th Avenue Pierre, SD 57501
Greg Miller	P.O. Box 464 , 302 WEST 5 <sup>TH</sup> , Murdo, SD 57559

8. Required Statement. The corporation shall not commence business until consideration of the value of at least \$1,000 has been received for the issuance of shares.

Dated this 6<sup>th</sup> day of May, 1998

SADDLE-UP, INC.

BY: Andrea Sheehan  
Andrea Sheehan  
Incorporator

Dated this 6<sup>th</sup> day of May, 1998

SADDLE-UP, INC.

BY: Greg Miller  
Greg Miller  
Incorporator



RECEIPT NO. 707324

FILE NO. 98040028

FEE RECEIVED: \$ 110.00

RECORDED  
INDEXED  
MAY 11 1998

ARTICLES OF INCORPORATION  
OF  
WAGGLE-UP, INC.

STOCK:  
100,000 COMMON \$1.00

Filed at the Request of:  
ANDREA SHEEHAN  
18395 283TH AVE  
PIERRE, SD 57501

State of South Dakota ss  
Office of the Secretary of State

Filed in the office of the Secretary of  
State on May 5, 1998

\_\_\_\_\_  
JOYCE HAZELTINE  
Secretary of State

By \_\_\_\_\_  
Deputy

2000190000

1999

RETURN TO  
SECRETARY OF STATE  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

9908198.0682  
01/27/99

FILE DATE 016-99  
RECEIPT NO. 506316  
RECEIVED  
RECEIVED  
JUN 1 8 1999  
APR 27 1999  
SD. SEC. OF STATE  
SD. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-040028  
SADDLE-UP, INC.  
MILLER, GREG  
302 WEST 5TH  
PO BOX 464  
MURDO, SD 57559-0464  
MAY/00

Telephone # 605-669-2236  
FAX # 605-669-2236  
Federal Taxpayer IC  
FILING DATE: Due during the month the  
Certificate of Incorporation was issued, and  
delinquent after the last day of the following  
month.

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota MOTEL

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Greg Miller</u>	President	<u>302 W 5th</u>	<u>Murdo</u>	<u>SD</u>	<u>57559</u>
<u>Greg Miller</u>	Vice President	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>Greg Miller</u>	Secretary	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>Greg Miller</u>	Treasurer	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

SD law requires at least one director.

Do the above listed officers serve also as directors? YES  NO  If no, list directors below.

Director: \_\_\_\_\_  
Director: \_\_\_\_\_

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE  
500,000 Common 51 00

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

250,000 Common

6. The amount of its stated capital is \$29,010.00 (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 4/26 1999

By Greg Miller  
(Signature)

Its Pres - Sec - Treas  
(Title)

STATE OF South Dakota ss  
COUNTY OF Jones

I, DAVID MERTENS, a notary public, do hereby certify that on this 26th day of April 1999.

personally appeared before me Greg Miller who, being by me first duly sworn, declared that he/she is the  
Pres - Sec - Treas of Saddle-Up, Inc the corporation

named above, and signed the foregoing document as officer, of the corporation, and the statements therein contained are true.

My Commission Expires 9-17-2000

Notary Public

(Notarial Seal)

SOS CRP 6/98

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4645

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \* \_\_\_\_\_  
\*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ that he/she signed the foregoing document as officer of  
the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(signature)

0407-00000000

2000

RETURN TO  
SECRETARY OF STATE  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

**ANNUAL REPORT** 0005263.0549  
5710700

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 5-1-00  
RECEIPT NO. 880962

RECEIVED  
APR 13 2000

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-040028 MAY/1999  
SADDLE-UP, INC.  
MILLER, GREG  
302 WEST 5TH  
PO BOX 404  
MURDO SD 57559 0464

Telephone # 605-669-2236  
FAX # 605-669-7775

Federal Taxpayer ID  
FILING DATE: Due during the month the  
Certificate of Incorporation was issued, and  
delinquent after the last day of the following  
month.

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.  
\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.  
Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.  
Director \_\_\_\_\_  
Director \_\_\_\_\_

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES

6. The amount of its stated capital is \$ \_\_\_\_\_ (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated April 12, 2000  
By [Signature]  
(Signature)  
Its Treasurer  
(Title)

STATE OF South Dakota ss  
COUNTY OF JONES

On this the 12th day of April, 2000, before me, David MERTENS  
personally appeared Greg MILLER, known to me, or proved to me,  
to be the President of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 9-17-2000  
[Signature]  
Notary Public

(Notarial Seal)

SOS CRP 11/89

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605/773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10** In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \* \_\_\_\_\_  
\*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, known to me, or proved to me, personally appeared \_\_\_\_\_, of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public  
(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)

registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_  
\_\_\_\_\_  
(signature)

0105209 0219  
3745701

2001

RETURN TO  
SECRETARY OF STATE  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

**ANNUAL REPORT**

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 5-1-01  
RECEIPT NO. 775620  
**RECEIVED**  
APR 23 '01  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-040028      MAY/2000  
SADDLE-UP, INC.  
MILLER, GREG  
302 WEST 5TH  
PO BOX 464  
MURDO SD 57559-0464

Telephone # 605-669-2425  
FAX # \_\_\_\_\_  
Federal Taxpayer ID \_\_\_\_\_  
FILING DATE: Due during the month the  
Certificate of Incorporation was issued, and  
delinquent after the last day of the following  
month.

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.  
\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.  
Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.  
Director \_\_\_\_\_  
Director \_\_\_\_\_

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:  
NUMBER OF SHARES CAN ISSUE (authorized)      CLASS      SERIES      PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED      CLASS      SERIES

6. The amount of its stated capital is \$ \_\_\_\_\_ (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 4/7/01  
By Greg Miller  
(Signature)  
Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Jones ss

On this the 11th day of April, 2001, before me, Jacquie Erikson, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires Dec 21, 2004  
Jacquie Erikson  
Notary Public

(Notarial Seal) My Comm. Exp. Dec. 21, 2004

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 in addition to annual report fee**

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \* \_\_\_\_\_  
\*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated \_\_\_\_\_ (Signature) \_\_\_\_\_

(Title) \_\_\_\_\_

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, known to me, or proved to me, to be the \_\_\_\_\_ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)

registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_ (signature) \_\_\_\_\_

2002

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

0205214.3188
5/10/02

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 5/2/02
RECEIPT NO. 1045806
RECEIVED

MAY 2 02

1. Corporate Name, Registered Agent and Registered Address:



DB-040028 MAY/2001
SADDLE-UP, INC.
MILLER, GREG
302 WEST 5TH
PO BOX 464
MURDO SD 57559-0464

Telephone # S.D. SEC. OF STATE
FAX #
Federal Taxpayer ID
FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent after the last day of the following
month.

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

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[X] ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota

3. The names and addresses of its directors and officers:

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for President, Vice President, Secretary, Treasurer.

SD law requires at least one director.

Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

Table with columns: NUMBER OF SHARES CAN ISSUE (authorized), CLASS, SERIES, PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 4/29/02 By [Signature]
(Signature)
Its Pres - Sec - Treas
(Title)

STATE OF South Dakota ss
COUNTY OF Jones

On this the 29th day of April, 2002, before me, [Signature] Jacquie Erikson
personally appeared Greg Miller, known to me, or proved to me,
to be the Pres of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires [Signature] Jacquie Erikson
(Notary Public)
My Comm. Exp. Dec. 21, 2004

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_
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ZIP + 4 \_\_\_\_\_
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing, but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \* \_\_\_\_\_  
\*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ SS  
COUNTY OF \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_, known to me, or proved to me,  
to be the \_\_\_\_\_ of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(signature)

2003

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE RECEIVED RECEIPT NO. 1220056 JUN 11 '03 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB-040028 MAY/2002 SADDLE-UP, INC. MILLER, GREG 302 WEST 5TH PO BOX 464 MURDO SD 57559-0464

Telephone # 605-669-2236 FAX # 605-669-2235 Federal Taxpayer ID FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota

Table with 7 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for President, Vice President, Secretary, Treasurer.

S.D. law requires at least one director. Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class: NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 6/10/03 By [Signature] (Signature) Its [Signature] (Title)

STATE OF South Dakota COUNTY OF Jones ss

On this the 10th day of June, 2003, before me, Jacquie Erikson personally appeared Greg Miller, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires Jacquie Erikson Notary Public Exp. Dec. 21, 2004

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL PIERRE, S.D. 57501-5077 PHONE: 605-773-4845 FAX (BCS) 773-4550 www.state.sd.us/sos/sos.htm

SOS CRP 11/01

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
\_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \* \_\_\_\_\_  
\*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated \_\_\_\_\_ (Signature) \_\_\_\_\_  
\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_, known to me, or proved to me,  
to be the \_\_\_\_\_ of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for \_\_\_\_\_  
(corporate name)  
Dated \_\_\_\_\_ (signature) \_\_\_\_\_

2004

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

**FILING FEE: \$30** MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 6/29/04  
RECEIPT NO. **RECEIVED**  
**1335791**  
JUN 29 '04

Corporate Name, Registered Agent and Registered Address:

S.D. SEC. OF STATE



\*DB040028\*  
DB040028 MAY/2003  
SADDLE-UP, INC.  
MILLER, GREG  
302 WEST 5TH  
PO BOX 464  
MURDO SD 57559-0464

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
Federal Taxpa  
FILING DATE: Due during the month the  
Certificate of Incorporation was issued, and  
delinquent after the last day of the following  
month.

### ★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report below in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.

Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.

Director \_\_\_\_\_  
Director \_\_\_\_\_

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
---	-------	--------	---

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ \_\_\_\_\_ . (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 6/28/04

By [Signature]  
(Signature)  
Its \_\_\_\_\_  
(Title)

STATE OF South Dakota  
COUNTY OF Jones ss

On this the 28<sup>th</sup> day of June, 2004, before me, Jacquie Erikson  
personally appeared Greg Miller, known to me, or proved to me,  
to be the President of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires General Notary - State of South Dakota  
Jacquie Erikson  
(Notarial Seal) **My Comm. Exp. Dec. 21, 2004**

[Signature]  
Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077  
PHONE: 605-773-4845  
www.sdsos.gov

SOS CRP 07/03

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \* \_\_\_\_\_  
\*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated \_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Title) \_\_\_\_\_

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_, known to me, or proved to me,  
to be the \_\_\_\_\_ of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires \_\_\_\_\_  
Notary Public \_\_\_\_\_  
(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for \_\_\_\_\_  
(corporate name)  
Dated \_\_\_\_\_  
(signature)



**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_

2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_

4. The name of its previous registered agent is \_\_\_\_\_

5. The name of its successor registered agent is \* \_\_\_\_\_

**\*The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or any other officer.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)

registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(signature)

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

RECEIVED

FILE DATE

8/31/06

AUG 31 '06

RECEIVED

1590871

JUL 14 '06

S.D. SEC. of STATE

S.D. SEC. of STATE

1. Corporate Name, Registered Agent Name and Registered Address:



DB040028 MAY/2005
SADDLE-UP, INC.
MILLER, GREG
302 WEST 5TH
PO BOX 464
MURDO SD 57559-0464

Telephone #

FAX #

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

ATTENTION - FILING INSTRUCTIONS

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The address of the principal office 302 West 5th St, Box 464, Murdo, SD 57559

3. The names and business addresses of its directors and principal officers:

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Greg Miller (President, Vice President, Secretary, Treasurer) and Andrea/Harvey Sheehan (Directors).

SD law requires at least one director.

Do the above listed officers serve also as directors? YES X NO If no, list directors below.

Table for directors: Andrea Sheehan, Harvey Sheehan with their addresses and locations.

4. Provide a brief description of the nature of the business Lodging

5. The total number of authorized shares, itemized by class and series, if any, within each class:

Table for authorized shares: 250,000 shares, 500,000 total authorized.

6. NUMBER OF ISSUED SHARES CLASS SERIES

The statement may be signed by any authorized officer of the Corporation.

Dated 7/12/06

Signature (Handwritten)

Printed Name Greg Miller

Title Pres-

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_
2. The street address, or a statement that there is no street address, of its current registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
4. The name of its current registered agent is \_\_\_\_\_
5. The name of its new registered agent is \* \_\_\_\_\_

**\*The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement may be signed by any authorized officer of the corporation.

Dated \_\_\_\_\_  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for \_\_\_\_\_  
(corporate name)  
Dated \_\_\_\_\_  
(signature)

268 1664 10/30/2007

# 2007

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

**FILING FEE: \$30** MAKE CHECK PAYABLE TO SECRETARY OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:



DB040028 MAY/2006  
SADDLE-UP, INC.  
MILLER, GREG  
302 WEST 5TH  
PO BOX 464  
MURDO SD 57559-0464

Telephone # 605-669-2425  
FAX # 605-669-2236

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

FILE DATE 10-19-2007  
RECEIPT NO. 1725023  
**RECEIVED**  
**OCT 19 2007**  
S.D. SEC. OF ST.

### \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The address of the principal office \_\_\_\_\_

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.  
Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.  
Director \_\_\_\_\_  
Director \_\_\_\_\_

4. Provide a brief description of the nature of the business \_\_\_\_\_

5. The total number of authorized shares, itemized by class and series, if any, within each class:  
NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES

The statement may be signed by any authorized officer of the Corporation.

Dated 10-17-07

Signature \_\_\_\_\_

Greg Miller  
Printed Name \_\_\_\_\_

President  
Title \_\_\_\_\_

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077  
PHONE: 605-773-4845  
[www.sdsos.gov](http://www.sdsos.gov)

SOS CRP 07/05

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_
2. The street address, or a statement that there is no street address, of its current registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
4. The name of its current registered agent is \_\_\_\_\_
5. The name of its new registered agent is \* \_\_\_\_\_

**\*The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement may be signed by any authorized officer of the corporation.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(signature)

2008

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 7/1/08
RECEIPT NO 1810659
RECEIVED
JUL 01 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:



DB040028 MAY/2007
SADDLE-UP, INC.
MILLER, GREG
302 WEST 5TH
PO BOX 464
MURDO SD 57559-0464

Telephone # 605-669-2425
FAX # 605-669-2235

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

ATTENTION - FILING INSTRUCTIONS

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The address of the principal office

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for President, Vice President, Secretary, Treasurer.

SD law requires at least one director. Do the above listed officers serve also as directors? YES NO If no, list directors below.

4. Provide a brief description of the nature of the business

5. The total number of authorized shares, itemized by class and series, if any, within each class:

6. NUMBER OF ISSUED SHARES CLASS SERIES

The statement may be signed by any authorized officer of the Corporation.

Dated 6/29/08

Signature (Handwritten: G Miller)

Printed Name GREG MILLER

Title Pres - Sec - Treas.

278 1238

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is \_\_\_\_\_

2. The street address, or a statement that there is no street address, of its current registered office \_\_\_\_\_

\_\_\_\_\_ ZIP + 4 \_\_\_\_\_

3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_

\_\_\_\_\_ ZIP + 4 \_\_\_\_\_

4. The name of its current registered agent is \_\_\_\_\_

5. The name of its new registered agent is \* \_\_\_\_\_

**\*The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement may be signed by any authorized officer of the corporation.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)

registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(signature)

297 0412 10/22/2009

2009

ANNUAL REPORT DOMESTIC

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 10-19-09
RECEIPT NO 1959079

1. Corporate Name, Registered Agent Name and Address:



DB040028
SADDLE-UP, INC.
MILLER, GREG
302 WEST 5TH
PO BOX 464
MURDO SD 57559-0464

MAY/2008

RECEIVED OCT 19 2009 S.D. SEC. OF STATE
RECEIVED OCT 13 2009 S.D. SEC. OF STATE

Telephone #
FAX #
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

302 WEST 5th, PO Box 464 MURDO SD 57559-0464
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent GREG MILLER

302 WEST 5th MURDO SD 57559-0464
Street Address (Required to be a South Dakota Address) City State ZIP+4

P.O. Box 464 MURDO SD 57559-0464
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

[X] GREG MILLER 302 WEST 5th MURDO SD 57559-0464
President Street Address City State ZIP+4

[X] GREG MILLER Vice President Street Address City State ZIP+4

[X] GREG MILLER Secretary Street Address City State ZIP+4

[X] GREG MILLER Treasurer Street Address City State ZIP+4

[X] Greg Miller Director Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

Dated 10/9/09

(Signature of an authorized officer)
GREG MILLER
(Printed Name)
President
(Title)

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

**FILING FEE: \$10** Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

3. If listing a Commercial Registered Agent, please state their identification number: \_\_\_\_\_

4. The address of the agent currently on file for this entity

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

317 1125 04/07/2011

2010

ANNUAL REPORT DOMESTIC

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 02-25-2011
RECEIPT NO 2126902
RECEIVED
FEB 23 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



\*DB040028\*
DB040028 MAY/2009
SADDLE-UP, INC.
MILLER, GREG
PO BOX 464
MURDO SD 57559-0464

Telephone #
FAX #
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

302 WEST 5th MURDO SD 57559-0464
Street Address City State ZIP+4
PO Box 464 MURDO SD 57559-0464
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

GREG MILLER
302 WEST 5th Murdo SD 57559-0464
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 464 MURDO SD 57559-0464
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

- Greg Miller, Andrea Sheehan, Harvey Sheehan
President, Director, Director
302 West 5th, 19395 288th Ave Pierre, SD 57501

Dated 2/22/11

Signature of an authorized officer: Greg Miller
(Printed Name)
President
(Title)

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

**FILING FEE: \$10** Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

3. If listing a Commercial Registered Agent, please state their identification number: \_\_\_\_\_

4. The address of the agent currently on file for this entity

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

322 1758 07/25/2011

2011

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE	07/15/11
RECEIPT NO	2119124
<b>RECEIVED</b>	
JUN 27 2011	
S.D. SEC. OF STATE	
S.D. SEC. OF STATE	
Telephone #	_____

1. Corporate Name, Registered Agent Name and Address:



DB040028 MAY/2009  
SADDLE-UP, INC.  
MILLER, GREG  
PO BOX 464  
MURDO SD 57559-0464

RECEIVED

JUL 15 2011

S.D. SEC. OF STATE

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota

302 WEST 5<sup>th</sup> ST MURDO SD 57559-0464  
 Street Address City State ZIP+4  
PO Box 464 MURDO SD 57559-0464  
 Mailing Address City State ZIP+4  
gregm@gwtc.net  
 Email Address

4. The name of the South Dakota Registered Agent GREG MILLER

302 WEST 5<sup>th</sup> ST MURDO SD 57559-0464  
 Street Address or Rural Route Box Number in This State and City State ZIP+4  
PO Box 464 MURDO SD 57559-0464  
 Mailing Address in This State, if Different from Street Address City State ZIP+4  
gregm@gwtc.net  
 Email Address

5. The names and addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

- |                          |                       |                                   |               |           |                   |
|--------------------------|-----------------------|-----------------------------------|---------------|-----------|-------------------|
| <input type="checkbox"/> | <u>GREG MILLER</u>    | <u>302 WEST 5<sup>th</sup></u>    | <u>MURDO</u>  | <u>SD</u> | <u>57559-0464</u> |
|                          | President             | Street Address                    | City          | State     | ZIP+4             |
| <input type="checkbox"/> | <u>GREG MILLER</u>    | <u>302 WEST 5<sup>th</sup></u>    | <u>MURDO</u>  | <u>SD</u> | <u>57559-0464</u> |
|                          | Vice President        | Street Address                    | City          | State     | ZIP+4             |
| <input type="checkbox"/> | <u>GREG MILLER</u>    | <u>302 WEST 5<sup>th</sup></u>    | <u>MURDO</u>  | <u>SD</u> | <u>57559-0464</u> |
|                          | Secretary             | Street Address                    | City          | State     | ZIP+4             |
| <input type="checkbox"/> | <u>GREG MILLER</u>    | <u>302 WEST 5<sup>th</sup></u>    | <u>MURDO</u>  | <u>SD</u> | <u>57559-0464</u> |
|                          | Treasurer             | Street Address                    | City          | State     | ZIP+4             |
| <input type="checkbox"/> | <u>Andrea Sheehan</u> | <u>19395 288<sup>th</sup> Ave</u> | <u>Pierre</u> | <u>SD</u> | <u>57501</u>      |
|                          | Director              | Street Address                    | City          | State     | ZIP+4             |
| <input type="checkbox"/> | <u>Harvey Sheehan</u> | <u>19395 288<sup>th</sup> Ave</u> | <u>Pierre</u> | <u>SD</u> | <u>57501</u>      |
|                          | Director              | Street Address                    | City          | State     | ZIP+4             |

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 7-13-11

Email gregm@gwtc.net

- Pres.  
 (Signature of an Authorized Person)  
GREG MILLER  
 (Printed Name)

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

**FILING FEE: \$10** Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_  
(Old Registered Agent)

~~The name of the successor registered agent~~ \_\_\_\_\_  
(New Registered Agent)

3. If listing a Commercial Registered Agent, please state their identification number \_\_\_\_\_

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

Street Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

5. If the address has changed, list the new registered agent address

Street Address or Rural Route Box Number in This State and \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Mailing Address in This State, if Different from Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Email Address \_\_\_\_\_

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an Authorized Person)

Email \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

2012

Enter Filing Year

## ANNUAL REPORT

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

## DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE 10/10/2013

RECEIPT NO 145439

## 1. Corporate ID and Name:

DB040028  
SADDLE-UP, INC.  
302 W 5TH  
MURDO, SD 57559

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

## 3. The address of the principal executive office (business address).

302 W 5TH	MURDO	SD	57559
Street Address	City	State	ZIP+4
PO BOX 464	MURDO	SD	57559-0464
Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: GREG MILLER

302 WEST 5TH	MURDO	SD	57559
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 464	MURDO	SD	57559-0464
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

## 5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ANDREA SHEEHAN	19395 288TH AVE	PIERRE	SD	57501
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HARVEY SHEEHAN	19395 288TH AVE	PIERRE	SD	57501
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.  
By signing this form you agree to have both the fee and the form processed electronically.

Date 10/10/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

GREG MILLER

(Printed Name)

2013

Enter Filing Year

## ANNUAL REPORT

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

## DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE 10/10/2013

RECEIPT NO 145441

## 1. Corporate ID and Name:

DB040028  
SADDLE-UP, INC.  
302 W 5TH  
MURDO, SD 57559

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

## 3. The address of the principal executive office (business address).

302 W 5TH	MURDO	SD	57559
Street Address	City	State	ZIP+4
PO BOX 464	MURDO	SD	57559-0464
Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: GREG MILLER

302 WEST 5TH	MURDO	SD	57559
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 464	MURDO	SD	57559-0464
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

## 5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ANDREA SHEEHAN	19395 288TH AVE	PIERRE	SD	57501
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HARVEY SHEEHAN	19395 288TH AVE	PIERRE	SD	57501
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 10/10/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

GREG MILLER

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

FILE DATE 6/23/2015

RECEIPT NO 313227

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

## DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

## 1. Corporate ID and Name:

DB040028  
SADDLE-UP, INC.  
302 W 5TH  
MURDO, SD 57559

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

## 3. The address of the principal executive office (business address).

302 W 5TH	MURDO	SD	57559
Street Address	City	State	ZIP+4
PO BOX 464	MURDO	SD	57559-0464
Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: GREG MILLER

302 WEST 5TH	MURDO	SD	57559
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 464	MURDO	SD	57559-0464
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

## 5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ANDREA SHEEHAN	19395 288TH AVE	PIERRE	SD	57501
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HARVEY SHEEHAN	19395 288TH AVE	PIERRE	SD	57501
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.  
By signing this form you agree to have both the fee and the form processed electronically.

Dated 06/23/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

GREG R MILLER

(Printed Name)

2015

Enter Filing Year  
 Secretary of State Office  
 500 E Capitol Ave  
 Pierre, SD 57501  
 (605)773-4845

ANNUAL REPORT  
 DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 6/7/2016

RECEIPT NO 423457

## 1. Corporate ID and Name:

DB040028

Enter Corporate ID

SADDLE-UP, INC.

Enter Corporate Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

## 3. The address of the principal executive office (business address).

302 W 5TH

MURDO

SD

57559

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

PO BOX 464

MURDO

SD

57559-0464

Mailing Address, if Different from Street Address

City

State

ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name:

GREG MILLER

302 WEST 5TH

MURDO

SD

57559

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

PO BOX 464

MURDO

SD

57559-0464

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

## 5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	GREG MILLER	302 WEST 5TH ST	MURDO	SD	57559
	Treasurer	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	ANDREA SHEEHAN	19395 288TH AVE	PIERRE	SD	57501
	Director	Actual Street Address	City	State	ZIP+4



HARVEY SHEEHAN

19395 288TH AVE

PIERRE

SD

57501

Director

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

GREG R MILLER

(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically.  
A fee of up to \$40 will be assessed for returned payments.

6/7/2016 8:40:19 AM