

Receipt Number: 1541010

File Number DL011043



ARTICLES_OF_ORGANIZATION

For

H&S AG RENTALS, L.L.C.

Filed at the request of:

**BJORKMAN & FINK, P.C.
TAMMERA K. HOFER
PO BOX 444
BRIDGEWATER SD 57319**

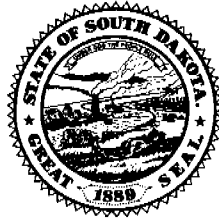
*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **April 03, 2006**

Secretary of State

Fee Received: \$125

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

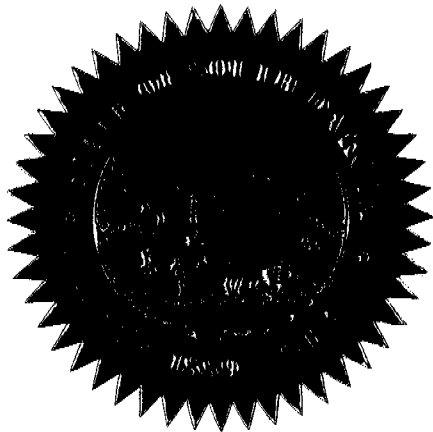
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL011043

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **H&S AG RENTALS, L.L.C.** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company 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 Organization and attach hereto a duplicate of the Articles of Organization.

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 April 3, 2006.



Chris Nelson

Chris Nelson
Secretary of State

344 4181 04/06/2006

Filed this 3rd April 2006
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION
OF
H&S AG RENTALS, L.L.C.**

RECEIVED
APR 03 '06
S.D. SEC. OF STATE

The undersigned two persons hereby form a limited liability company under SDCL chapter 47-34A, and adopt as the Articles of Organization for such corporation the following:

**ARTICLE ONE
NAME**

The name of the limited liability company is: H&S AG RENTALS, L.L.C.

**ARTICLE TWO
DURATION**

The period of its duration shall be perpetual.

**ARTICLE THREE
ADDRESS OF THE INITIAL DESIGNATED OFFICE**

The address of the initial designated office of the limited liability company is 43980 267th St., Bridgewater, South Dakota, 57319.

**ARTICLE FOUR
NAME AND STREET ADDRESS
OF INITIAL AGENT**

The initial agent of the limited liability company is Philip K. Hofer. The address of the initial agent for service of process is 43980 267th St., Bridgewater, South Dakota, 57319.

**ARTICLE FIVE
NAME AND ADDRESS OF EACH ORGANIZER**

The name and address of each organizer is as follows:

dlb11043

344 4182

<u>Name</u>	<u>Address</u>	
Philip K. Hofer	43980 267 th St.	Bridgewater, SD 57319
Doug E. Seubert	705 Railway Ave.	Canistota, SD 57012


**ARTICLE SIX
MANAGEMENT**

The limited liability company is to be member-managed.

**ARTICLE 7
LIABILITY**

None of the members of the company are to be liable for its debts and obligations beyond the amount of such member's contributions, under Section 303(c).

Dated this 30th day of March, 2006.



Philip K. Hofer - Organizer



Doug E. Seubert - Organizer

CONSENT OF INITIAL AGENT

I, Philip K. Hofer, named as initial agent of H&S Ag Rentals, L.L.C., hereby consent to appointment to that office.

Dated this 30th day of March, 2006.



Initial Agent - Philip K. Hofer

2007

ANNUAL REPORT

FILE DATE 05/16/07
RECEIPT NO. 1680/00

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

RECEIVED

MAY 16 2007

S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent and Mailing Address:



* DL011043 *
DL011043 APR/0000

H&S AG RENTALS, L.L.C.
HOFER, PHILIP K.
43980 267TH ST
BRIDGEWATER SD 57319-6305

Telephone # (605) 648 3666
FAX # _____

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

43980 267th Street, Bridgewater, SD, 57319
Philip K. Hofer

4. The address of its principal office is: 43980 267th Street, Bridgewater, SD, 57319

5. The names and business addresses of any managers:

Not Applicable

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 5-15-07

Philip K. Hofer
Signature

Philip K. Hofer
Printed Name

Member
Title

262 2963

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(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 _____
(limited liability company name)

Dated _____

(signature)

RECEIVED

APR 14 2008

S.D. SEC. OF STATE

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:



DL011043
DL011043 APR/2007

H&S AG RENTALS, L.L.C.
HOFER, PHILIP K.
43980 267TH ST
BRIDGEWATER SD 57319-6305

Telephone # (605) 648-3666
FAX #

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
43980 267th Street, Bridgewater, SD, 57319
Philip K. Hofer

4. The address of its principal office is: 43980 267th Street, Bridgewater, SD 57319

5. The names and business addresses of any managers:
Not Applicable

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 4-10-08

Philip Hofer
Signature

Philip K. Hofer
Printed Name

Member
Title

275 1870 525

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____

_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____
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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(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 _____
(limited liability company name)

Dated _____

(signature)

2009

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	07/01/09
RECEIPT NO	1926699
RECEIVED RECEIVED JUL 01 2009 JUN 15 2009 S.D. SEC. OF STATES. D. SEC. OF STATE	

1. L.L.C. Name, Registered Agent Name and Address:



DL011043
DL011043 APR/2008
H&S AG RENTALS, L.L.C.
HOFER, PHILIP K.
43980 267TH ST
BRIDGEWATER SD 57319-6305

Telephone # 605-360-4630
FAX # 605-648-3940
FILING DATE: Due during the month the Certificate of Organization 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.

43980 267th St. Bridgewater S.D. 57319
Street Address City State ZIP+4

Same as above
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Philip Hofer

43980 267th St. Bridgewater S.D. 57319
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 6-12-09

Philip Hofer
(Signature of an Authorized Manager or Member)
Philip Hofer
(Printed Name)
Member - Manager - Agent
(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)

304 1433 04/19/2010

2010

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

ANNUAL REPORT DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	<u>4/6/10</u>
RECEIPT NO	<u>2018950</u>
RECEIVED RECEIVED	
APR 06 2010 MAR 23 2010	
S.D. SEC. OF STATE S.D. SEC. OF STATE	

1. L.L.C. Name, Registered Agent Name and Address:



DL011043
DL011043 APR/2009
H&S AG RENTALS, L.L.C.
HOFER, PHILIP K.
43980 267TH ST
BRIDGEWATER SD 57319-6305

Telephone #	<u>605-360-4630</u>
FAX #	<u>605-648-3940</u>
FILING DATE: Due during the month the Certificate of Organization 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.

<u>43980 267th St</u>	<u>Bridgewater</u>	<u>S.D.</u>	<u>57319</u>
Street Address	City	State	ZIP+4
<u>Same</u>			
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent

<u>Philip Hofer</u>	<u>43980 267th St</u>	<u>Bridgewater</u>	<u>S.D.</u>	<u>57319</u>
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	

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

<u>Philip Hofer</u>	<u>43980 267th St</u>	<u>Bridgewater</u>	<u>S.D.</u>	<u>57319</u>
Manager	Street Address	City	State	ZIP+4
<u>Doug Sewbert</u>	<u>705 Railway Ave.</u>	<u>Canistota</u>	<u>S.D.</u>	<u>57012</u>
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated 3-21-10

Philip Hofer
(Signature of an Authorized Manager or Member)

Philip Hofer
(Printed Name)

Manager
(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
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Mailing Address (Optional)	City	State	ZIP+4
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5. If the address has changed, its new address

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

318 3233 05/10/2011

2011

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	03/28/2011
RECEIPT NO.	2138712
RECEIVED	
MAR 28 2011	
S.D. SEC. OF STATE	

1. L.L.C. Name, Registered Agent Name and Address:



DL011043 APR/2010
H&S AG RENTALS, L.L.C.
HOFER, PHILIP K.
43980 267TH ST
BRIDGEWATER SD 57319-6305

Telephone #	_____
-------------	-------

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.

<u>43980</u>	<u>267th St</u>	<u>Bridgewater</u>	<u>S.D.</u>	<u>57319-</u>
Street Address		City	State	ZIP+4
<u>43980</u>	<u>267th St.</u>	<u>Bridgewater</u>	<u>S.D.</u>	<u>57319</u>
Mailing Address		City	State	ZIP+4

Email Address _____

4. The name of the South Dakota Registered Agent Philip K. Hofer

<u>43980</u>	<u>267th St.</u>	<u>Bridgewater</u>	<u>S.D.</u>	<u>57319</u>
Street Address or Rural Route Box Number in This State and		City	State	ZIP+4
<u>Same</u>				
Mailing Address in This State, if Different from Street Address		City	State	ZIP+4

Email Address _____

5. If member-managed, do not complete. If manager-managed, please complete.

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	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 3-24-11

Philip Hofer
(Signature of an Authorized Person)

Email _____
Philip Hofer
(Printed Name)

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 No Changes

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

FILE 4/2/2013

RECEIPT NO 107376

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL011043
H&S AG RENTALS, L.L.C.
43980 267TH ST
BRIDGEWATER, SD 57319-6305

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

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

43980 267TH ST BRIDGEWATER SD 57319-6305
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: PHILIP K. HOFER

43980 267TH ST BRIDGEWATER SD 57319-6305
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three empty rows for manager information.

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 04/02/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

PHILIP K HOFER

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 7/29/2013

RECEIPT NO 131202

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:

DL011043
H&S AG RENTALS, L.L.C.
43980 267TH ST
BRIDGEWATER, SD 57319-6305

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

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

43980 267TH ST BRIDGEWATER SD 57319-6305
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: PHILIP K. HOFER

43980 267TH ST BRIDGEWATER SD 57319-6305
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	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 07/29/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

PHILIP K HOFER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE 3/27/2014

RECEIPT NO 187757

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL011043
H&S AG RENTALS, L.L.C.
43980 267TH ST
BRIDGEWATER, SD 57319-6305

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

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

43980 267TH ST BRIDGEWATER SD 57319-6305
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: PHILIP K. HOFER

43980 267TH ST BRIDGEWATER SD 57319-6305
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager 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 03/27/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

PHILIP K HOFER

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 3/17/2015

RECEIPT NO 283104

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL011043
H&S AG RENTALS, L.L.C.
43980 267TH ST
BRIDGEWATER, SD 57319-6305

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

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

43980 267TH ST BRIDGEWATER SD 57319-6305
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: PHILIP K. HOFER

43980 267TH ST BRIDGEWATER SD 57319-6305
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three rows of manager information.

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 03/17/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
TAMMERA K HOFER
(Printed Name)

2016

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 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 3/17/2016

RECEIPT NO 395253

1. LLC ID and Name:

DL011043

Enter LLC ID

H&S AG RENTALS, L.L.C.

Enter LLC Name

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

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

43980 267TH ST	BRIDGEWATER	SD	57319-6305
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

Mailing Address, if Different from Street Address	City	State	ZIP+4
---	------	-------	-------

4. The name of the South Dakota Registered Agent

Agent Name: PHILIP K. HOFER

43980 267TH ST	BRIDGEWATER	SD	57319-6305
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
---	------	-------	-------

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

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

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

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
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6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value
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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)

DOUGLAS SEUBERT

(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.

3/17/2016 3:19:00 PM