

395 5110 03/22/2013

Receipt Number: 104243

File Number **DR001548**



**STATEMENT\_OF\_QUALIFICATION**

For

**SKILES FAMILY FARMS, LLP**

Filed at the request of:

**DAVENPORT EVANS HURWITZ & SMITH  
BRENDAN W REILLY  
PO Box 1030  
SIOUX FALLS SD 57101**

*State of South Dakota  
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Thursday, March 21, 2013**

  
Secretary of State

Fee Received: \$125.00

395 5111

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

# STATEMENT OF QUALIFICATION OF A DOMESTIC LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

**FILING FEE: \$125** payable to SECRETARY OF STATE

**RECEIVED**  
**MAR 21 2013**  
**S.D. SEC. OF STATE**

Filed this 21<sup>st</sup> day of March, 2013  
*Jason Sand*  
SECRETARY OF STATE

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

1. The name of the limited liability partnership is SKILES FAMILY FARMS, LLP

The name shall contain the words "Registered Limited Liability Partnership", or "Limited Liability Partnership", or "R.L.L.P." or "L.L.P.", or "RLLP", or "LLP" as the last words of the name

2. The street address of the partnership's chief executive office.

502 E MILTON ST	CANTON	SD	57013
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. If the address listed in number 2 is not a South Dakota street address question number 4 must be completed.

4. The South Dakota Registered Agent name \_\_\_\_\_

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

When listing a Commercial Registered Agent, please state their CRA #.  
This number can be obtained from the Commercial Registered Agent.

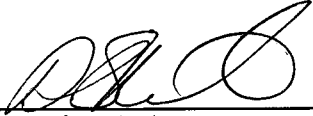
5. The partnership elects to be a limited liability partnership.

6. The deferred effective date of the registration if it is not to be effective upon filing of the registration

EFFECTIVE UPON FILING

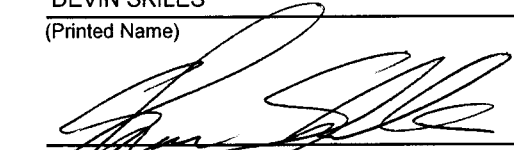
I declare under penalty of perjury that the contents of the above statement are accurate. Statement must be signed by at least two partners.

Dated [redacted] \_\_\_\_\_

  
\_\_\_\_\_  
(Signature of a partner)

DEVIN SKILES  
\_\_\_\_\_  
(Printed Name)

Dated [redacted] \_\_\_\_\_

  
\_\_\_\_\_  
(Signature of a partner)

SHANE SKILES  
\_\_\_\_\_  
(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.***

2014

Enter Filing Year

ANNUAL REPORT

FILE 3/5/2014

RECEIPT NO 182049

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500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

DOMESTIC LLP

Please Type or Print Clearly In Ink

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

1. L.L.P. ID and Name:
DR001548
SKILES FAMILY FARMS, LLP
502 E MILTON ST
CANTON, SD 57013-2347

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

3. The address of the principal or chief executive office.

502 E MILTON ST CANTON SD 57013-2347
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

502 E MILTON ST CANTON SD 57013-2347
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

5. The names and business addresses of its partners.

DEVIN J SKILES 47278 279TH ST WORTHING SD 57077
Partner Street Address City State ZIP+4

Partner Street Address City State ZIP+4

Partner Street Address City State ZIP+4

SHANE M SKILES 600 W LYNN AVE CANTON SD 57013
Partner 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 03/05/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

SHANE M SKILES

(Printed Name)

2015 Enter Filing Year

ANNUAL REPORT

FILE DATE 2/23/2015  
RECEIPT NO 275676

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

**DOMESTIC LLP**  
Please Type or Print Clearly In Ink

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

1. L.L.P. ID and Name:

DR001548  
SKILES FAMILY FARMS, LLP  
502 E MILTON ST  
CANTON, SD 57013-2347

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

3. The address of the principal or chief executive office.

502 E MILTON ST	CANTON	SD	57013-2347
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

502 E MILTON ST	CANTON	SD	57013-2347
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

5. The names and business addresses of its partners.

<input type="checkbox"/> DEVIN J SKILES	47278 279TH ST	WORTHING	SD	57077
Partner	Street Address	City	State	ZIP+4
<input type="checkbox"/>				
Partner	Street Address	City	State	ZIP+4
<input type="checkbox"/>				
Partner	Street Address	City	State	ZIP+4
<input type="checkbox"/> SHANE M SKILES	600 W LYNN AVE	CANTON	SD	57013
Partner	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 02/23/2015

Signature Accepted Electronically  
\_\_\_\_\_  
(Signature of an Authorized Person)  
**DEVIN SKILES**  
\_\_\_\_\_  
(Printed Name)

2016

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

ANNUAL REPORT

DOMESTIC LLP  
SDCL 48-7A-1003; 59-11-24.1

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

FILE DATE 9/19/2016

RECEIPT NO 455733

1. LLP ID and Name:

DR001548

Enter LLP ID

SKILES FAMILY FARMS, LLP

Enter LLP Name

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

3. The address of the principal or chief executive office.

502 E MILTON ST	CANTON	SD	57013-2347
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

Mailing Address, if Different from Street Address	City	State	ZIP+4
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IF ADDRESS IN #3 IS NOT A SOUTH DAKOTA ADDRESS QUESTION #4 IS REQUIRED.

4. The name of the South Dakota Registered Agent

Agent Name:

502 E MILTON ST	CANTON	SD	57013-2347
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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5. The names and business addresses of its partners.

<input type="checkbox"/> DEVIN J SKILES	47278 279TH ST	WORTHING	SD	57077
Partner	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>				
Partner	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>				
Partner	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/> SHANE M SKILES	600 W LYNN AVE	CANTON	SD	57013
Partner	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)  
**DEVIN J SKILES**  
\_\_\_\_\_  
(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.

9/19/2016 2:55:16 PM