347 4483

Receipt Number: 161835

File Number DL012446

*DL012446*

*ARTICLES OF ORGANIZATION*

**ARTICLES_OF_ORGANIZATION**

For

**HTI, LLC**

Filed at the request of:

**MORGAN THEELER COGLEY & PETERSEN**
**RONALD J WHEELER**
**PO BOX**
**HURON SD 57350**

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

Filed in the office of the Secretary of State on: **Tuesday, November 07, 2006**

Chris Nelson

Secretary of State

Fee Received: $125.00

# State of South Dakota

## OFFICE OF THE SECRETARY OF STATE

# Certificate of Organization
# Limited Liability Company

### ORGANIZATIONAL ID #: DL012446

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **HTI, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

**ACCORDINGLY** and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

**IN TESTIMONY WHEREOF,** I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this November 7, 2006.

Chris Nelson

**Chris Nelson**
**Secretary of State**

Cert of Organization LLC Merge

347 4485

Filed this 7th day of Nov, 2006
Chris Nelson
SECRETARY OF STATE

RECEIVED
NOV 07 2006
S.D. SEC. OF STATE

# ARTICLES OF ORGANIZATION OF A DOMESTIC LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is HTI, LLC.

2. The duration of the company is perpetual.

3. The address of the initial designated office is 1507 Lincoln Ave. SW, Huron, SD 57350.

4. The name and street address of the initial agent for services of process is Ronald L. Hins, 1507 Lincoln Ave. SW, Huron, SD 57350.

5. Then names and street address of each organizer:

| | |
|---|---|
| Ronald L. Hins<br>1507 Lincoln Ave. SW<br>Huron, SD 57350 | Tater J. Hins<br>39791 211th St.<br>Huron, SD 57350 |

6. The company is to be a member managed company.

7. No member shall be liable for the debts and obligations of the company under SDCL §47-34A-303 (c).

Dated this 6th day of November, 2006.

Ronald L. Hins, Member

Tater J. Hins, Member

## CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Ronald L. Hins, hereby give my consent to serve as the registered agent for HTI, LLC.

Dated this 6th day of November, 2006.

(signature)

wchti.01a

DL 12446

269 1180 11/08/2007

# 2007 ANNUAL REPORT

FILE DATE 11-8-07
RECEIPT NO. 1730802
RECEIVED
NOV 08 2007
S.D. SEC. OF STATE

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK
**FILING FEE: $50** ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

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

*DL012446*
DL012446 NOV/0000
HTI, LLC
HINS, RONALD L
1507 LINCOLN AVE SW
HURON SD 57350-3473

Telephone # _____
FAX # _____

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

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

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

Ronald L. Hins, 1507 Lincoln Ave. SW, Huron, South Dakota 57350

4. The address of its principal office is: 1507 Lincoln Ave. SW, Huron, South Dakota 57350

5. The names and business addresses of any managers:

N/A

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

Dated November 7, 2007

Signature

Ronald L. Hins
Printed Name

Member
Title

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

Revised 7/05 DBLLCAR.DOC

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

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

**FILING FEE: $10**

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

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

_____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

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

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

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

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

Date _____

_____
(Signature)

_____
(Printed Name)

_____
(Title)

## CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(limited liability company name)

Dated _____ _____
(signature)

282 1153 11/05/2008

# 2008 ANNUAL REPORT
## DOMESTIC L.L.C.

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 11/01/08
RECEIPT NO 145978

**RECEIVED**
**OCT 21 2008**
**S.D. SEC. OF STATE**

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

*DL012446*

DL012446 NOV/2007
HTI, LLC
HINS, RONALD L
1507 LINCOLN AVE SW
HURON SD 57350-3473

Telephone # _____
FAX # _____

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

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

| Street Address | City | State | ZIP+4 |
|---|---|---|---|
| 1507 Lincoln SW | Huron | SD | 57350 |
| Mailing Address (Optional) | City | State | ZIP+4 |

3. The name of the South Dakota Registered Agent Ronald L. Hins

| Street Address (Required to be a South Dakota Address) | City | State | ZIP+4 |
|---|---|---|---|
| 1507 Lincoln SW | Huron | SD | 57350 |
| Mailing Address (Optional – Required to be a South Dakota Address) | City | State | ZIP+4 |

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

| Manager | Street Address | City | State | ZIP+4 |
|---|---|---|---|---|
| N/A | | | | |
| Manager | Street Address | City | State | ZIP+4 |
| Manager | Street Address | City | State | ZIP+4 |

Dated Oct 19 2008

(Signature of an Authorized Manager or Member)

Ronald L Hins
(Printed Name)

member
(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)

# 2009

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

# ANNUAL REPORT
## DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 11/04/09
RECEIPT NO 1964867
**RECEIVED**
**NOV 04 2009**
**S.D. SEC. OF STATE**

297 3167

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

*DL012446*

DL012446 NOV/2008
HTI, LLC
HINS, RONALD L
1507 LINCOLN AVE SW
HURON SD 57350-3473

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

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

| 1507 Lincoln Ave SW | Huron | SD | 57350 |
|---|---|---|---|
| Street Address | City | State | ZIP+4 |
| | | | |
| Mailing Address (Optional) | City | State | ZIP+4 |

3. The name of the South Dakota Registered Agent Tater Hins

| 1507 Lincoln Ave SW | Huron | SD | 57350 |
|---|---|---|---|
| Street Address (Required to be a South Dakota Address) | City | State | ZIP+4 |
| | | | |
| Mailing Address (Optional – Required to be a South Dakota Address) | City | State | ZIP+4 |

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

| N/A | | | | |
|---|---|---|---|---|
| Manager | Street Address | City | State | ZIP+4 |
| Manager | Street Address | City | State | ZIP+4 |
| Manager | Street Address | City | State | ZIP+4 |

Dated Nov 3

Tater Hins
(Signature of an Authorized Manager or Member)

Tater Hins
(Printed Name)

member
(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)

312 2734 11.08.2010

# 2010 ANNUAL REPORT
## DOMESTIC L.L.C.

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
NOV 04 2010
S.D. SEC. OF STATE

FILE DATE 11/04/10
RECEIPT NO 2083361
RECEIVED
OCT 28 2010
S.D. SEC. OF STATE

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

*DL012446*
DL012446 NOV/2009
HTI, LLC
HINS, RONALD L
1507 LINCOLN AVE SW
HURON SD 57350-3473

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

2. The 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.

| 1507 Lincoln Ave SW | Huron | SD | 57350 |
|---|---|---|---|
| Street Address | City | State | ZIP+4 |
| | | | |
| Mailing Address (Optional) | City | State | ZIP+4 |

4. The name of the South Dakota Registered Agent Ronald Tater Hins

| 1507 Lincoln Ave SW | Huron | SD | 57350 |
|---|---|---|---|
| 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 |

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

| N/A | | | | |
|---|---|---|---|---|
| Manager | Street Address | City | State | ZIP+4 |
| Manager | Street Address | City | State | ZIP+4 |
| Manager | Street Address | City | State | ZIP+4 |

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

Dated 10-25-10

(Signature of an Authorized Person)

Tater Hins
(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 (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.

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)

2011 Enter Filing Year

# ANNUAL REPORT

FILE DATE 10/31/2011

RECEIPT NO 5416

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

## DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL012446
HTI, LLC
1507 LINCOLN SW
HURON, SD57350-3473

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

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

| 1507 LINCOLN SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| Street Address | City | State | ZIP+4 |
| | | | |
| Mailing Address | City | State | ZIP+4 |

4. The name of the South Dakota Registered Agent

Agent Name: RONALD L HINS

| 1507 LINCOLN AVE SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| | | | |
| Mailing Address in This State, if Different from Street Address | City | State | ZIP+4 |

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

| | Manager | Street Address | City | State | ZIP+4 |
|---|---|---|---|---|---|
| ☐ | | | | | |
| ☐ | | | | | |
| ☐ | | | | | |

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 10/31/2011

Signature Accepted Electronically
(Signature of an Authorized Person)

RONALD L HINS
(Printed Name)

10/31/2011 8:40:28AM

2012 Enter Filing Year

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

# ANNUAL REPORT

## DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 11/5/2012

RECEIPT NO 72955

1. L.L.C. ID and Name:
DL012446
HTI, LLC
1507 LINCOLN SW
HURON, SD 57350-3473

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

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

| 1507 LINCOLN SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| Street Address | City | State | ZIP+4 |
| | | | |
| Mailing Address | City | State | ZIP+4 |

4. The name of the South Dakota Registered Agent

Agent Name: RONALD L HINS

| 1507 LINCOLN AVE SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| | | | |
| Mailing Address in This State, if Different from Street Address | City | State | ZIP+4 |

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

| | Manager | Street Address | City | State | ZIP+4 |
|---|---|---|---|---|---|
| ☐ | | | | | |
| ☐ | | | | | |

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 11/05/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

RONALD L HINS

(Printed Name)

11/5/2012 9:43:53 AM

2013 Enter Filing Year

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

# ANNUAL REPORT

## DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 11/4/2013
RECEIPT NO 151072

1. L.L.C. ID and Name:
DL012446
HTI, LLC
1507 LINCOLN SW
HURON, SD 57350-3473

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

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

| 1507 LINCOLN SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| Street Address | City | State | ZIP+4 |
| | | | |
| Mailing Address | City | State | ZIP+4 |

4. The name of the South Dakota Registered Agent

Agent Name: RONALD L HINS

| 1507 LINCOLN AVE SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| | | | |
| Mailing Address in This State, if Different from Street Address | City | State | ZIP+4 |

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

| | | | | |
|---|---|---|---|---|
| ☐ Manager | Street Address | City | State | ZIP+4 |
| ☐ Manager | Street Address | City | State | ZIP+4 |
| ☐ Manager | Street Address | City | State | ZIP+4 |

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

Date 11/04/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

TATER JAMES HINS
(Printed Name)

11/4/2013 7:09:40 PM

2014 Enter Filing Year

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

# ANNUAL REPORT

## DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 11/28/2014
RECEIPT NO 249670

1. L.L.C. ID and Name:
DL012446
HTI, LLC
1507 LINCOLN SW
HURON, SD 57350-3473

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

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

| 1507 LINCOLN SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| Street Address | City | State | ZIP+4 |
| | | | |
| Mailing Address | City | State | ZIP+4 |

4. The name of the South Dakota Registered Agent

Agent Name: RONALD L HINS

| 1507 LINCOLN AVE SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| | | | |
| Mailing Address in This State, if Different from Street Address | City | State | ZIP+4 |

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

| | Street Address | City | State | ZIP+4 |
|---|---|---|---|---|
| ☐ Manager | | | | |
| ☐ Manager | | | | |
| ☐ Manager | | | | |

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 11/28/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

TATER JAMES HINS
(Printed Name)

11/28/2014 10:57:06 AM

2015

Enter Filing Year

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

# ANNUAL REPORT

## DOMESTIC LLC

SDCL 47-34A-211

Please Type or Print Clearly In Ink

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

FILE DATE 11/2/2015

RECEIPT NO 348434

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

DL012446

HTI, LLC

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

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

| 1507 LINCOLN SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| 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: RONALD L HINS

| 1507 LINCOLN AVE SW | HURON | SD | 57350-3473 |
|---|---|---|---|
| Actual Street Address or Rural Route Box Number in This State | City | State | ZIP+4 |
| | | | |
| Mailing Address in This State, if Different from Street Address | City | State | ZIP+4 |

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

☐

Manager | Actual Street Address | City | State | ZIP+4

☐

Manager | Actual Street Address | City | State | ZIP+4

☐

Manager | 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.

Dated 11/02/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

TATER JAMES HINS

(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.

11/2/2015 6:57:26 PM