Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

ANNUAL REPORT

DOMESTIC LIMITED LIABILITY COMPANY

SDCL 47-34A-211; 59-11-24, 24.1

FILING FEE: $65

Additional Fee for Delinquent Reports: $50

2021
Enter Filing Year

1. Business ID and Name:

DL138872
Business ID

JLK AG, LLC
Business Name

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

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

47414 248th St
Actual Street Address | City | State | ZIP+4

Dell Rapids, SD 57022
Mailing Address, if Different from Street Address | City | State | ZIP+4

47414 248th St. | Dell Rapids | S.D | 57022
Email Address *(Optional)*

4. The South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** noncommercial registered agent (this may be an individual) or **B)** a commercial registered agent. **Complete only one below, either (a) or (b).**

(a) The South Dakota Noncommercial Registered Agent's name James E Klein

47414 248th St. | Dell Rapids | S.D | 57022
Actual Street Address in this State | City | State | ZIP+4

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

Email Address *(Optional)*

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name | CRA#

5. If the LLC is manager-managed, list the names and addresses of its manager(s). SDCL 59-11-24. If the LLC is member-managed, this section may be left blank.

Manager/Governor	Actual Street Address	City	State	ZIP+4
Manager/Governor	Actual Street Address	City	State	ZIP+4
Manager/Governor	Actual Street Address	City	State	ZIP+4

6. Beneficial Interest *(optional)*

Owner	Description of Ownership	Percentage/Value
Owner	Description of Ownership	Percentage/Value

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated 9-25-2021

Email _____
(Optional)

James E Klein
Signature of an authorized person

James E Klein
Printed Name