*K/0103307-1904

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Authority

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Application for a Certificate of Authority of **OXYGEN SERVICE CO., INC. (MN)** to transact business in this state duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, 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 Authority and attach hereto a duplicate of the application to transact business in this state.

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 March 2, 2001.

Joyce Hazeltine
Secretary of State

Cert of Authority Merge.doc

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

FILE NO. 0103207 1004
RECEIPT NO. 3/22/01 RECEIVED
FEB 13 '01
SEC. OF STATE RECEIVED
MAR 2 '01
S.D. SEC. OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY

Filed this 2nd day of March, 2001 Secretary of State

Pursuant to the provisions of SDCL 47-8-7, the undersigned corporation hereby applies for a Certificate of Authority to transact business in the State of South Dakota and for that purpose submits the following statement:

(1) The name of the corporation is Oxygen Service Co., Inc. (Exact corporate name)

(2) If the name of the corporation does not contain the word "corporation", "company", "incorporated" or "limited" or does not contain an abbreviation of one of such words, then the name of the corporation with the word or abbreviation which it elects to add thereto for use in this state is

(3) State where incorporated Minnesota Federal Taxpay

(4) The date of its incorporation is July 2, 1965 and the period of its duration, which may be perpetual, is Perpetual

(5) The address of its principal office in the state or country under the laws of which it is incorporated 1111 Pierce Butler Route St. Paul, MN is Zip Code 55104

mailing address if different from above is: _____

_____ is Zip Code _____

(6) The street address, or a statement that there is no street address, of its proposed registered office in the State of South Dakota is 1515 6th Ave. (POBox 398) Aberdeen is Zip Code 57402-0398 and the name of its proposed registered agent in the State of South Dakota at that address is Ryan Siefkes

(7) The purposes which it proposes to pursue in the transaction of business in the State of South Dakota are: (state specific purpose) Retail & Wholesale of Welding and Industrial products

(8) The names and respective addresses of its directors and officers are:

Name	Officer Title	Street Address	City	State	Zip
Dave Wejar	President	1111 Pierce Butler Route			
Robert Folstad	Executive VP	St Paul	MN	55104	
Duane Solberg	Secretary				
Randy Anderson	VP-Sales				
Robert Olson	Treasurer				

(9) 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 is:

Number of shares	Class	Series	Par value per share or statement that shares are without par value
100,000	Common	N/A	$156.00/Share

0024877
398

(10) The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of shares	Class	Series	Par value per share or statement that shares are without par value
100,000	Common	N/A	$156.00/Share

(11) The amount of its stated capital is $ 15,600,000.00
Shares issued times par value equals stated capital. In the case of no par value stock, stated capital is the consideration received for the issued shares.

(12) This application is accompanied by a CERTIFICATE OF FACT or a CERTIFICATE OF GOOD STANDING duly acknowledged by the secretary of state or other officer having custody of corporate records in the state or country under whose laws it is incorporated.

(13) That such corporation shall not directly or indirectly combine or make any contract with any incorporated company, foreign or domestic, through their stockholders or the trustees or assigns of such stockholders, or with any copartnership or association of persons, or in any manner whatever to fix the prices, limit the production or regulate the transportation of any product or commodity so as to prevent competition in such prices, production or transportation or to establish excessive prices therefor.

(14) That such corporation, as a consideration of its being permitted to begin or continue doing business within the State of South Dakota, will comply with all the laws of the said State with regard to foreign corporations.

The application must be signed, in the presence of a notary public, by the chairman of the board of directors, or by the president or by another officer.

I DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY THAT THIS APPLICATION IS IN ALL THINGS, TRUE AND CORRECT.

Dated 2/7/01

Duane Salberg
(Signature)

Secretary
(Title)

State of Minnesota
County of Ramsey

On this 7th day of February 2001, before me Robert F Olsson personally appeared Duane Salberg, known to me, or proved to me, to be the Secretary of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed same.

My Commission Expires: 1/31/2005

Robert F Olsson
(Notary Public)

Notarial Seal

ROBERT F OLSSON
NOTARY PUBLIC—MINNESOTA
RAMSEY COUNTY
My Comm Expires 1/31/2005

* *

The Consent of Appointment below must be signed by the registered agent listed in number six.

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Ryan Siefkes (name of registered agent), hereby give my consent to serve as the registered agent for Oxygen Service Co., Inc. (corporate name)

Dated 2-12-01

(signature of registered agent)

0103307.1004
3/22/01

State of Minnesota

SECRETARY OF STATE

RECEIVED
MAR 2 '01
S.D. SEC. OF STATE

Certificate of Good Standing

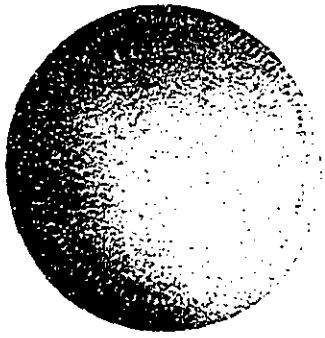
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Oxygen Service Co., Inc.

Date Formed: [redacted]

Chapter Governed By: 302A

This certificate has been issued on 02/21/01.



Mary Kiffmeyer
Secretary of State.

[redacted]

0103307.1004

[redacted]

Receipt Number: 960544

File Number FB024877

CERT OF AUTHORITY

For

OXYGEN SERVICE CO., INC. (MN)

Filed at the request of:

OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Friday, March 02, 2001**

Secretary of State

Fee Received: $1398 100,000 cm @ $156 and a refund check in the amount of $32

0205214.3788

2002 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK 5/10/02

FILE DATE 4/4/02
RECEIPT NO. 108655

RECEIVED MAR 22 '02 S.D. SEC. OF STATE

RECEIVED MAR 1 '02 U. SEC. OF STATE

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

1. Corporate Name and Mailing Address:

FB-024877 MAR/0000
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

Telephone # (651) 644-7273
FAX # (651) 644-2973
Federal Taxpayer ID #
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

RECEIVED APR 04 '02 S.D. SEC. OF STATE

★ ★ ★ ★ **ATTENTION - FILING INSTRUCTIONS** ★ ★ ★ ★

If ALL of the information 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. ANY CHANGE requires full completion of this form.

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

2. It is incorporated under the laws of Minnesota and the address of its principal office or registered office in the state of incorporation is 1111 Pierce Butler Route St. Paul MN Zip + 4 55104-1495
3. The address of its registered office in South Dakota is 1515 6th Ave (P.O. Box 398) Aberdeen S.D. Zip + 4 57402-0398
and the name of its registered agent at such address is Ryan Siefkes
4. The character of the business in which it is actually engaged in South Dakota Retail + Wholesale of Welding and Industrial Products
5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	Director				
	Director				
Dave Weigel	President	1111 Pierce Butler Route			
Randy Anderson	Vice President - Sales	St Paul, MN	55104-	1495	
Duane Salberg	Secretary				
Robert Olsson	Treasurer				

6. 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
1,000,000	Common	N/A	$15.00

7. NUMBER OF SHARES ISSUED 100,000 CLASS Common SERIES N/A
8. The amount of its stated capital is $ 15,600,000.00

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 2/18/02 By (Signature) Its (Title) Pres. Dent

STATE OF Minnesota
COUNTY OF Ramsey ss

On this the 18th day of February, 2002, before me, Robert Olsson personally appeared Dave Weigel, 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 Jan 31, 2005 (Notarial Seal)

ROBERT F. OLSSON NOTARY PUBLIC-MINNESOTA RAMSEY COUNTY My Comm. Expires 1/31/2005

Robert F Olsson Notary Public

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

SOS CRP 03/00

0305221.2063

2003 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

0305221.2063
5/20/03

FILE DATE 3/27/03
RECEIPT NO. 120913
RECEIVED
MAR 28

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

1. Corporate Name and Mailing Address:

S.D. SEC. OF STATE

FS-024877 MAR/2002
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

Telephone # 651-644-7273
FAX # 651-644-2973
Federal Taxpayer ID #

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

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

If ALL of the information 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. ANY CHANGE requires full completion of the form.

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

2. It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____

3. The address of its registered office in South Dakota is _____ Zip + 4 _____
and the name of its registered agent at such address is _____

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

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

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

6. 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
7. NUMBER OF SHARES ISSUED	CLASS	SERIES	

8. The amount of its stated capital is $ _____.

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 3/11/2003 By _____ (Signature)
Its President (Title)

STATE OF Minnesota
ss
COUNTY OF Ramsey

On this the 11th day of March 2003, before me, Robert F. Olsson personally appeared Dave Weigel, 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 Jan 31, 2005

ROBERT F. OLSSON
NOTARY PUBLIC—MINNESOTA
RAMSEY COUNTY
My Comm. Expires 1/31/2005

Robert F. Olsson
Notary Public

(Notarial Seal)

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 03/00

226 3201 03/11/2004

2004 ANNUAL REPORT

FOREIGN
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 03/10/04
RECEIPT# 1299565
RECEIVED
MAR 10 04
S.D. SEC. of STATE

1. Corporate Name and Mailing Address:

FB0248877

FB024877 MAR/2003
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

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

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

If ALL of the information 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. **ANY CHANGE** requires full completion of the form.

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

2. It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____
3. The address of its registered office in South Dakota is _____ Zip + 4 _____
and the name of its registered agent at such address is _____
4. The character of the business in which it is actually engaged in South Dakota _____
5. The names and addresses of its directors and officers:

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

6. 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
7. NUMBER OF SHARES ISSUED	CLASS	SERIES	

8. The amount of its stated capital is $ _____.

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 2/24/2004 By Dave Weigel (Signature)
Its President (Title)

STATE OF Minnesota
COUNTY OF Ramsey ss

On this the 24th day of February, 2004, before me, Robert F. Olsson personally appeared Dave Weigel, 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 1/31/2005

Robert F. Olsson
Notary Public

ROBERT F. OLSSON
NOTARY PUBLIC—MINNESOTA
RAMSEY COUNTY
My Comm. Expires 1/31/2005

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

SOS CRP 07/03

234 1313 03/16/2005

2005 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 03/02/05
RECEIPT NO. 141573
RECEIVED
MAR 02 '05
S.D. SECRETARY OF STATE

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

1. Corporate Name and Mailing Address:

FB024877

FB024877 MAR/2004
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

Telephone # 651-644-7273
FAX # 651-644-2973
Federal Taxpa
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

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

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report. **ANY CHANGE requires full completion of the form.**

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

2. It is incorporated under the laws of _____ and the address of its principal office or registered office in the state of incorporation is _____ Zip + 4 _____
3. The address of its registered office in South Dakota is _____
_____ Zip + 4 _____
and the name of its registered agent at such address is _____
4. The character of the business in which it is actually engaged in South Dakota _____
_____
5. The names and addresses of its directors and officers:

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

6. 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

7. NUMBER OF SHARES ISSUED	CLASS	SERIES

8. The amount of its stated capital is $ _____.

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

Dated 2/17/2005

Robert J Olson
(Signature)

CFO
(Title)

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

SOS CRP 07/04

246 0371 03/02/2006

2006 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 03/01/06
RECEIPT NO. 527829

RECEIVED
FEB 15 '06
S.D. SEC. OF STATE

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

1. Corporate Name and Mailing Address:

FB024877 MAR/2005
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

Telephone # 651-644-7273
FAX # 651-644-2973

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

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

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report. **ANY CHANGE requires full completion of the form.**

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

2. It is incorporated under the laws of MINNESOTA and the address of its principal office in the state of incorporation is 1111 PIERCE BUTLER ROUTE ST PAUL MN Zip + 4 55104-1450
3. The address of its registered office in South Dakota is 1515 6TH AVENUE ABERDEEN S.D. Zip + 4 57402-0398
   and the name of its registered agent at that address is RYAN SIEFKES
4. Provide a brief description of the nature of the business RETAIL AND WHOLESALE DISTRIBUTOR OF WELDING AND INDUSTRIAL PRODUCTS
5. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
DAVE BAKER	Director	ALL ARE LOCATED AT:			
LINDA BUECKERS	Director				
DAVE WEIGEL	President	1111 PIERCE BUTLER ROUTE			
RANDY ANDERSON	Vice President				
WARD SIMON	Secretary	ST PAUL, MN		55104-1450	
ROBERT OLSSON	Treasurer				

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
100,000	COMMON	N/A

7. NUMBER OF ISSUED SHARES

	CLASS	SERIES
100,000	COMMON	N/A

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

Dated 2/9/2006

Robert F Olsson
Signature

Robert F. Olsson
Printed Name

CFO
Title

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

SOS CRP 07/05

259 2249 03/16/2007

2007 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 03/07/07
RECEIPT NO. 165383

RECEIVED
MAR 0 7 2007
S.D. SEC. OF STATE

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

1. Corporate Name and Mailing Address:

FB024877
FB024877 MAR/2006
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

Telephone # 651-644-7273
FAX # 651-255-7881

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

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

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report. **ANY CHANGE requires full completion of the form.**

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

2. It is incorporated under the laws of _____ and the address of its principal office in the state of incorporation is _____ Zip + 4 _____
3. The address of its registered office in South Dakota is _____ Zip + 4 _____ and the name of its registered agent at that address is _____
4. Provide a brief description of the nature of the business _____
5. The names and business addresses of its directors and principal officers:

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

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

7. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 2/27/2007

Signature Robert F Olsson

Robert F. Olsson
Printed Name

CFO
Title

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

SOS CRP 07/05

274 1061 04/08/2008

2008 ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3/1/08
RECEIPT NO. 175871

RECEIVED
FEB 27 2008
S.D. SEC. OF STATE

1. Corporate Name and Mailing Address:

FB024877
FB024877 MAR/2007
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

Telephone # _____
FAX # _____

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

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

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report. **ANY CHANGE requires full completion of the form.**

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

2. It is incorporated under the laws of _____ and the address of its principal office in the state of incorporation is _____ Zip + 4 _____
3. The address of its registered office in South Dakota is _____
_____ Zip + 4 _____
and the name of its registered agent at that address is _____
4. Provide a brief description of the nature of the business _____
_____
5. The names and business addresses of its directors and principal officers:

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES

7. NUMBER OF ISSUED SHARES | CLASS | SERIES

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

Dated 2/18/2008

Robert F. Olsson
Signature

Robert F. Olsson
Printed Name

CFO & Treasurer
Title

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

SOS CRP 07/05

2009 ANNUAL REPORT

Foreign

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

RECEIVED
APR 27 2009
S.D. SEC. OF STATE

FILE DATE 4-27-09
RECEIPT NO 190774
RECEIVED
MAR 1 [illegible] 2009
S.D. SEC. OF STATE

290 1373

1. Corporate Name and Mailing Address:

FB024877
FB024877 MAR/2008
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

Telephone # 651-644-7223
FAX # 651-255-7881

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

2. The jurisdiction under whose law it is formed Minnesota

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

1111 Pierce Butler Route | St Paul | MN | 55104-1450
Street Address | City | State | ZIP+4

Same
Mailing Address (Optional) | City | State | ZIP+4

4. The name of the South Dakota Registered Agent Ryan Siefkes

1515 6th Avenue SE | Aberdeen | S.D. | 57402-0398
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

~~Same~~ PO Box 398 | Aberdeen | S.D. | 57402-0398
Mailing Address (Optional – Required to be a South Dakota Address) | City | State | ZIP+4

5. 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.

☑ Dave Weigel | 1111 Pierce Butler St | St Paul | MN | 55104-1450
President | Street Address | City | State | ZIP+4

☑ Randy Anderson | Same
Vice President | Street Address | City | State | ZIP+4

☑ Ward Simon | Same
Secretary | Street Address | City | State | ZIP+4

☑ Robert Olsson | Same
Treasurer | Street Address | City | State | ZIP+4

☑ Dave Becker | Same
Director | Street Address | City | State | ZIP+4

☑ Steven Collard | Same
Director | Street Address | City | State | ZIP+4

Dated 3/12/2009

Robert F Olsson
(Signature of an authorized officer)

Robert F. Olsson
(Printed Name)

CFO & Treasurer
(Title)

2010 ANNUAL REPORT

Foreign

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 03/11/10
RECEIPT NO 2007553

RECEIVED
MAR 11 2010
S.D. SEC. OF STATE

303 0754

1. Corporate Name and Mailing Address:

FB0248777
FB024877 MAR/2009
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

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

2. The jurisdiction under whose law it is formed Minnesota

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

1111 Pierce Butler Route — St. Paul — MN 55104-1450
Street Address — City — State — ZIP+4

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

4. The name of the South Dakota Registered Agent Ryan Siefkes 605-225-4241

1515 6th Avenue SE — Aberdeen — SD 57402-0398
Street Address (Required to be a South Dakota Address) — City — State — ZIP+4

P.O. Box 398 — Aberdeen — SD 57402-0398
Mailing Address (Optional – Required to be a South Dakota Address) — City — State — ZIP+4

5. 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.

☑ Dave Weigel	1111 Pierce Butler Rte	St. Paul	MN	55104-1450
President	Street Address	City	State	ZIP+4
☑ Bandy Anderson	Same			
Vice President	Street Address	City	State	ZIP+4
☑ Ward Simon	Same			
Secretary	~~Street Address~~	~~City~~	~~State~~	ZIP+4
☑ Robert Olsson	Same			
Treasurer	Street Address	City	State	ZIP+4
☑ Dave Becker	Same			
Director	Street Address	City	State	ZIP+4
☑ Steven Collard	Same			
Director	Street Address	City	State	ZIP+4

Dated 3/8/2010

(Signature of an authorized officer)

Robert F. Olsson
(Printed Name)

CFO & Treasurer
(Title)

2010 ANNUAL REPORT

Foreign

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 03/11/10
RECEIPT NO 2007553

RECEIVED
MAR 11 2010
S.D. SEC. OF STATE

303 0754

1. Corporate Name and Mailing Address:

FB0248777
FB024877 MAR/2009
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

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

2. The jurisdiction under whose law it is formed Minnesota

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

1111 Pierce Butler Route — St. Paul — MN 55104-1450
Street Address — City — State — ZIP+4

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

4. The name of the South Dakota Registered Agent Ryan Siefkes 605-225-4241

1515 6th Avenue SE — Aberdeen — SD 57402-0398
Street Address (Required to be a South Dakota Address) — City — State — ZIP+4

P.O. Box 398 — Aberdeen — SD 57402-0398
Mailing Address (Optional – Required to be a South Dakota Address) — City — State — ZIP+4

5. 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.

☑ Dave Weigel	1111 Pierce Butler Rte	St. Paul	MN	55104-1450
President	Street Address	City	State	ZIP+4
☑ Bandy Anderson	Same			
Vice President	Street Address	City	State	ZIP+4
☑ Ward Simon	Same			
Secretary	~~Street Address~~	~~City~~	~~State~~	ZIP+4
☑ Robert Olsson	Same			
Treasurer	Street Address	City	State	ZIP+4
☑ Dave Becker	Same			
Director	Street Address	City	State	ZIP+4
☑ Steven Collard	Same			
Director	Street Address	City	State	ZIP+4

Dated 3/8/2010

(Signature of an authorized officer)

Robert F. Olsson
(Printed Name)

CFO & Treasurer
(Title)

317 1759 04/08/2011

2011 ANNUAL REPORT

Foreign

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 03-02-2011
RECEIPT NO. 212941 3
RECEIVED
MAR 02 2011
S.D. SEC. OF STATE

1. Corporate Name and Mailing Address:

FB024877
FB024877 MAR/2010
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL MN 55104

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

2. The jurisdiction under whose law it is formed Minnesota

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

1111 Pierce Butler Route — Street Address; St. Paul — City; MN — State; 55104-1450 — ZIP+4

Same As Above — Mailing Address (Optional); City; State; ZIP+4

4. The name of the South Dakota Registered Agent Ryan Siefkes 605-225-4241

1515 6th Avenue SE — Street Address or Rural Route Box Number in This State and; Aberdeen — City; SD — State; 57402-0398 — ZIP+4

PO Box 398 — Mailing Address in This State, if Different from Street Address; Aberdeen — City; SD — State; 57402-0398 — ZIP+4

5. 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.

☑	Ward Simon (President)	1111 Pierce Butler Rte	St. Paul	MN	55104-1450
☑	Randy Anderson (Vice President)	Same			
☑	Ryan DieKow (Secretary)	Same			
☑	Robert Olsson (Treasurer)	Same			
☐	Dave Becker (Director)	Same			
☐	Steven Collard (Director)	Same			

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

Dated 2/22/2011

Robert F Olsson
(Signature of an Authorized Person)

Robert F Olsson CFO
(Printed Name)

2012 Enter Filing Year

ANNUAL REPORT

FILE DATE 03/05/2012

RECEIPT NO 26860

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

FOREIGN

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:
FB024877
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL, MN 55104

2. The jurisdiction under whose law it is formed MINNESOTA

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

1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RYAN SIEFKES

1515 6TH AVE SE	ABERDEEN	SD	57401-4945
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 398	ABERDEEN	SD	57402-0398
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. Please place a check mark next to the name if the principal officer serves as a director.

X	WARD L SIMON	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	President	Street Address	City	State	ZIP+4
X	RYAN D DIEKOW	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Secretary	Street Address	City	State	ZIP+4
X	RANDY A ANDERSON	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Vice President	Street Address	City	State	ZIP+4
X	ROBERT F OLSSON	1111 PIERCE BUTLER	ST PAUL	MN	55104
	Treasurer	Street Address	City	State	ZIP+4
X	DAVE C BECKER	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
X	CLARK H TUFTE	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
X	DAN P KIPKA	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	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 03/05/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

ROBERT F OLSSON
(Printed Name)

3/5/2012 11:41:32AM

2013 Enter Filing Year

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

ANNUAL REPORT

FOREIGN

Please Type or Print Clearly In Ink

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

FILE 2/27/2013
RECEIPT NO 97696

1. Corporate Name and Address:
FB024877
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL, MN 55104

2. The jurisdiction under whose law it is formed MINNESOTA

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

1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RYAN SIEFKES

1515 6TH AVE SE	ABERDEEN	SD	57401-4945
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 398	ABERDEEN	SD	57402-0398
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. Please place a check mark next to the name if the principal officer serves as a director.

X	WARD L SIMON	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	President	Street Address	City	State	ZIP+4
X	RYAN D DIEKOW	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Secretary	Street Address	City	State	ZIP+4
X	RANDY A ANDERSON	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Vice President	Street Address	City	State	ZIP+4
X	ROBERT F OLSSON	1111 PIERCE BUTLER	ST PAUL	MN	55104
	Treasurer	Street Address	City	State	ZIP+4
X	DAVE C BECKER	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
X	CLARK H TUFTE	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
X	DAN P KIPKA	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	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 02/27/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
ROBERT F OLSSON
(Printed Name)

2/27/2013 5:57:51 PM

2014 Enter Filing Year

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

ANNUAL REPORT

FOREIGN

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

FILE 1/2/2014

RECEIPT NO 165145

1. Corporate Name and Address:
FB024877
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL, MN 55104

2. The jurisdiction under whose law it is formed MINNESOTA

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

1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RYAN SIEFKES

1515 6TH AVE SE	ABERDEEN	SD	57401-4945
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 398	ABERDEEN	SD	57402-0398
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. Please place a check mark next to the name if the principal officer serves as a director.

X	WARD L SIMON	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	President	Street Address	City	State	ZIP+4
X	RYAN D DIEKOW	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Secretary	Street Address	City	State	ZIP+4
	MARK S ERNST	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
X	ROBERT F OLSSON	1111 PIERCE BUTLER	ST PAUL	MN	55104
	Treasurer	Street Address	City	State	ZIP+4
	DAVE C BECKER	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
	CLARK H TUFTE	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
	DAN P KIPKA	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	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 01/02/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ROBERT F OLSSON

(Printed Name)

1/2/2014 4:37:11 PM

2015 Enter Filing Year

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

ANNUAL REPORT

FOREIGN

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

FILE DATE 1/29/2015

RECEIPT NO 267648

1. Corporate Name and Address:
FB024877
OXYGEN SERVICE CO., INC.
1111 PIERCE BUTLER ROUTE
ST PAUL, MN 55104

2. The jurisdiction under whose law it is formed MINNESOTA

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

Street Address	City	State	ZIP+4
1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RYAN SIEFKES

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
1515 6TH AVE SE	ABERDEEN	SD	57401-4945
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
PO BOX 398	ABERDEEN	SD	57402-0398

5. 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.

X	WARD L SIMON	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	President	Street Address	City	State	ZIP+4
X	RYAN D DIEKOW	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Secretary	Street Address	City	State	ZIP+4
	MARK S ERNST	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
X	ROBERT F OLSSON	1111 PIERCE BUTLER	ST PAUL	MN	55104
	Treasurer	Street Address	City	State	ZIP+4
	DAVE C BECKER	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
	CLARK H TUFTE	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
	DAN P KIPKA	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Street Address	City	State	ZIP+4
	Vice President	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 01/29/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

ROBERT F OLSSON

(Printed Name)

1/29/2015 7:31:49 PM

2016

Enter Filing Year

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

ANNUAL REPORT

FOREIGN 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 2/19/2016

RECEIPT NO 385665

1. Corporate ID and Name:

FB024877
Enter Corporate ID

OXYGEN SERVICE CO., INC.
Enter Corporate Name

2. The jurisdiction under whose law it is formed MINNESOTA

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

1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
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: RYAN SIEFKES

1515 6TH AVE SE	ABERDEEN	SD	57401-4945
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 398	ABERDEEN	SD	57402-0398
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.

X	WARD L SIMON	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	President	Actual Street Address	City	State	ZIP+4
X	MIKE NELSON	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Actual Street Address	City	State	ZIP+4
X	MARK S ERNST	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Actual Street Address	City	State	ZIP+4
X	ROBERT F OLSSON	1111 PIERCE BUTLER	ST PAUL	MN	55104
	Treasurer	Actual Street Address	City	State	ZIP+4

[X]	MARV JONAS	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Actual Street Address	City	State	ZIP+4
[X]	CLARK H TUFTE	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Director	Actual Street Address	City	State	ZIP+4
[X]	DAN P KIPKA	1111 PIERCE BUTLER ROUTE	ST PAUL	MN	55104
	Secretary	Actual Street Address	City	State	ZIP+4
[ ]					
	Vice President	Actual Street Address	City	State	ZIP+4

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value

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 02/19/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

ANDREW J SCHROEPFER

(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.

2/19/2016 10:48:06 AM