

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

9 3 0 8 1993 9 0 5 5 1
ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE: 8-2-93
RECEIPT NO. 329450
RECEIVED
AUG 2 1993
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DF-019769 JUN/92
ODDEN CHAROLAIS, INC.
ODDEN, MAYLAND
BOX 507
LAKE PRESTON, SD 57249-0507

Telephone # (605) 847-4143
FAX # _____
Federal Taxpayer ID _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent the last day of the following month.

Phone (605) 847-4143

***** 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 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: (Both officers and directors must be listed in the spaces provided).

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

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
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5. NUMBER OF SHARES ISSUED CLASS SERIES

6. 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 July 29 1993

By M. Lucille Odden
(Signature)
Its Secretary-Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Kingsbury ss

I, Shawn A. Hoock, a notary public, do hereby certify that on this 29 day of July 1993,

personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Secretary/Treasurer of Odden Charolais Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 7-31-2000

Shawn A. Hoock
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, SD 57501-5077
605-773-4845

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

FILING FEE: \$5 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 street address, or a statement that there is no street address, to which the registered office is to be changed is _____
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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19_____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day
of _____ 19_____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of the
corporation, and the statements therein contained are true.

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 _____ 19_____

(signature)

9 3 8 8 1 5 9 0 1 1 1

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 8-2-93
FILE NO. DF 019769

RECEIVED
AUG 2 1993
Secretary of State

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Odden Charolais Inc.
The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is
Mayland Odden Box 507 Lake Preston, S.D. Zip +4 57249-0507

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.
NAME REPLACED AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 169000.
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated July 27, 1993
By M. Lucille Odden
(Signature)
Its Secretary - Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Kingdon ss
I, Shawn A. Horche, a notary public, do hereby certify that on this 20th day of July, 1993, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Secretary / Treasurer of Odden Charolais Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 7-27-2000
Shawn A. Horche
Notary Public

1994

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

9 4 0 7 1 7 3 8 2 4 4
ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-1-94
RECEIPT NO. 398960

RECEIVED

JUL 1 1994

1. Corporate Name, Registered Agent and Registered Address:

DF-019769 ODDEN CHAROLAIS, INC. ODDEN, MAYLAND BOX 507 LAKE PRESTON, SD 57249-0507	JUN/93
--	--------

Telephone # 605-847-4143

FAX # _____

Federal Taxpayer ID _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent 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 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: (Both officers and directors must be listed in the spaces provided).

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

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
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5. NUMBER OF SHARES ISSUED CLASS SERIES

6. 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 _____ 19 _____

By M. Luville Odden M. Luville Odden
(Signature)
its Secretary - Treasurer
(Title)

STATE OF South Dakota
COUNTY OF King of the Hills ss

I, Jeanne A. Weis, a notary public, do hereby certify that on this 30 day of June 1994, personally appeared before me M. Luville Odden who, being by me first duly sworn, declared that he/she is the Secretary/Treasurer of Odde Charlais Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 02-08-01

Jeanne A. Weis
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
600 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: \$5 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 street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19 _____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

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 _____ 19 _____

(signature)

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

0 4 0 7 . 7 0 . 2 4
ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 7-1-94
FILE NO. _____
RECEIVED
JUL 1 1994
Secretary of State

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Odden Charolais Inc
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is _____
Mayland Odden Box 507 Lake Preston SD Zip 57249-0507
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

- List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6 The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 169000
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

8 The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____% (Applies only to AUTHORIZED FARM CORPORATION)

Dated _____ 19____ By M. Lucille Odden M. Lucille Odden
(Signature)
Its Secretary-Treasurer
(Title)

STATE OF South Dakota
COUNTY OF King of the Hills SS
I, James A. Winters, a notary public, do hereby certify that on this 30 day of June 1994,
personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she
is the Secretary-Treasurer of Odden Charolais Inc that he/she signed the foregoing document
as officer of the corporation, and the statements therein contained are true
My Commission Expires 02-28-01
James A. Winters
Notary Public

1995

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 6-19-95
RECEIPT NO. 474367

1. Corporate Name, Registered Agent and Registered Address:

DF-019769 JUN 94
ODDEN CHAROLAIS, INC.
ODDEN, MARYLAND
LON 007
LAKE PROSSON, ND 58240-0007

Telephone # 713-267-9142
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. (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Dean L. Hays</u>	Director	<u>1217 1/2 Ave</u>	<u>Laurens</u>	<u>SD</u>	<u>57050-0000</u>
<u>Beverly Odden</u>	President	<u>1217 1/2 Ave</u>	<u>Laurens</u>	<u>SD</u>	<u>57050</u>
<u>Lucille Odden</u>	Vice President	<u>1217 1/2 Ave</u>	<u>Laurens</u>	<u>SD</u>	<u>57050-0000</u>
<u>Lucille Odden</u>	Secretary	<u>1217 1/2 Ave</u>	<u>Laurens</u>	<u>SD</u>	<u>57050-0000</u>
<u>Lucille Odden</u>	Treasurer	<u>1217 1/2 Ave</u>	<u>Laurens</u>	<u>SD</u>	<u>57050-0000</u>

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>4000000</u>			<u>\$.01</u>

5. NUMBER OF SHARES ISSUED _____ CLASS _____ SERIES _____

6. The amount of its stated capital is \$ 100,000.00

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 June 16 19 95

By Lucille Odden
(Signature)
its Secretary
(Title)

STATE OF South Dakota
COUNTY OF Kingsbury ss

I, Linda M. Raber, a notary public, do hereby certify that on this 16th day of June 1995, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Secretary-Treasurer of Odden Charolais, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires May 1, 2003

Linda M. Raber
Notary Public

SECRETARY OF STATE
STATE CAPITOL
600 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: \$5 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 Odden Charles Inc
2. The previous street address, or a statement that there is no street address, of its registered office _____
Box 507 Lake Madison SD ZIP + 4 57046
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
Box 507 Lake Madison SD ZIP + 4 57046
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is M. Lucille Odden
* 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date June 16 1995

M. Lucille Odden
(signature)

Secretary-Treasurer
(title)

STATE OF South Dakota
COUNTY OF Kingsbury 66

I, Linda M. Raber, a notary public, do hereby certify that on this 16th day of June 1995, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Secretary-Treasurer of Odden Charles Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires May 1, 2003

Linda M. Raber
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, M. Lucille Odden, hereby give my consent to serve as the registered agent for Odden Charles Inc
(name of registered agent) (corporate name)

Dated June 16 1995

M. Lucille Odden
(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
 NO FILING FEE

FILING DATE Due during the month the
 Certificate of Incorporation was issued, and
 delinquent the last day of the following month

FILE DATE 6-19-95
 FILE NO. _____

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Odden Charolais Inc
 The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden
Box 507 Lake Pierre S.D. Zip # 57619-0507
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4 List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation

5 List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>Brian Odden</u>	<u>Maxwell Odden</u>	<u>President</u>

6 The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Farming 109,000
 (Degree of kindred is defined as number of generations with each generation being a degree) #6 applies only to FAMILY FARM CORPORATIONS

7 List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>M. Lucille Odden</u>	<u>Lake Pierre SD</u>	<u>5170</u>	<u>1</u>
<u>Brian Odden</u>	<u>Lake Pierre SD</u>	<u>2500</u>	<u>2</u>
<u>Deann Odden</u>	<u>Wheat Ridge SD</u>	<u>3250</u>	<u>3</u>

8 The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____% (Applies only to AUTHORIZED FARM CORPORATION)

Dated May 1, 1995 By M. Lucille Odden
 (Signature)
 His Secretary-Treasurer
 (Title)

STATE OF South Dakota
 COUNTY OF Kingsbury ss

I, Linda M. Raber, a notary public, do hereby certify that on this 16th day of June, 1995, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Secretary-Treasurer of Odden Charolais Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true
 My Commission Expires May 1, 2003

Linda M. Raber
 Notary Public

Receipt No. 474367

File No. DF019769.

STATE OF SOUTH DAKOTA
OFFICE OF THE SECRETARY OF STATE

SS.

Statement of Change

For

ODDEN CHAROLAIS, INC.

File at the request of:

ODDEN CHAROLAIS RANCH INC
BOX 507
LAKE PRESTON SD 57249

Filed in the office of Secretary of State on

Date ████████

JOYCE HAZELTINE

Secretary of State

Fee Received \$5

SOS CRP 491 10/93

K/968183-MJLN

1996
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-8-96
RECEIPT NO. 5586244b

1. Corporate Name, Registered Agent and Registered Address:

DF-019769
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
BOX 507
LAKE PRESTON, SD 57249-0507
JUN/95

Telephone # 605-547-4143

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:

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. 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

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 July 5 1996

By M. Lucille Odden
(Signature)

its President
(Title)

STATE OF South Dakota
COUNTY OF DeWitt

I, André M. Gausel a notary public, do hereby certify that on this 5th day of July 1996, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Pres. Treas. of Odden Charolais, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 05-01-03
André M. Gausel
Notary Public

(Notarial Seal)

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: \$5 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day
of _____ 19 _____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of the
corporation, and the statements therein contained are true.

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 _____ 19 _____

(signature)

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

9103183.3752

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 7-8-96
FILE NO. _____

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Cadden Charolais Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is M. Lucille Cadden

Box 507 Lake Preston S.D. Zip +4 57249-0507

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Farming 169,000
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated July 5 1996

By M. Lucille Cadden
(Signature)

Its Secretary - Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Hamlin ss

I, Anna F. Knudsen a notary public, do hereby certify that on this 5th day of July 1996 personally appeared before me M. Lucille Cadden who, being by me first duly sworn, declared that he/she is the Secretary - Treasurer of Cadden Charolais Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 03-01-03

Linda M. Knudsen
Notary Public

11-NN-0091-10-1-97

1997

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 6-20-97
RECEIPT NO. 6-28-366
RECEIVED
JUN 2 1997

1. Corporate Name, Registered Agent and Registered Address:

DF-019769 JUN/96
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
BOX 507
LAKE PRESTON, SD 57249-0507

Telephone # (605)-847-4443
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:

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. The aggregate number of shares which it has authority to issue, itemized by classes, per 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 June 19 1997

By M. Lucille Odden
(Signature)
In Secretary-Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Beauregard ss

I, Sandra M. Beaulieu a notary public, do hereby certify that on this 19th day of June 1997, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Secretary-Treasurer of Odden Charolais, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 05-01-03

Sandra M. Beaulieu
Notary Public

(Notarial Seal)

SOS CRP 410 10/85

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: \$6 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19 _____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

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 _____ 19 _____

(signature)

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

9707189.2212
 4/20/97

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 6-20-97
 FILE NO. _____
 RECEIVED
 JUN 21 1997

Pursuant to the provisions of SDCL 47-5A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Odden Charolais Inc
 The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden
Box 507 Lake Preston SD Zip +4 57249-0507
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Farming-Cattle. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>M. Lucille Odden</u>	<u>Box 507 Lake Preston SD</u>	<u>71503.9</u>	<u>1</u>
<u>Brian Odden</u>	<u>Lake Preston S.D.</u>	<u>81086.2</u>	<u>2</u>
<u>Dean Odden</u>	<u>Ree Heights SD</u>	<u>16409.9</u>	<u>2</u>

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated June 19 1997 By M. Lucille Odden
 (Signature)
 Its Secretary-Treasurer
 (Title)

STATE OF South Dakota
 COUNTY OF Sioux ss
 I, Linda Klause, a notary public, do hereby certify that on this 19th day of June 1997 personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Secretary-Treasurer of Odden Charolais Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
 My Commission Expires 05-01-03

Linda M. Klause
 Notary Public

1998
 RETURN TO
 SECRETARY OF STATE
 STATE CAPITOL
 500 E. CAPITOL
 PIERRE, S.D. 57501-5070
 605-773-4845
 FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
 PLEASE TYPE OR USE BLACK INK

FILE DATE 7-27-98
 RECEIPT NO. 0112X
RECEIVED

JUL 27 1998

S.D. 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, Registered Agent and Registered Address:

DF-019769 JUN/97
 ODDEN CHAROLAIS, INC.
 ODDEN, M. LUCILLE
 BOX 507
 LAKE PRESTON, SD 57249-0507

Telephone # 605-847-4143
 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

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. The aggregate number of shares which it has authority to issue, remixed 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

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.

Date: July 24 1998

By M. Lucille Odden
 (Signature)
 Its Sec. Treas.
 (Title)

STATE OF South Dakota
 COUNTY OF Kingfisher ss

I, Brenda Keane, a notary public, do hereby certify that on this 24 day of July 1998, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Sec. Treas. of Odden Charolais Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 6-5-04

Brenda Keane
 Notary Public

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-5070
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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19 _____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

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 _____ 19 _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 7-27-98
FILE NO. _____

RECEIVED

JUL 27 1998

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Odden Charolais Inc.
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden
Box 507 Lake Preston, South Dakota zip +4 57249-0507
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Farming - C's H/c. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated July 24 1998 By M. Lucille Odden
(Signature)
Its Sec. Treas.
(Title)

STATE OF South Dakota
COUNTY OF Sioux ss

I, Brenda Keshan, a notary public, do hereby certify that on this 24 day of July 1998, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Sec. Treasurer of Odden Charolais Inc. that he/she signed this foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 6-5-04 Brenda Keshan
Notary Public

(Notarial Seal)

*K/9910199148

1999

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

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

99101990148

FILE DATE 8-15-99 RECEIPT NO. 922701 RECEIVED

AUG 15 1999 JUL 15 1999

S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-019769 JUN/98 ODDEN CHAROLAIS, INC. ODDEN, M. LUCILLE BOX 507 LAKE PRESTON, SD 57249-0507

Telephone # 605-547-4143

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 actualy engaged in South Dakota Farming - ranching

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Brian K. Odden (President), M. Lucille Odden (Secretary), and 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.

Director _____ Director _____

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) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$1.00

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES \$1.00

6. The amount of its stated capital is \$169000.00 (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 July 14 19 99

By M. Lucille Odden - Odden Charolais (Signature)

Its Sec. Odden (Title)

STATE OF SD COUNTY OF Kingsbury

I, Brenda Fisher, a notary public, do hereby certify that on this 14 day of July 1999, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Sec. Odden of Odden Charolais the corporation

named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 06-05-04 Notary Public Brenda Fisher

(Notarial Seal)

SOS CRP 6/98

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 _____ 19 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____
I, _____, a notary public, do hereby certify that on this _____ day
of _____ 19 _____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of
the corporation, and the statements therein contained are true.

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 _____ 19 _____	_____
	(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
 FILE NO. _____

RECEIVED
 AUG 4 1999
 S.D. SEC. OF STATE

RECEIVED
 JUL 15 1999
 S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Odden Charolais Inc.
 The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden
Box 507 Lake Preston S.D. Zip + 4 57249-0507
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Family Circle
 (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
16900 shares

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>M. Lucille Odden</u>	<u>Box 507 Lake Preston</u>	<u>15039</u>	<u>1</u>
<u>Brian Odden</u>	<u>21671 440 Ave Lake Preston</u>	<u>47496.1</u>	<u>2</u>

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated July 14 1999

By M. Lucille Odden - Odden Charolais Inc.
 (Signature)
 Its Sec. - Treas.
 (Title)

STATE OF SD
 COUNTY OF King of the Hill ss

I, Brian Odden, a notary public, do hereby certify that on this 14 day of July 1999, personally appeared before me M. Lucille Odden who, being by me first duly sworn, declared that he/she is the Sec. - Treas. of Odden Charolais that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 06-05-01

Brian Odden
 Notary Public

(Notarial Seal)

SQS CRP 410 10/92

2000

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

0008204.1920 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 8-7-00 RECEIVED 902429 902430 AUG 07 '00 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DE-019769 JUN/1999 ODDEN CHAROLAIS, INC. ODDEN, M. LUCILLE BOX 507 LAKE PRESTON SD 57249-0507

Telephone # (605) 847-4143 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 Farming - Ranching

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Brian K. Odden (President), M. Lucille Odden (Secretary), and 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.

Director Director

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:

Table with columns: NUMBER OF SHARES CAN ISSUE (authorized), CLASS, SERIES, PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE. Values: 999,000, 3.00.

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES PAR VALUE

169,000 1.00

6. The amount of its stated capital is \$ 169000.00 (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 August 2, 2000

By M. Lucille Odden (Signature)

Its Sec. (Title)

STATE OF South Dakota COUNTY OF Kingsdome ss

On this the 2nd day of August 2000 before me, Janet C. Beer personally appeared M. Lucille Odden, known to me, or proved to me, to be the Secretary-Treasurer 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 Mar. 13 2003

Janet C. Beer Notary Public

(Notarial Seal)

SOS CRP 11/99

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)

K
B
B

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED

AUG 07 '00

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Odden Phosphate Inc

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Melville Odden

Box 507 Lake Preston, SD Zip +4 57249-0507

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Farming-Cattle ranching. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>M. Lucille Odden</u>	<u>Box 507 Lake Preston</u>	<u>67,000</u>	<u>1</u>
<u>Brian K. Odden</u>	<u>21071 441 Ave Lake Preston</u>	<u>102,000</u>	<u>2</u>

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated August 2, 2000 By Melville Odden

STATE OF South Dakota COUNTY OF Kingdon SS Its Sec-Treas

On this the 2nd day of August 2000 before me, Janet A Bree personally appeared 111 Lucille Odden, known to me, or proved to me,

to be the Secretary-Treasurer 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 Nov. 13 2003 Janet A Bree
Notary Public

(Notarial Seal)

K 8107209 1304

2001

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

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 6-25-01
RECEIPT NO. 0714141

RECEIVED RECEIVED

JUN 25 '01 JUN 19 '01

S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-019769	JUN/2000
ODDEN CHAROLAIS, INC.	
ODDEN, M. LUCILLE	
BOX 507	
LAKE PRESTON SD 57249-0507	

Telephone # (605) 847-4143
FAX # _____
Federal Taxpayer if _____
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:

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. 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
---	-------	--------	---

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 June 18, 2001
By M. Lucille Odden
(Signature)
its Secretary/Treasurer
(Title)

STATE OF South Dakota ss
COUNTY OF King of the Hills

On this the 18th day of June, 2001, before me, Janet A. Bess,
personally appeared M. Lucille Odden, known to me, or proved to me,
to be the Secretary/Treasurer 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 Mar. 13 2003
Janet A. Bess
Notary Public

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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
 NO FILING FEE

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

FILE DATE _____
 FILE NO. _____

RECEIVED RECEIVED
 JUN 25 '01 JUN 19 '01
 S.D. SEC. OF STATE S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Odden Charolais Inc.
 The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden
Box 507 Lake Preston, S.D. Zip + 4 57249-0507
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5 List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6 The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Farming - Cattle Raising (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS 169000 shares

7 List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>Brian K. Odden</u>	_____	<u>102000</u>	<u>2</u>
<u>M. Lucille Odden</u>	_____	<u>67000</u>	<u>1</u>

8 The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____% (Applies only to AUTHORIZED FARM CORPORATION)

Dated June 19, 2001 By M. Lucille Odden
 (Signature)
 STATE OF South Dakota SS Its Secretary - Treasurer
 COUNTY OF Kingdome (Title)
 On this the 18th day of June, 2001, before me, Janet A. Buss
 personally appeared M. Lucille Odden, known to me, or proved to me,
 to be the Secretary - Treasurer 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 Mar 13, 2003

Janet A. Buss
 Notary Public

(Notarial Seal)

64-6-2280207K

2002

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

0208213.0467
8113702

FILE DATE 7/8/02
RECEIPT NO. 1118298
RECEIVED
JUL 27 '02

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

1. Corporate Name, Registered Agent and Registered Address:



DF-019769 JUN/2001
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
BOX 507
LAKE PRESTON SD 57249-0507

Telephone # 605-84 S.D. SEC. OF STATE
FAX # _____

Federal Taxpayer ID _____
FILING DATE: Due during the month the
Certificate of Incorporation was filed, and
delinquent after the last day of the following
month.

JUL 08 '02
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 _____

3. The names and addresses of its directors and 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. 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
_____	_____	_____	_____

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 June 26 2002

By M. Lucille Odden
(Signature)

Its S. Sec. of State
(Title)

STATE OF South Dakota SS
COUNTY OF Minnehaha

On this the 26 day of June 2002, before me, _____

personally appeared M. Lucille Odden, 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 the same.

My Commission Expires Nov 17 2003

Janet C. Beer
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

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)

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

ANNUAL FARM REPORT
 PLEASE TYPE OR USE BLOCK LETTERS
 NO FILING FEE

FILE DATE _____
 RECEIPT NO. _____
RECEIVED
 JUN 27 '02
 S.D. SEC. OF STATE
RECEIVED

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

DF019769

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Aden Charolais Inc
 The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is M. Lucille Cidden
P.O. Box 507 Lake Preston, S.D. 57249-0507
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

RECEIVED
 JUL 08 '02
 S.D. SEC. OF STATE

- List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Farming - Partly Teaching. (Degree of kindred is defined as number of generations with each generation being a degree.) *6 applies only to FAMILY FARM CORPORATIONS 169,000 shares *

- List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %.
 (Applies only to AUTHORIZED FARM CORPORATION)

Dated June 26, 2002
 STATE OF South Dakota
 COUNTY OF King of the Hill
 On this the 26 day of June, 2002, before me,
 personally appeared M. Lucille Cidden, known to me, or proved to me,
 to be the Secretary/Treasurer 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 Mar. 13, 2003
James C. Brown
 (Notary Public)

(Notarial Seal)

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 7/11/03
RECEIVED RECEIPT NO. 1221382
JUN 27 03

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DF-019769 JUN/2002
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
BOX 507
LAKE PRESTON SD 57249-0507

Telephone # 605-847-4143
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.

[X] 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 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 6-26-03 By [Signature] (Signature)
Its [Title] (Title)

STATE OF South Dakota ss
COUNTY OF Kingsbury

On this the 26th day of June, 2003, before me, [Notary Signature], personally appeared M. Lucille Odde, known to me, or proved to me, to be the Sec-Treas 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 06-05-04 [Notary Signature]
(Notarial Seal) Notary Public

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
605-773-4848

**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) _____

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

ANNUAL FARM REPORT
PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-103A
NO FILING FEE

RECEIVED
FILE DATE
RECEIVED
JUN 27 '03

S.D. SEC. OF STATE

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

1. Corporate name and address:



DF-019769 JUN/2002
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
BOX 507
LAKE PRESTON SD 57249-0507

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden
Box 507 Lake Preston S.D. 57249-0507

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Farming - Cattle Raising. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS 16,900 Shares

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 6-26-03

STATE OF South Dakota
COUNTY OF Beauregard

M. Lucille Odden
(Signature)

(Title)

On this the 2nd day of June, 2003 before me, Brenda Kesh
personally appeared M. Lucille Odden, known to me, or proved to me,
to be the Sec. Treas of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

06-05-04
My Commission Expires

Brenda Kesh
(Notary Public)

(Notarial Seal)

farmrep.pdf

**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 Odden Charolais Inc
2. The previous street address, or a statement that there is no street address, of its registered office
Box 507 Lake Preston, S.D. ~~57249~~ ZIP + 4 57249-2213
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. M. Lucille Odden 300 Spring Ave N #3
Lake Preston, S.D. ZIP + 4 57249-2213
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 7-27-04

M. Lucille Odden
(Signature)
Sec. Treas
(Title)

STATE OF South Dakota SS
COUNTY OF Kingsbury

On this the 27 day of July, 2004, before me, Janet C. Beer
personally appeared M. Lucille Odden, known to me, or proved to me,
to be the Sec. Treasurer 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 4/08/09

Janet C Beer
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)

SECRETARY OF STATE
STATE CAPITOL
400 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

RECEIVED

AUG 02 '04

8/19/04
RECEIVED
FILE DATE

JUL 29 '04

S.D. SEC. OF STATE

S.D. SEC. OF STATE

FILING DATE: Due during the month the
domestic Certificate of Incorporation or the
foreign Certificate of Authority was
delinquent the last day of the following month.

RECEIVED
AUG 09 '04

S.D. SEC. OF STATE

229 5153

1. Corporate name and address:



* D F 0 1 9 7 6 9 *
DF019769 JUN/2003
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
BOX 507
LAKE PRESTON SD 57249-0507

2. The state of incorporation is Odden Charolais Inc South Dakota

3. The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden
300 Spring Ave N. #3 Lake Preston, S.D. 57249

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>Brian K. Odden</u>	<u>20935 44th Ave Lake Preston</u>	
<u>M. Lucille Odden</u>	<u>300 Spring Ave N. Lake Preston</u>	

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is Farming catching (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS 146354

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 7-27-04

STATE OF South Dakota

COUNTY OF Kingsbury

On this the 27 day of July, 2004, before me, Janet C. Beer

personally appeared M. Lucille Odden, known to me, or proved to me,

to be the Sec-Treasurer of the corporation that is described in and that executed the within

instrument and acknowledged to me that such corporation executed the same.

4/08/09
My Commission Expires

(Notarial Seal)

M. Lucille Odden
(Signature)

Sec. Pres.
(Title)

Janet C. Beer

Janet C. Beer
(Notary Public)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE _____

RECORDED

MAY 19 05

STATE OF SOUTH DAKOTA

237 2842

1. Corporate name and address:



* D F 0 1 9 7 6 9 *
DF019769 JUN/2004
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
300 SPRING AVE NORTH #3
LAKE PRESTON SD 57249-2213

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden

300 Spring Ave N #3 Lake Preston, S.D. 57249-2213

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 146354. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

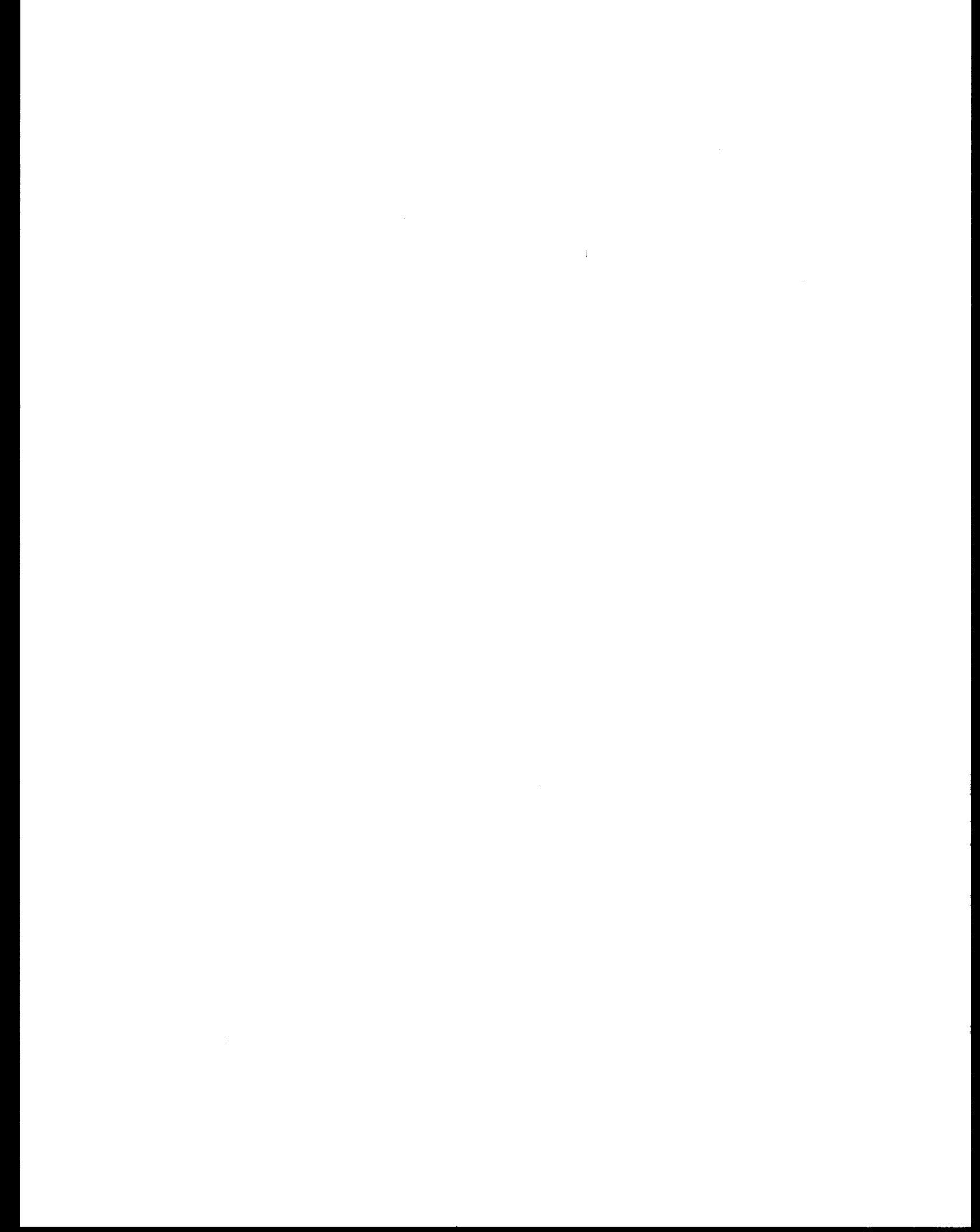
NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated May 18, 2005

M. Lucille Odden
(Signature)

Sec-Treas.
(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 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 any other officer.

Dated _____

(Signature)

(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)

251 2210 07/25/2006

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 07/18/06
RECEIVED
JUL 18 '06
S.D. SEC. of STATE

1. Corporate name and address:



* D F 0 1 9 7 6 9 *
DF019769 JUN/2005
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
300 SPRING AVE NORTH #3
LAKE PRESTON SD 57249-2213

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Odden Charolais, Inc
300 Spring Ave N. #3 Lake Preston, S.D. 57249-2213

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 150,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated July 18, 2006

M. Lucille Odden
(Signature)

Sec. Treas.
(Title)

1911

251 2210 07/25/2006

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 07/18/06
RECEIVED
JUL 18 '06
S.D. SEC. of STATE

1. Corporate name and address:



* D F 0 1 9 7 6 9 *
DF019769 JUN/2005
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
300 SPRING AVE NORTH #3
LAKE PRESTON SD 57249-2213

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Odden Charolais, Inc
300 Spring Ave N. #3 Lake Preston, S.D. 57249-2213

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 150,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated July 18, 2006

M. Lucille Odden
(Signature)

Sec. Treas.
(Title)

1911

251 2209 07/25/2006

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 07/18/06
RECEIVED 1516391
JUL 18 '06
S.D. SEC. OF STATE

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



* D F 0 1 9 7 6 9 *
DF019769 JUN/2005
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
300 SPRING AVE NORTH #3
LAKE PRESTON SD 57249-2213

Telephone # (605) 847-4143
FAX # _____

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 300 Spring Ave N #3 Lake Preston, S.D. 57249-2213

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Brian K. Odden</u>	President	<u>20935 441 Ave</u>	<u>Lake Preston</u>	<u>SD</u>	<u>57249-</u>
	Vice President				
<u>M. Lucille Odden</u>	Secretary	<u>300 Spring Ave N #3</u>	<u>Lake Preston</u>	<u>S.D.</u>	<u>57249-2213</u>
	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 Farming-Ranching

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>999,000</u>		

NUMBER OF ISSUED SHARES	CLASS	SERIES
<u>169,000</u>		

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

Dated July 19, 2006 _____
Signature M. Lucille Odden

Printed Name M. Lucille Odden

Title Sec. Pres.

**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 Odden Charolais Inc.
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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE _____

RECEIVED

JUN 19 2007

S.D. SEC. OF STATE

RECEIVED

JUN 11 2007

S.D. SEC. OF STATE

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

Corporate name and address:



DF019769 JUN/2006
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
300 SPRING AVE NORTH #3
LAKE PRESTON SD 57249-2213

264 0311

2. The state of incorporation is South Dakota
3. The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden
702 4th St. SE Lake Preston, South Dakota, 57249-2213 2152
4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 146,354. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>M. Lucille Odden</u>	<u>702 4th St. SE, Lake Preston, S.D. 57249-2152</u>		<u>1</u>

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated June 9, 2006

M. Lucille Odden
(Signature)

Sec. - Treas.
(Title)

2007

ANNUAL REPORT

FILE DATE 2/19/07
RECEIPT NO. 1688792

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED RECEIVED

JUN 9 2007 JUN 11 2007

S.D. SEC. OF STATE S.D. SEC. OF STATE

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



DF019769 JUN/2006
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
300 SPRING AVE NORTH #3
LAKE PRESTON SD 57249-2213

Telephone # 605-847-4143
FAX #

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.

[X] 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 702 4th St. S.E. Lake Preston, S.D. 57249

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Brian K. Odden	President	20935 441 Ave	Lake Preston	S.D.	57249-2063
M. Lucille Odden	Secretary	702 4th St. S.E.	Lake Preston	S.D.	57249-2213
"	Treasurer				

SD law requires at least one director. Do the above listed officers serve also as directors? YES [X] NO [] If no, list directors below.

4. Provide a brief description of the nature of the business Farming - Ranching

5. The total number of authorized shares, itemized by class and series, if any, within each class:
NUMBER OF AUTHORIZED SHARES CLASS SERIES
999,000

6. NUMBER OF ISSUED SHARES CLASS SERIES
169,000

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

Dated June 9, 2007

M. Lucille Odden
Signature

M. Lucille Odden
Printed Name

Sec. Treas.
Title

264 0213

**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 Odden Charolais Inc.
2. The street address, or a statement that there is no street address, of its current registered office _____
702 4th St. S.E. Lake Preston ZIP + 4 57249-2152
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. _____
702 4th St. SE Lake Preston, S.D ZIP + 4 57249-2152
4. The name of its current registered agent is M. Lucille Odden
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 June 16, 2007

M. Lucille Odden
Signature

M. Lucille Odden
Printed Name

Secretary-Treasurer
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)

264 0310 07/13/2007

2007

ANNUAL REPORT

FILE DATE 06/19/07
RECEIPT NO. 1688792

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED
JUN 19 2007 JUN 11 2007
S.D. SEC. OF STATE

Corporate Name, Registered Agent Name and Registered Address:



* D F 0 1 9 7 6 9 *
DF019769 JUN/2006
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
300 SPRING AVE NORTH #3
LAKE PRESTON SD 57249-2213

Telephone # 605-847-4143
FAX # _____

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 702 4th St. S.E. Lake Preston, S.D. 57249

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Brian K. Odden</u>	President	<u>20935 441 Ave</u>	<u>Lake Preston</u>	<u>S.D.</u>	<u>57249-2152</u>
	Vice President				
<u>M. Lucille Odden</u>	Secretary	<u>702 4th St. S.E. Lake Preston</u>		<u>S.D.</u>	<u>57249-2213</u>
"	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 Farming - Ranching

5. The total number of authorized shares, itemized by class and series, if any, within each class:
NUMBER OF AUTHORIZED SHARES CLASS SERIES
999,000

6. NUMBER OF ISSUED SHARES CLASS SERIES
169,000

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

Dated June 9, 2007 _____
Signature M. Lucille Odden

_____ Printed Name M. Lucille Odden

_____ Title Sec. Treas.

**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 Odden Charolais Inc.
2. The street address, or a statement that there is no street address, of its current registered office _____
702 4th St. S.E. Lake Preston ZIP + 4 57249-2152
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. _____
702 4th St. SE Lake Preston, S.D ZIP + 4 57249-2152
4. The name of its current registered agent is M. Lucille Odden
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 June 16, 2007

M. Lucille Odden
Signature

M. Lucille Odden
Printed Name

Secretary-Treasurer
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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

FILE DATE _____

NO FILING FEE

RECEIVED

JUN 19 2007

S.D. SEC. OF STATE

RECEIVED

JUN 11 2007

S.D. SEC. OF STATE

1. Corporate name and address:



* D F O 1 9 7 6 9 *
DF019769 JUN/2006
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
300 SPRING AVE NORTH #3
LAKE PRESTON SD 57249-2213

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden

702 4th St. SE Lake Preston, South Dakota, 57249-2213 2152

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 146354. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

M. Lucille Odden 702 4th St. SE, Lake Preston, S.D. 57249-2152 1

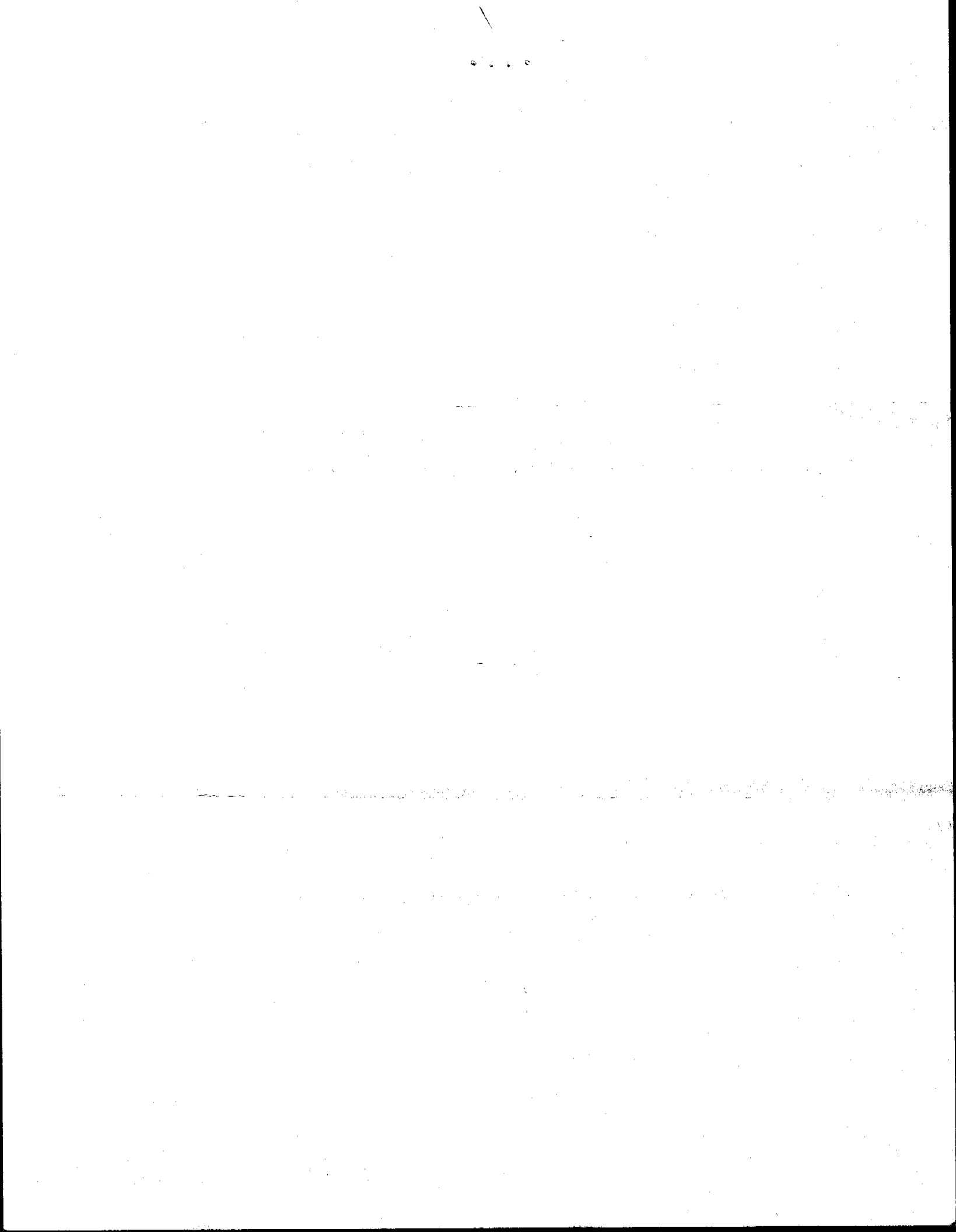
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated June 9, 2006

M. Lucille Odden
(Signature)

Sec. Treas.
(Title)

264 0214



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

File Date _____
Received **RECEIVED**

JUN 26 2008

S.D. SEC. OF STATE

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 Odden Charolais Inc.
2. The street address, or a statement that there is no street address, of its current registered office _____
702 4th St. SE #17 Lake Preston, S.D ZIP + 4 57249-2152
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. _____
702 4th St. S.E #17 Lake Preston, SD ZIP + 4 57249-2152
4. The name of its current registered agent is M. Lucille Odden
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 June 24, 2008

M. Lucille Odden
Signature

M. Lucille Odden
Printed Name

Sec-Treas.
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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 6/26/08

RECEIVED

JUN 26 2008

S.D. SEC. OF STATE

278 0648

1. Corporate name and address:



* D F 0 1 9 7 6 9 *
DF019769 JUN/2007
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
702 4TH ST. SE
LAKE PRESTON SD 57249

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is M. Lucille Odden
702 4th St. S.E #17 Lake Preston, SD. 57249-2152

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.	NAME	REPLACED	AS OFFICER OR DIRECTOR
	<u>M. Lucille Odden</u>	<u>702 4th St. SE #17 Lake Preston, SD.</u>	

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 169,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

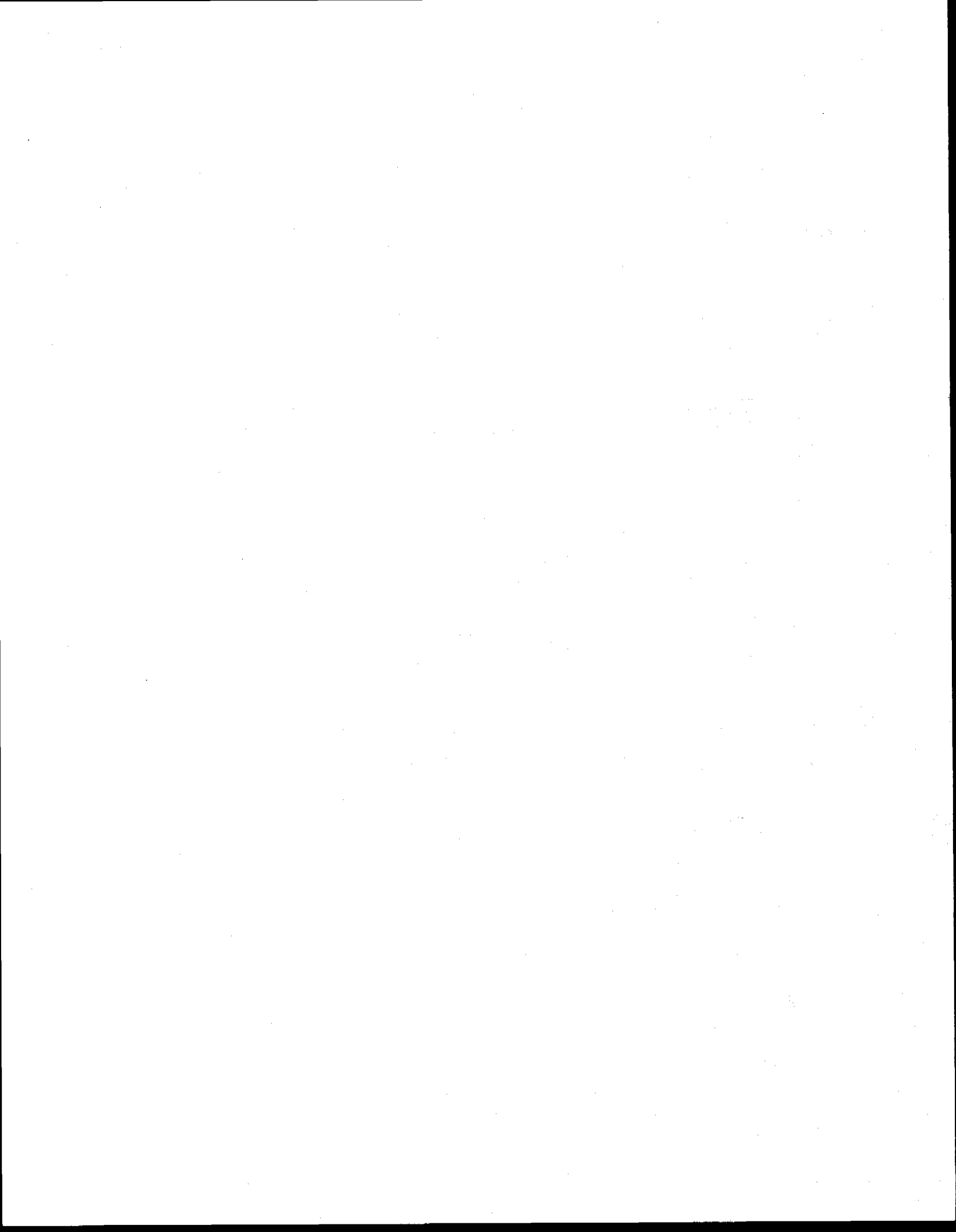
8. List changes only of names, address and number of shares owned by shareholders	NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
	<u>Brian K. Odden</u>	<u>20935 441st Ave</u>	<u>169,000</u>	

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated June 24, 2008

M. Lucille Odden
(Signature)

Sec. - Treas.
(Title)



ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE	<u>07/29/09</u>
RECEIPT NO	<u> </u>
RECEIVED	
JUL 29 2009	
S.D. SEC. OF STATE	
S.D. SEC. OF STATE	Telephone # <u> </u>
FAX #	<u> </u>
FILING DATE: To be filed with the Annual Report.	

1. Corporate ID, Name and Address:



* D F 0 1 9 7 6 9 *
 DF019769 JUN/2008
 ODDEN CHAROLAIS, INC.
 ODDEN, M. LUCILLE
 702 4TH ST. SE #17
 LAKE PRESTON SD 57249-2152

2. The name of the South Dakota Registered Agent M. Lucille Odden

706 4th St SE #9 Lake Preston S.D. 57249-2156
 Street Address (Required to be a South Dakota Address) City State ZIP+4

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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres
<u>Tripp</u>	<u>10</u>	<u>95</u>	
<u>"</u>	<u>14</u>	<u>95</u>	
<u>"</u>	<u>15</u>	<u>95</u>	

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>100%</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u> </u> %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Brian Odden 706 4th St SE Lake Preston SD 57249 100% 2
 Name Address City State Zip Shares Kindred

Name Address City State Zip Shares Kindred

Name Address City State Zip Shares Kindred

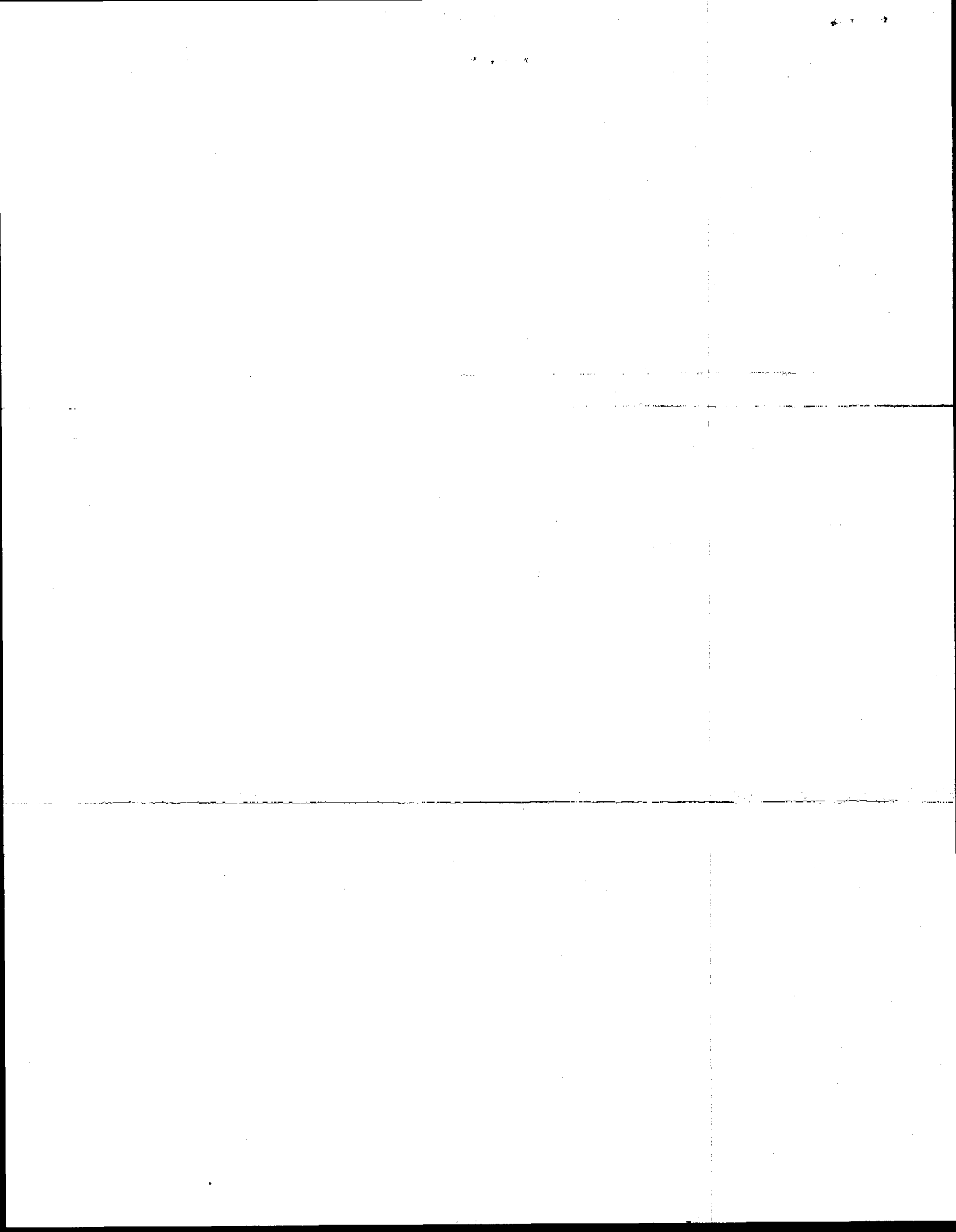
Dated _____

Brian Odden
 (Signature of an authorized officer)

Brian Odden
 (Printed Name)

Pres
 (Title)

294 0235



DF0197109

294 0236 08/03/2009

County	Section	Township
Tripp	16	95
"	23	95
"	11	95
"	14	95
	15	95
	22	95

Total acres 1759 acres

All located in Township 95 north, Range 75, west
of 5th P.M. Tripp County South Dakota.

Tripp	5	95	} 285.71 acres
Tripp	7	95	
	8	95	

All located in Township 95 North, Range 75 west
of 5th P.M. Tripp County South Dakota

[Faint, illegible text on a lined page]



294 0234 08/05/2009

2009

ANNUAL REPORT DOMESTIC

Secretary of State Office
601 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

FILE DATE 07/29/09
RECEIPT NO 1934214

RECEIVED RECEIVED
JUL 29 2009 JUL 21 2009
S.D. SEC. OF STATE S.D. SEC. OF STATE

Corporate Name, Registered Agent Name and Address:



* D F O 1 9 7 6 9 *
DF019769 JUN/2008
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
702 4TH ST. SE #17
LAKE PRESTON SD 57249-2152

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

706 4th St. SE #9 Lake Preston SD 57249-2156
Street Address City State ZIP+4

Same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent M. Lucille Odden

706 4th St. SE #9 Lake Preston SD 57249-2156
Street Address (Required to be a South Dakota Address) City State ZIP+4

Same
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.

Brian K. Odden 706 4th St. S.E. #9 Lake Preston SD 57249-2156
President Street Address City State ZIP+4

Vice President Street Address City State ZIP+4

M. Lucille Odden 706 4th St. SE Lake Preston SD 57249-2156
Secretary Street Address City State ZIP+4

M. Lucille Odden 706 4th St SE Lake Preston SD 57249-2156
Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Dated 7-10-09

Brian Odden
(Signature of an authorized officer)

Brian Odden
(Printed Name)

Pres
(Title)

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 Odden Charolais, Inc.

2. The name of the registered agent on file M. Lucille Odden

The name of the successor registered agent "

3. If listing a Commercial Registered Agent, please state their identification number: 46-0365232

4. The address of the agent currently on file for this entity

702 4th St. S.E. #17 Lake Preston SD 57249-2156
Street Address (Required) City State ZIP+4

Same
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

706 4th St. SE #9 Lake Preston SD 57249-2156
Street Address (Required to be a South Dakota Address) City State ZIP+4

Same
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 7-10-09

M. Lucille Odden
(Signature of an authorized officer)

M. Lucille Odden
(Printed Name)

Sec-Treas.
(Title)

2010

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	<u>06/18/10</u>
RECEIPT NO	<u>2542423</u>
RECEIVED	
JUN 24 2010	
S.D. SEC. OF STATE	

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

1. Corporate Name, Registered Agent Name and Address:



* D F O 1 9 7 6 9 *
DF019769 JUN/2009
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
706 4TH ST SE #9
LAKE PRESTON SD 57249-2156

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

706 4th St. SE #9 Lake Preston S.D 57249-2156
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent M. Lucille Odden

706 4th St. SE #9 Lake Preston SD 57249-2156
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 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.

- | | | | | | |
|-------------------------------------|-------------------------|------------------------|---------------------|-------------|-------------------|
| <input checked="" type="checkbox"/> | <u>Brian K. Odden</u> | <u>32359 301st St.</u> | <u>Colome</u> | <u>S.D</u> | <u>57529-6025</u> |
| | President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>M. Lucille Odden</u> | <u>706 4th St. SE</u> | <u>Lake Preston</u> | <u>S.D.</u> | <u>57249-2156</u> |
| | 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 |

Dated June 18, 2010

M. Lucille Odden
(Signature of an authorized officer)

M. Lucille Odden
(Printed Name)

Sec. - Treas.
(Title)

307 2359

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)

ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink
No Filing Fee

FILE DATE 06/24/10
RECEIPT NO _____
RECEIVED
JUN 24 2010
S.D. SEC. OF STATE

1. Corporate ID, Name and Address:



* D F 0 1 9 7 6 9 *
DF019769 JUN/2009
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
706 4TH ST SE #9
LAKE PRESTON SD 57249-2156

Telephone # _____
FAX # _____
FILING DATE: To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent M. Lucille Odden

706 4th St. SE #9 Lake Preston S.D 57249-2156
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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres
<u>Tripp</u>	<u>9</u>	<u>Kaya Paha</u>	<u>160</u>
<u>Tripp</u>	<u>10</u>	<u>Kaya Paha</u>	<u>80</u>

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>100%</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____%

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred

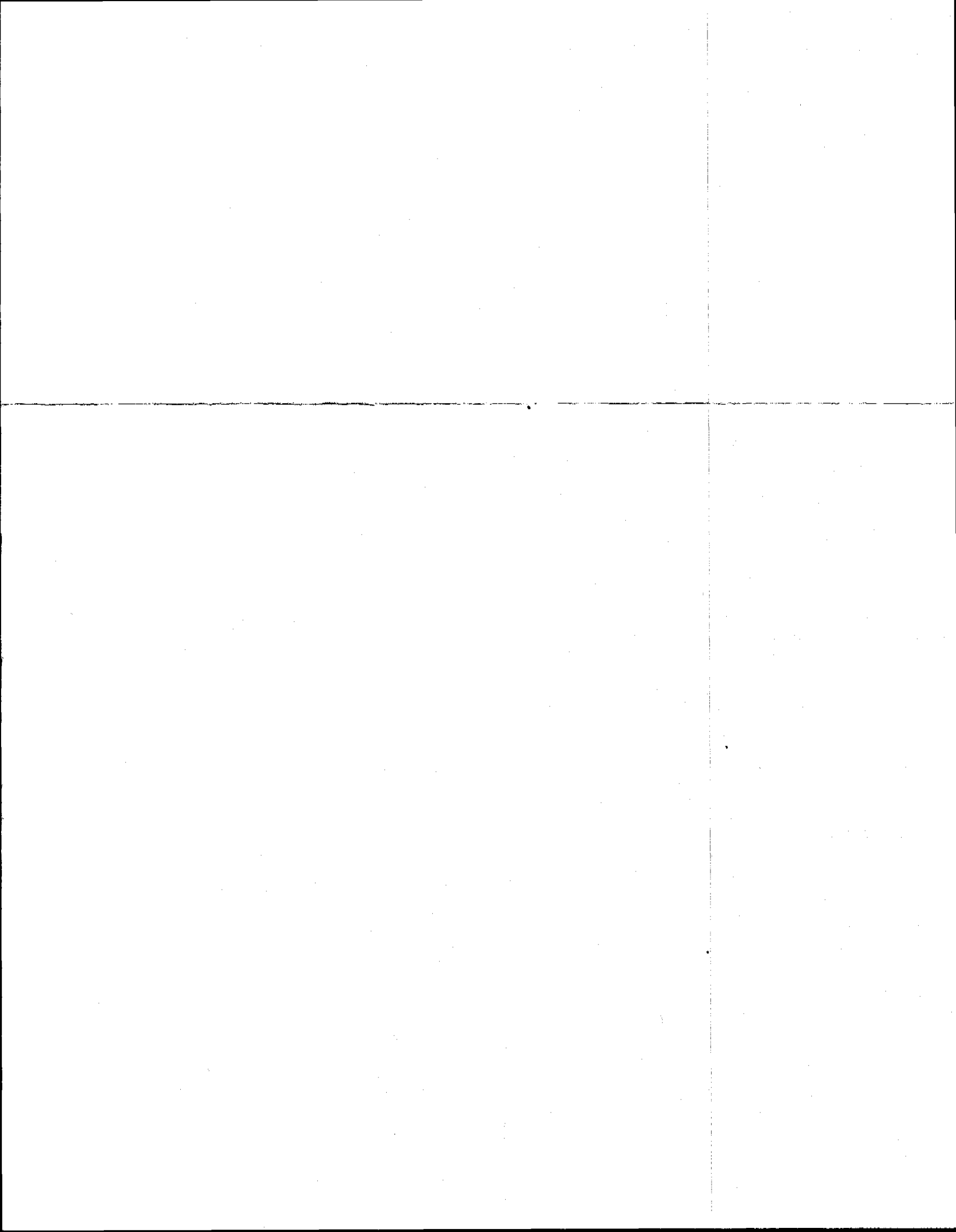
Dated June 18, 2010

M. Lucille Odden
(Signature of an authorized officer)

M. Lucille Odden
(Printed Name)

Sec. Treas.
(Title)

307 2360



2011

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

FILE DATE 7/5/11
RECEIPT NO 2119266
RECEIVED
JUL 05 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF019769 JUN/2010
ODDEN CHAROLAIS, INC.
ODDEN, M. LUCILLE
706 4TH ST SE #9
LAKE PRESTON SD 57249-2156

Telephone #

2. The jurisdiction under whose law it is formed South Dakota

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

706 4th Street SE #9 Lake Preston S.D. 57249-2156
Street Address City State ZIP+4

Same
Mailing Address City State ZIP+4

Email Address

4. The name of the South Dakota Registered Agent M. Lucille Odden

706 4th Street SE #9 Lake Preston S.D. 57249-2156
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

Email Address

5. The names and 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] Brian K. Odden 32358 301st St. Colome S.D. 57528-6025
President Street Address City State ZIP+4

[] Vice President Street Address City State ZIP+4

[] M. Lucille Odden 706 4th St. SE #9 Lake Preston S.D. 57249-2156
Secretary Street Address City State ZIP+4

[] Same
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 June 30, 2011

M. Lucille Odden
(Signature of an Authorized Person)

Email

M. Lucille Odden
(Printed Name)

322 1629

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 _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

5. If the address has changed, list the new registered agent address

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
--	------	-------	-------

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

Email Address _____

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

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

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL FARM REPORT

FILE 6/13/2012

RECEIPT NO 46819

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF019769
ODDEN CHAROLAIS, INC.
706 4TH ST SE #9
LAKE PRESTON, SD 57249-2156

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

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

706 4TH ST SE #9	LAKE PRESTON	SD	57249-2156
Street Address	City	State	ZIP+4
706 4TH ST SE #9	LAKE PRESTON	SD	57249-2156
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: M. LUCILLE ODDEN

706 4TH ST SE #9	LAKE PRESTON	SD	57249-2156
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 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.

<input checked="" type="checkbox"/>	BRIAN K ODDEN	32358 301 ST	COLOME	SD	57528-6025
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	M LUCILLE ODDEN	706 4TH ST SE # 9	LAKE PRESTON	SD	57249-2156
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	M LUCILLE ODDEN	706 4TH ST SE # 9	LAKE PRESTON	SD	57249-2156
	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

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	169000
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
------	----------------	------	-------	-------	--------

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

Signature Accepted Electronically

(Signature of an Authorized Person)

M LUCILLE ODDEN

(Printed Name)

2013

Enter Filing Year

ANNUAL FARM REPORT

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

Corporation

Please Type or Print Clearly In Ink

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

FILE 6/10/2013

RECEIPT NO 121806

1. Corporate Name and Address:

DF019769
ODDEN CHAROLAIS, INC.
706 4TH ST SE #9
LAKE PRESTON, SD 57249-2156

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

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

706 4TH ST SE #9	LAKE PRESTON	SD	57249-2156
Street Address	City	State	ZIP+4
706 4TH ST SE #9	LAKE PRESTON	SD	57249-2156
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: M. LUCILLE ODDEN

706 4TH ST SE #9	LAKE PRESTON	SD	57249-2156
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 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.

<input checked="" type="checkbox"/>	BRIAN K ODDEN	32358 301 ST	COLOME	SD	57528-6025
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	M LUCILLE ODDEN	706 4TH ST SE # 9	LAKE PRESTON	SD	57249-2156
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	M LUCILLE ODDEN	706 4TH ST SE # 9	LAKE PRESTON	SD	57249-2156
	Treasurer	Street Address	City	State	ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>999000</u>
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u> </u>

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

M LUCILLE ODDEN

(Printed Name)

2014 Enter Filing Year

ANNUAL FARM REPORT

FILE DATE	6/23/2014
RECEIPT NO	211266

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

Corporation
 Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF019769
 ODDEN CHAROLAIS, INC.
 706 4TH STREET SE #9
 LAKE PRESTON, SD 57249-2156

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

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

706 4TH STREET SE #9	LAKE PRESTON	SD	57249-2156
Street Address	City	State	ZIP+4
706 4TH STREET SE #9	LAKE PRESTON	SD	57249-2156
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: M. LUCILLE ODDEN

706 4TH ST SE #9	LAKE PRESTON	SD	57249-2156
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 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.

<input checked="" type="checkbox"/>	BRIAN K ODDEN	32358 301 ST	COLOME	SD	57528-6025
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	M LUCILLE ODDEN	706 4TH ST SE # 9	LAKE PRESTON	SD	57249-2156
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	M LUCILLE ODDEN	706 4TH ST SE # 9	LAKE PRESTON	SD	57249-2156
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	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

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

2015

ANNUAL FARM REPORT

FILE DATE 7/24/2015

Enter Filing Year

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

Corporation
SDCL 47-27-18, 59-11-24

RECEIPT NO 322188

Please Type or Print Clearly In Ink

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

Telephone #

1. Corporate Name and Address:

DF019769

ODDEN CHAROLAIS, INC.

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

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

706 4TH STREET SE #9 LAKE PRESTON SD 57249-2156

Actual Street Address or Rural Route Box Number City State ZIP+4

706 4TH STREET SE #9 LAKE PRESTON SD 57249-2156

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

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: M. LUCILLE ODDEN

706 4TH ST SE #9 LAKE PRESTON SD 57249-2156

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

Email Address (Optional)

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 servers as a director. South Dakota Law requires at least one director.

[X] BRIAN K ODDEN 32358 301 ST COLOME SD 57528-6025

President Actual Street Address City State ZIP+4

[] Vice President Actual Street Address City State ZIP+4

[] Director Actual Street Address City State ZIP+4

[] Director Actual Street Address City State ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	99900
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Actual Street Address	City	State	ZIP+4	Shares
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.

Dated 07/24/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email _____

M. LUCILLE ODDEN

(Optional)

(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.

7/24/2015 2:49:42 PM

2016

STATEMENT OF CHANGE OF REGISTERED OFFICE

FILE DATE 6/30/2016

RECEIPT NO 431697

Enter Filing Year

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

Corporation
SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:

DF019769

Enter Corporate ID

ODDEN CHAROLAIS, INC.

Enter Corporate Name

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

3. The address of the agent currently on file for this entity.

Agent Name: M. LUCILLE ODDEN

706 4TH ST SE #9	LAKE PRESTON	SD	57249-2156
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

Mailing Address, if Different from Street Address	City	State	ZIP+4
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4. If the address has changed, its new address.

New Agent Name: M LUCILLE ODDEN

210 E 4TH ST #11	MILLER	SD	57362-1449
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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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 06/30/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

M LUCILLE ODDEN

(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.

6/30/2016 4:12:00 PM

2016

ANNUAL FARM REPORT

FILE DATE 6/30/2016
RECEIPT NO 431697

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

Corporation
SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DF019769

Enter Corporate ID

ODDEN CHAROLAIS, 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).

210 E 4TH ST #11 MILLER SD 57362-1449
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: M LUCILLE ODDEN

210 E 4TH ST #11 MILLER SD 57362-1449
Actual Street Address or Rural Route Box Number in This State City State ZIP+4

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

5. The names and business addresses of its principal officers and directors. 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] BRIAN K ODDEN 32358 301 ST COLOME SD 57528-6025
President Actual Street Address City State ZIP+4

[] M LUCILLE ODDEN 210 E 4TH ST #11 MILLER SD 57362-1449
Vice President Actual Street Address City State ZIP+4

[]
Director Actual Street Address City State ZIP+4

[]
Director Actual Street Address City State ZIP+4

[]
Secretary Actual Street Address City State ZIP+4



Treasurer

Actual Street Address

City

State

ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	999999
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Actual Street Address	City	State	ZIP+4	Shares
------	-----------------------	------	-------	-------	--------

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 06/30/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

M LUCILLE ODDEN

(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.

6/30/2016 4:12:00 PM