

11-10-01

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

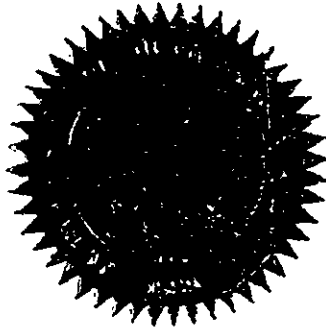
Certificate of Incorporation

Business Corporation

I, **JOYCE HAZELTINE**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **HDR, 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.

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 February 20, 2001.



Joyce Hazeltine
Secretary of State

131077*

ARTICLES OF INCORPORATION

Executed by the undersigned for the purpose of forming a South Dakota business corporation under Chapter 47 of SDCL.

ARTICLE I

The name of the corporation is: HDR, Inc.

ARTICLE II

The period of existence is perpetual.

ARTICLE III

The purpose or purposes for which the corporation is organized is to conduct electrical contracting and other related construction, maintenance and repair as shall be necessary or incidental to such business; and to have any and all powers as authorized by Chapters 47-2 to 47-9 of the South Dakota Codified Laws to carry out the purposes above set forth as fully as natural persons, whether as principals, agents, trustees, or otherwise.

ARTICLE IV

The number of shares which the corporation shall have authority to issue, itemized by class, par value of shares, shares without par value and series, if any, within a class:

<u>Class</u>	<u>Number of Shares</u>	<u>Par Value Per Share</u>
Common Voting	1,000	\$25.00 (Twenty-five dollars)

ARTICLE V

The preferences, limitations, designations and relative rights of each class or series of stock:

All stock shall be common stock having no preference, but having the exclusive voting power.

ARTICLE VI

The corporation will not commence business until at least One Thousand Dollars (\$1,000) has been received for issuing shares.

ARTICLE VII

The corporation's registered office address is: 110½ N 3rd Street, Beresford, SD 57004, and the registered agent at such address is Roy D. Hoefert.

ARTICLE VIII

The number of directors constituting the initial board of directors is two (2) and the names and addresses of the initial directors are: Roy D. Hoefert 110½ N. 3rd Street, Beresford, SD 57004; Pamela K. Hoefert 110½ N. 3rd Street, Beresford, SD 57004. The initial board of directors shall serve until the first meeting of the shareholders, or until such successor(s) be elected and qualify as is set forth in the By-Laws.

0103308.02 RECEIVED
3/22/01

FEB 20 01

SO. SEC. OF STATE

Filed this 20th day of
Feb. 2001
Secretary of State

dbv 3/8/15

0103308.0217
3/22/01

ARTICLE IX

The names and addresses of the incorporators are: Roy D. Hoefert, 110 1/2 N. 3rd Street, Beresford, SD 57004 and Pamela K. Hoefert 110 1/2 N. 3rd Street, Beresford, SD 57004.

ARTICLE X

Each director and officer of the corporation now or hereafter serving as such, shall be indemnified by the corporation against any and all claims and liabilities to which he has or shall become subject by reason of serving or having served as such director or officer, or by reason of any action alleged to have been taken, omitted or neglected by him as such director or officer; and the corporation shall reimburse each such person for all legal expense(s) reasonably incurred by him in connection with any such claim or liability, provided, however, that no such person shall be indemnified against, or be reimbursed for any expense(s) incurred in connection with any claim or liability arising out of his own willful misconduct or gross negligence.

These Articles may be amended in the manner authorized by law at the time of such amendment.

Executed in duplicate this twenty-ninth day of January, 2001.

(Signed) Roy D. Hoefert
Roy D. Hoefert

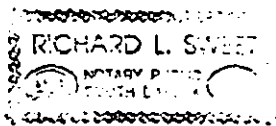
(Signed) Pamela K. Hoefert
Pamela K. Hoefert

STATE OF SOUTH DAKOTA

COUNTY OF MINNEHAHA

On this twenty-ninth day of January, 2001, before me, the undersigned officer, personally appeared Roy D. Hoefert and Pamela K. Hoefert, known to me, or satisfactorily proven to be, the persons whose names are subscribed to the within instrument and acknowledged that they executed the same for the purposes within.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and date above stated.



Richard L. Sweet
Notary Public

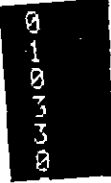
My commission Expires 3-21-04

Consent of Appointment by the Registered Agent

I, Roy D. Hoefert, hereby give my consent to serve as the registered agent for HDR, Inc.

Dated 1-29-01

Roy D. Hoefert
Roy D. Hoefert



0103308.0217
3/22/01

Receipt Number: 9576603

File Number DB043815

ART OF INC

For

HDR, INC.

Filed at the request of:

ROY HOEFERT
PO BOX 326
BERESFORD SD 57004

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: Tuesday, February 20, 2001


Secretary of State

Fee Received \$90 1,000 2 \$25

2002

ANNUAL REPORT

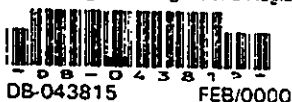
DOMESTIC PLEASE TYPE OR USE BLACK INK

0205214.2589 5719702

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

FILE DATE 4-11-02 RECEIPT NO 1087156 RECEIVED APR 11 02

1. Corporate Name, Registered Agent and Registered Address:



DB-043815 FEB/0000 HDR, INC. HOEFERT, ROY D. 110 1/2 N 3RD ST BERESFORD SD 57004-1742

Telephone # 605-763-2082 FAX # 605-763-2082 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.

S.D. SEC. OF STATE

***** 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 D-R Electric Electrical Contracting and Related Service Work

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for Roy Hoefert (President), Ron Hoefert (Vice President), Roy Hoefert (Secretary), and Roy Hoefert (Treasurer).

SD law requires at least one director.

Do the above listed officers serve also as directors? YES [checked] 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) 71,000 CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED 500 CLASS SERIES 2500/share

6. The amount of its stated capital is \$ 12,500.00 (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 10 April 2002

By [Signature] (Signature)

Its President (Title)

STATE OF South Dakota COUNTY OF Union ss

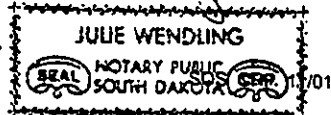
On this the 10th day of April 2002, before me, Julie Wendling personally appeared Roy D. Hoefert, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires [blacked out]

(Notarial Seal)

[Signature] Julie Wendling Notary Public

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



0000014-00000

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)

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 3/17/03
RECEIPT NO. 197815
RECEIVED

MAR 17 '03

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB043815 FEB/2002
HDR, INC.
HOEFERT, ROY D.
110 1/2 N 3RD ST
BERESFORD SD 57004-1742

Telephone #
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:

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.

Director
Director

4. The aggregate number of shares which it has a 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 13 March 03

By [Signature]
(Title) President

STATE OF South Dakota
COUNTY OF Union

On this the 13th day of March 2003, before me, [Notary Signature]
personally appeared Roy Hoefert, 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 12/12/08

[Notary Signature]
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 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) _____

**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)

2005

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 04/25/05
RECEIPT NO. 1433454
RECEIVED
APR 5 2005
S.D. SEC. OF STATE

RECEIVED
APR 2 2005
S.D. SEC. OF STATE

Telephone # 6057632082
FAX # 6057632802

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

236 2166



DB043815 FEB/2004
HDR, INC.
HOEFERT, ROY D.
110 1/2 N 3RD ST
BERESFORD SD 57004-1742

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

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. 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:

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.

Dated 16 Feb 05

Signature of Roy D. Hoefert 4/20/05

President (Title)

2000

248 1872 05/08/2006

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 4-14-06
RECEIPT NO. 1549534
RECEIVED
MAR 30 '06

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



* DB043815 *
DB043815 FEB/2005
HDR, INC.
HOEFERT, ROY D.
110 1/2 N 3RD ST
BERESFORD SD 57004-1742

RECEIVED

APR 11 2006

S.D. SEC. OF STATE

Telephone # 6057632082
FAX # 6057632802

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 110 1/2 N. 3rd Beresford SD 57004

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Roy Hoefert</u>	<u>President</u>	<u>46621 282nd St</u>	<u>Lennox</u>	<u>SD</u>	<u>57039</u>
<u>Pamela Hoefert</u>	<u>Vice President</u>	<u>46621 282nd St</u>	<u>Lennox</u>	<u>SD</u>	<u>57039</u>
	<u>Secretary</u>				
	<u>Treasurer</u>				

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 Electrical - Industrial, Commercial

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>1000</u>	<u>Common</u>	<u>Voting</u>

6. NUMBER OF ISSUED SHARES 500

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

Dated 3/27/2006

[Signature]
Signature

Roy Hoefert
Printed Name

President
Title

**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)

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILE DATE 02/05/07
RECEIPT NO. 1646674

RECEIVED

FEB 05 2007

S.D. SEC. OF STATE

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

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



* D B O 4 3 8 1 5 *
DBO43815 FEB/2006
HDR, INC.
HOEFERT, ROY D.
110 1/2 N 3RD ST
BERESFORD SD 57004-1742

Telephone # 6057632082
FAX # 6057632802

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 _____

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 1/30/2007

X [Signature]
Signature

Roy Hoefert
Printed Name

President
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 0065

**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)

**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)

290 1823 05/13/2009

2009

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: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 4/27/09
RECEIPT NO 1906102
RECEIVED RECEIVED
APR 27 2009 MAR 30 2009
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB043815
DB043815 FEB/2008
HDR, INC.
HOEFERT, ROY D.
110 1/2 N 3RD ST
BERESFORD SD 57004-1742

Telephone # 6057632082
FAX # 6057632802
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.

110 1/2 N 3RD ST Beresford SD 57004
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Roy D. Hoefert

110 1/2 N 3RD ST Beresford SD 57004
Street Address (Required to be a South Dakota Address) City State ZIP+4

NO SC

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.

Roy Hoefert 46621 282nd Lenna SD 57039
President Street Address City State ZIP+4

Pam Hoefert 46621 282nd Lennox SD 57039
Vice President Street Address City State ZIP+4

Secretary Street Address City State ZIP+4

Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Dated March 16, 2009

(Signature of an authorized officer)
Roy Hoefert
(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)

305 1172 05/10/2010

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

RECEIVED RECEIVED
FILE DATE 02/20/10
RECEIPT NO 202658
APR 12 2010 MAR 31 2010
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB043815 FEB/2009
HDR, INC.
HOEFERT, ROY D.
110 1/2 N 3RD ST
BERESFORD SD 57004-1742

APR 26 2010
Telephone #
FAX #
S.D. SEC. OF STATE
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.

105 Spruce St Beresford SD 57004
Street Address City State ZIP+4
PO Box 326 Beresford SD 57004
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Roy Hoefert
105 W Spruce St Beresford SD 57004
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 326 Beresford SD 57004
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 Roy Hoefert 46621 282nd Canton Lennox SD 57039-5608
President Street Address City State ZIP+4
X Pamela Hoefert 46621 282nd Canton Lennox SD 57039-5608
Vice President Street Address City State ZIP+4
Secretary Street Address City State ZIP+4
Treasurer Street Address City State ZIP+4
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4

Dated 2/2/2010

Roy H
(Signature of an authorized officer)
Roy Hoefert
(Printed Name)
2 Feb 10
(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 HDR Inc.

2. The name of the registered agent on file Roy Hoeft

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

46621 <u>282nd ST</u>	<u>Lennex</u>	<u>SD</u>	<u>57035</u>
Street Address (Required)	City	State	ZIP+4
<u>110 1/2 W 3rd ST</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

<u>105 West Spruce</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box 326</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>
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 8 April 10

Roy Hoeft
(Signature of an authorized officer)

Roy Hoeft
(Printed Name)

President
(Title)

318 1057 04/20/2011

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 03-30-2011
RECEIPT NO. 2134757
RECEIVED
MAR 30 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB043815
DB043815 FEB/2010
HDR, INC.
HOEFERT, ROY D.
PO BOX 326
BERESFORD SD 57004-0326

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 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.

105 West Spruce Beresford SD 57004
Street Address City State ZIP+4
PO Box 326 Beresford SD 57004
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Roy Hoefert

105 W Spruce Beresford SD 57004
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO Box 326 Beresford SD 57004
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. South Dakota Law requires at least one director.

Roy Hoefert 46621 282nd Lennox SD 57039
President Street Address City State ZIP+4
 Pamle Hoefert 46621 282nd Lennox SD 57039
Vice President Street Address City State ZIP+4

Secretary Street Address City State ZIP+4

Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

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 28 March 2011

Roy Hoefert
(Signature of an Authorized Person)
Roy Hoefert
(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 _____

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	City	State	ZIP+4
-----------------	------	-------	-------

5. If the address has changed, its new 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
---	------	-------	-------

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)

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE DATE 02/21/2012

RECEIPT NO 24483

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

DOMESTIC

FILING FEE: \$50.00 Please Type or Print Clearly In Ink
Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:
DB043815
HDR, INC.
105 SPRUCE ST
BERESFORD, SD 57004

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

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

105 SPRUCE ST	BERESFORD	SD	57004
Street Address	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROY D. HOEFERT

105 WEST SPRUCE	BERESFORD	SD	57004-1733
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
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 type="checkbox"/>	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROY HOEFERT	46621 283ND	LENNOX	SD	57039
	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 02/21/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

ROY HOEFERT
(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 2/21/2013

RECEIPT NO 95971

1. Corporate ID and Name:

DB043815
HDR, INC.
105 SPRUCE ST
BERESFORD, SD 57004

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

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

105 SPRUCE ST	BERESFORD	SD	57004
Street Address	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROY D. HOEFERT

105 WEST SPRUCE	BERESFORD	SD	57004-1733
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
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 type="checkbox"/>	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROY HOEFERT	46621 283ND	LENNOX	SD	57039
	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.

Date 02/21/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

ROY D HOEFERT

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE 2/12/2014

RECEIPT NO 176485

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:

DB043815
HDR, INC.
105 SPRUCE ST
BERESFORD, SD 57004

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

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

105 SPRUCE ST	BERESFORD	SD	57004
Street Address	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROY D. HOEFERT

105 WEST SPRUCE	BERESFORD	SD	57004-1733
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
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 type="checkbox"/>	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROY HOEFERT	46621 283ND	LENNOX	SD	57039
	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.

Date 02/12/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ROY D HOEFERT

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 3/12/2015

RECEIPT NO 282022

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:

DB043815
HDR, INC.
105 SPRUCE ST
BERESFORD, SD 57004

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

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

105 SPRUCE ST	BERESFORD	SD	57004
Street Address	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROY D. HOEFERT

105 WEST SPRUCE	BERESFORD	SD	57004-1733
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
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 type="checkbox"/>	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROY HOEFERT	46621 283ND	LENNOX	SD	57039
	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 03/12/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

ROY D HOEFERT

(Printed Name)

2016

ANNUAL REPORT

FILE DATE 5/24/2016
RECEIPT NO 394778

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

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

1. Corporate ID and Name:

DB043815

Enter Corporate ID

HDR, 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).

105 SPRUCE ST	BERESFORD	SD	57004
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROY D. HOEFERT

105 WEST SPRUCE	BERESFORD	SD	57004-1733
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 326	BERESFORD	SD	57004-0326
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 type="checkbox"/>	President	Actual Street Address	City	State	ZIP+4
--------------------------	-----------	-----------------------	------	-------	-------

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

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

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

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

Director	Actual Street Address	City	State	ZIP+4
----------	-----------------------	------	-------	-------

ROY HOEFERT

46621 283ND

LENNOX

SD

57039

President	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)

ROY D HOEFERT

(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.

5/24/2016 11:31:38 AM