

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 1 1 7 1 0 3 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 1-19-94
RECEIPT NO. 36284
FILED

JAN 19 1994

Secretary of State

1. Corporation Name Registered Agent and Registered Address:

DH-024200
DRAPER HOLDING COMPANY, INC. FEB/93
HAYES, G. KEITH
BOX 158
MAIN ST.
DRAPER, SD 57531-0158

Telephone # 605-669-2401
FAX # 605-

Federal Taxpayer

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
_____	_____	_____	_____

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 January 18, 19 94

By [Signature]
(Signature)
its President
(Title)

STATE OF South Dakota
COUNTY OF Jones ss

I, D. LeRoy Louder, a notary public, do hereby certify that on this 18th day of January 19 94,
personally appeared before me G. Keith Hayes who, being by me first duly sworn, declared that he/she is the
President of Draper Holding Company

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 2-23-2000
[Signature]
Notary Public

(Notarial Seal)

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: \$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)

10-11-95

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 2.1.95
RECEIPT NO 439355

RECEIVED

JAN 17 1995

SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address

DE-024200 FEB 94
DRAPER HOLDING COMPANY, INC.
HAYES, G. KEITH
BOX 159
MAIN ST.
DRAPEER, SD 57531-0159

Telephone # 605-669-2401
FAX # 605-669-2770

Federal Taxpayer IC
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
_____	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

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 January 13, 1995

By *G. Keith Hayes*
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Jones ss

I, D. LeRoy Louder, a notary public, do hereby certify that on this 13 day of January, 1995, personally appeared before me G. Keith Hayes who, being by me first duly sworn, declared that he/she is the President of Draper Holding Company, Inc.

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

My Commission Expires 2-23-2000

D. LeRoy Louder
Notary Public

(Notarial Seal)

SOS CRP 410 11/94



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 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)

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 2-1-96
RECEIPT NO. 514916

1. Corporate Name, Registered Agent and Registered Address:

DB-024200 FEB/95
DRAPER HOLDING COMPANY, INC.
HAYES, G. KEITH
BOX 158
MAIN ST.
DRAPER, SD 57531-0158

Telephone # 605-669-2401
FAX # 605-669-2770
Federal Taxpayer ID [REDACTED]

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 January 19 19 96
By [Signature]
(Signature)
its President
(Title)

STATE OF South Dakota
COUNTY OF Jones ss

I, D. LeRoy Louder, a notary public, do hereby certify that on this 19 day of January 19 96 personally appeared before me C. V. Hayes who, being by me first duly sworn, declared that he/she is the President of Draper Holding Company that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 2-23-2000
[Signature]
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: \$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 _____ **

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)

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

FILE DATE 2-1-97
RECEIPT NO _____

FILING FEE \$10 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

DB-021700 FEB/96
DRAPER HOLDING COMPANY, INC.
HAYES, G. KEITH
BOX 158
MAIN ST.
DRAPER, SD 57531 0158

Telephone # 605-660-2401
FAX # 605-660-2770
Federal Taxpayer IC
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	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 January 29 1997
By G. Keith Hayes
Signature: _____

STATE OF South Dakota
COUNTY OF Jones

I, Lois Jaide a notary public, do hereby certify that on this 29 day of January 1997
personally appeared before me G. Keith Hayes who being by me first duly sworn, declared that he is the
President of Draper Holding Company, Inc.

that he ~~is~~ signed the foregoing document as officer of the corporation and the statements therein contained are true
My Commission Expires November 13, 1997

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: \$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 _____

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)

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

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

FILE DATE 2/3/98
RECEIPT NO. 1689243

RECEIVED

FEB 3 1998

1. Corporate Name, Registered Agent and Registered Address.

DB-024200
DRAPER HOLDING COMPANY, INC.
HAYES, G. KEITH
BOX 158
MAIN ST.
DRAPER, SD 57531-0158

Telephone # 605-669-2401
FAX # 605-669-2770

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 January 28, 19 98

By [Signature]
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Jones SS

I, D. LeRoy Louder, a notary public, do hereby certify that on this 28 day of January 19 98, personally appeared before me G. Keith Hayes who, being by me first duly sworn, declared that he/she is the President of Draper Holding Company, Inc

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

My Commission Expires 1-23-2000

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4846

**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)

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

FILE DATE 2-1-99
RECEIPT NO. 772085

RECEIVED

FEB 1 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-024200
DRAPER HOLDING COMPANY, INC.
HAYES, G. KEITH
BOX 158
MAIN ST.
DRAPER, SD 57531-0158

Telephone # 605-669-2401

FAX # 605-669-2770

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 January 28, 19 99

By [Signature]
(Signature)

Its Chairman
(Title)

STATE OF South Dakota ss
COUNTY OF Jones

I, Donald M. Berger, a notary public, do hereby certify that on this 28th day of January 19 99, personally appeared before me G. Keith Hayes who, being by me first duly sworn, declared that he/she is the Chairman of Draper Holding Company the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 10-29-2004

[Signature]
Notary Public

(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)

2000

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

0003201.2283

FILE DATE 2-1-00
RECEIPT NO. 864009

RECEIVED

FEB 4 2000

SD-REG. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-024200 FEB/1999
DRAPER HOLDING COMPANY, INC.
HAYES, G. KEITH
BOX 158
MAIN ST.
DRAPER SD 57531-0158

Telephone # 605-669-2401
FAX # 605-669-2770

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 February 3, 2000

By [Signature]
(Signature)

Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Jones

On this the 3 day of February 2000, before me, Donald M. Berger
personally appeared G. Keith Hayes, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 10/29/2004

Donald M. Berger
Notary Public

(Notarial Seal)

SOS CRP 11/99

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4835

**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, _____, known to me, or proved to me, personally appeared _____, 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) _____

2001

RETURN TO
SECRETARY OF STATE
800 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 2-1-01
RECEIPT NO. 0324

RECEIVED

JAN 18 01

S.D. SEC. 45.50

1. Corporate Name, Registered Agent and Registered Address:

DB-024200 FEB/2000
DRAPER HOLDING COMPANY, INC.
HAYES, G. KEITH
BOX 158
MAIN ST.
DRAPER SD 57531-0158

Telephone # 605-669-2401
FAX # 6056692770
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 January 17, 2001

By [Signature]
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Jones as

On this the 17th day of January 20 01, before me, Donald M. Berger
personally appeared G. Keith Hayes, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 10-29-2004

Donald M. Berger
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
503 E. CAPITOL
PIERRE, S.D. 57601-5077
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)

ADMINISTRATION

2002

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

0202212.2504 2115102

FILE DATE 2-1-02 RECEIPT NO. 1065281 RECEIVED JAN 28 '02

1. Corporate Name, Registered Agent and Registered Address:



DB-024200 FEB/2001

DRAPER HOLDING COMPANY, INC. HAYES, G. KEITH BOX 158 MAIN ST. DRAPER SD 57531-0158

Telephone # 605 669-2401 FAX # 605 669-2401 Federal Taxpayer IC

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

S.D. SEC. OF STATE

*** ATTENTION - FILING INSTRUCTIONS ***

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

[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 Jan 25, 2001

By [Signature] (Signature) Its Chairman (Title)

STATE OF South Dakota COUNTY OF Jones ss

On this the 25 day of Jan 2002, before me, Karen Miller personally appeared G. Keith Hayes, known to me, or proved to me, to be the Chairman 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 7-12-07

[Signature] Notary Public

(Notarial Seal)

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

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)

DOMESTIC

2003

ANNUAL REPORT

RECEIVED

FILE DATE 2/20/03
RECEIPT NO. 11787105

0303219.1760
3/20/03

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

1. Corporate Name, Registered Agent and Registered Address:



DB024200 FEB/2002
DRAPER HOLDING COMPANY, INC.
HAYES, G. KEITH
BOX 158
MAIN ST.
DRAPER SD 57531-0158

Telephone # 605 669-2401
FAX # 605 669-2770
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 Feb 19, 2003

By Karen Miller
(Signature)

Its Chairman
(Title)

STATE OF South Dakota ss

COUNTY OF Jones

On this the 19 day of February, 2003, before me, Karen Miller
personally appeared G. Keith Hayes, known to me, or proved to me,
to be the Chairman 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 7-12-07

Karen Miller
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

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

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

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____

(signature)

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

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____

ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____

ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

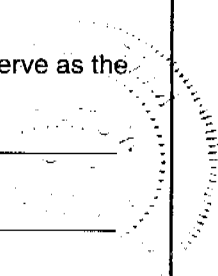
On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public
(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____
(signature)



**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) _____

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 02/01/06
RECEIPT NO. 7521436
RECEIVED
JAN 27 '06

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



DB024200 FEB/2005
DRAPER HOLDING COMPANY, INC.
HAYES, G. KEITH
BOX 158
MAIN ST.
DRAPER SD 57531-0158

Telephone # 605 669-2401
FAX # 605 669-2770

S.D. SEC. OF STATE

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

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 100 Main Street Draper, SD 57531-0158

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

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Stephen K. Hayes (President), Margery I. Hayes (Vice President), and D. LeRoy Louder (Secretary and 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.

Director
Director

4. Provide a brief description of the nature of the business Commercial Banking

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES
5000

6. NUMBER OF ISSUED SHARES CLASS SERIES

5000

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

Dated January 23, 2006

Signature of D. LeRoy Louder

D. LeRoy Louder

Printed Name

Secretary/Treasurer

**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 Draper Holding Company Inc.
2. The street address, or a statement that there is no street address, of its current registered office _____
100 Main Street Draper, SD ZIP + 4 57531-0158
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. _____
100 Main Street Draper, SD ZIP + 4 57531-0158
4. The name of its current registered agent is G. Keith Hayes
5. The name of its new registered agent is * Stephen K. Hayes

***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 January 23, 2006



Signature

D. LeRoy Louder
Printed Name

Secretary/Treasurer

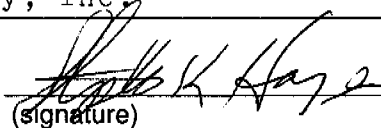
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Stephen K. Hayes, hereby give my consent to serve as the
(name of registered agent)

registered agent for Draper Holding Company, Inc.
(corporate name)

Dated January 23-2006


(signature)

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

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____
_____ ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

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

File Date _____

Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____

ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____

ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

2009

ANNUAL REPORT DOMESTIC

Secretary of State Office
100 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

FILED 02/01/09
RECEIPT NO 1873756
RECEIVED
JAN 15 2009
S.D. SEC. OF STATE

Corporate Name, Registered Agent Name and Address:



DB024200 FEB/2008
DRAPER HOLDING COMPANY, INC.
HAYES, STEPHEN K
100 MAIN STREET
DRAPER SD 57531-0158

Telephone # 605 669-2401
FAX # 605 669-2770
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.

100 Main Street Draper South Dakota 57531-0158
Street Address City State ZIP+4
PO Box 158 Draper South Dakota 57531-0158
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Stephen K. Hayes

24409 S. Highway 183 Presho South Dakota 57568
Street Address (Required to be a South Dakota Address) City State ZIP+4
100 Main St Draper SD 57531
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.

- Stephen K. Hayes 24409 S. Highway 183 Presho South Dakota 57568
President Street Address City State ZIP+4
Margery I. Hayes 24033 279 Ave Draper South Dakota 57531
Vice President Street Address City State ZIP+4
D. LeRoy Louder 114 Terri Ln Pierre South Dakota 57501
Secretary Street Address City State ZIP+4
D. LeRoy Louder 114 Terri Ln Pierre South Dakota 57501
Treasurer Street Address City State ZIP+4
Martha Rankin 409 E. 8th Ave Ft. Pierre South Dakota 57532
Director Street Address City State ZIP+4
Mary Agnes Dott 3901 Benjamin Drive S. Sioux Falls South Dakota 57103
Director Street Address City State ZIP+4

Dated January 15, 2009

[Signature]
(Signature of an authorized officer)

D. LeRoy Louder
(Printed Name)
Secretary/Treasurer
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

Mailing Address (Optional) _____ City _____ State _____ ZIP+4 _____

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2009

ANNUAL REPORT DOMESTIC

Secretary of State Office
100 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

FILED 02/01/09
RECEIPT NO 1873756
RECEIVED
JAN 15 2009
S.D. SEC. OF STATE

Corporate Name, Registered Agent Name and Address:



DB024200 FEB/2008
DRAPER HOLDING COMPANY, INC.
HAYES, STEPHEN K
100 MAIN STREET
DRAPER SD 57531-0158

Telephone # 605-669-2401
FAX # 605-669-2770
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.

100 Main Street Draper South Dakota 57531-0158
Street Address City State ZIP+4
PO Box 158 Draper South Dakota 57531-0158
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Stephen K. Hayes

24409 S. Highway 183 Presho South Dakota 57568
Street Address (Required to be a South Dakota Address) City State ZIP+4
100 Main St Draper SD 57531
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

[X] Stephen K. Hayes 24409 S. Highway 183 Presho South Dakota 57568
President Street Address City State ZIP+4
[X] Margery I. Hayes 24033 279 Ave Draper South Dakota 57531
Vice President Street Address City State ZIP+4
[X] D. LeRoy Louder 114 Terri Ln Pierre South Dakota 57501
Secretary Street Address City State ZIP+4
[X] D. LeRoy Louder 114 Terri Ln Pierre South Dakota 57501
Treasurer Street Address City State ZIP+4
[X] Martha Rankin 409 E. 8th Ave Ft. Pierre South Dakota 57532
Director Street Address City State ZIP+4
[X] Mary Agnes Dott 3901 Benjamin Drive S. Sioux Falls South Dakota 57103
Director Street Address City State ZIP+4

Dated January 15, 2009

[Signature of D. LeRoy Louder]
(Signature of an authorized officer)

D. LeRoy Louder
(Printed Name)
Secretary/Treasurer
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

Mailing Address (Optional) _____ City _____ State _____ ZIP+4 _____

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) _____ City _____ State _____ ZIP+4 _____

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2010

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 02/01/10
RECEIPT NO 1000590
RECEIVED
JAN 15 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB024200 FEB/2009
DRAPER HOLDING COMPANY, INC.
HAYES, STEPHEN K
100 MAIN ST
DRAPER SD 57531

RECEIVED
JAN 22 2010
S.D. SEC. OF STATE

Telephone # 605 669-2401
FAX # 605 669-2770
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.

100 Main Street Draper South Dakota 57531-0158
Street Address City State ZIP+4
PO Box 158 Draper South Dakota 57531-0158
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Stephen K. Hayes

100 Main Street Draper South Dakota 57531-0158
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.

- Stephen K. Hayes 24409 S. Highway 183 Presho South Dakota 57568
Margery I. Hayes 24033 279 Ave. Draper South Dakota 57531
D. LeRoy Louder 114 Terri Ln. Pierre South Dakota 57501
D. LeRoy Louder 114 Terri Ln Pierre South Dakota 57501
Mary Agnes Dott 3901 Benjamin Drive S. Sioux Falls South Dakota 57532

Dated January 14, 2010

[Signature]
(Signature of an authorized officer)

D. LeRoy Louder
(Printed Name)

Secretary/Treasurer

(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
--------------------------------------------------------	------	-------	-------

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

316 2192 03/24/2011

2011

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 2-8-11
 RECEIPT NO 2123489
RECEIVED RECEIVED
JAN 27 2011 FEB 08 2011
 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB024200
DB024200 FEB/2010
DRAPER HOLDING COMPANY, INC.
HAYES, STEPHEN K
100 MAIN ST
DRAPER SD 57531

Telephone # 605 669-2401
FAX # 605 669-2770
FILING DATE: Due during the month
the Certificate of Incorporation was
issued, and delinquent after the last
day of the following month.

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

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

<u>100 Main Street</u>	<u>Draper</u>	<u>South Dakota</u>	<u>57531-0158</u>
Street Address	City	State	ZIP+4
<u>PO Box 158</u>	<u>Draper</u>	<u>South Dakota</u>	<u>57531-0158</u>
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Stephen K. Hayes

<u>100 Main Street</u>	<u>Draper</u>	<u>South Dakota</u>	<u>57531-0158</u>
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
<u>-----</u>	<u>-----</u>	<u>-----</u>	<u>-----</u>
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"/> | <u>Stephen K. Hayes</u> | <u>24409 S. Highway 183</u> | <u>Presho</u> | <u>South Dakota</u> | <u>57568</u> |
| | President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | <u>Margery I. Hayes</u> | <u>24033 279 Ave.</u> | <u>Draper</u> | <u>South Dakota</u> | <u>57531</u> |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | <u>D. LeRoy Louder</u> | <u>114 Terri Ln.</u> | <u>Pierre</u> | <u>South Dakota</u> | <u>57501</u> |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | <u>D. LeRoy Louder</u> | <u>114 Terri Ln.</u> | <u>Pierre</u> | <u>South Dakota</u> | <u>57501</u> |
| | Treasurer | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>Steven Kost</u> | <u>408 N. Jackson Ave.</u> | <u>Pierre</u> | <u>South Dakota</u> | <u>57501</u> |
| | Director | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>-----</u> | <u>-----</u> | <u>-----</u> | <u>-----</u> | <u>-----</u> |
| | 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 January 26, 2011

(Signature of an Authorized Person)

D. LeRoy Louder
(Printed Name)
Secretary/Treasurer

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address City State ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

316 2192 03/24/2011

2011

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 2-8-11
 RECEIPT NO 2123489
RECEIVED RECEIVED
JAN 27 2011 FEB 08 2011
 S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB024200
DB024200 FEB/2010
DRAPER HOLDING COMPANY, INC.
HAYES, STEPHEN K
100 MAIN ST
DRAPER SD 57531

Telephone # 605 669-2401
FAX # 605 669-2770
FILING DATE: Due during the month
the Certificate of Incorporation was
issued, and delinquent after the last
day of the following month.

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

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

<u>100 Main Street</u>	<u>Draper</u>	<u>South Dakota</u>	<u>57531-0158</u>
Street Address	City	State	ZIP+4
<u>PO Box 158</u>	<u>Draper</u>	<u>South Dakota</u>	<u>57531-0158</u>
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Stephen K. Hayes

<u>100 Main Street</u>	<u>Draper</u>	<u>South Dakota</u>	<u>57531-0158</u>
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
<u>-----</u>	<u>-----</u>	<u>-----</u>	<u>-----</u>
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"/> | <u>Stephen K. Hayes</u> | <u>24409 S. Highway 183</u> | <u>Presho</u> | <u>South Dakota</u> | <u>57568</u> |
| | President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | <u>Margery I. Hayes</u> | <u>24033 279 Ave.</u> | <u>Draper</u> | <u>South Dakota</u> | <u>57531</u> |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | <u>D. LeRoy Louder</u> | <u>114 Terri Ln.</u> | <u>Pierre</u> | <u>South Dakota</u> | <u>57501</u> |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | <u>D. LeRoy Louder</u> | <u>114 Terri Ln.</u> | <u>Pierre</u> | <u>South Dakota</u> | <u>57501</u> |
| | Treasurer | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>Steven Kost</u> | <u>408 N. Jackson Ave.</u> | <u>Pierre</u> | <u>South Dakota</u> | <u>57501</u> |
| | Director | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | <u>-----</u> | <u>-----</u> | <u>-----</u> | <u>-----</u> | <u>-----</u> |
| | 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 January 26, 2011

(Signature of an Authorized Person)

D. LeRoy Louder
(Printed Name)
Secretary/Treasurer

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address City State ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2012

Enter Filing Year

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

STATEMENT OF CHANGE OF
REGISTERED OFFICE OR REGISTERED
DOMESTIC

FILING FEE: \$10.00 Please Type or Print Clearly In Ink
Make check payable to SECRETARY OF STATE

FILE DATE 02/08/2012

RECEIPT NO 22186

1. Corporate ID and Name:

DB024200
DRAPER HOLDING COMPANY, INC.
1204 YELLOWSTONE STREET
FORT PI, SD 57532

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: STEPHEN K HAYES

100 MAIN ST DRAPER SD 57531
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

4. If the address has changed, its new address.

New Agent Name: STEPHEN K HAYES

1204 YELLOWSTONE STREET FORT PIERRE SD 57532-0790
Street Address or Rural Route Box Number in This State and City State ZIP+4

PO BOX 790 FORT PIERRE SD 57532-0790
Mailing Address in This State, if Different from Street Address City State ZIP+4

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

Dated 02/08/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

STEPEHN K HAYES
(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE DATE 02/08/2012

RECEIPT NO 22186

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

DOMESTIC

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

1. Corporate ID and Name:
DB024200
DRAPER HOLDING COMPANY, INC.
1204 YELLOWSTONE STREET
FORT PI, SD 57532

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

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

1204 YELLOWSTONE STREET	FORT PI	SD	57532
Street Address	City	State	ZIP+4
PO BOX 790	FORT PIERRE	SD	57532
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: STEPHEN K HAYES

1204 YELLOWSTONE STREET	FORT PIERRE	SD	57532-0790
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 790	FORT PIERRE	SD	57532-0790
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	STEPHEN K HAYES	PO BOX 790	FORT PIERRE	SD	57532
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Dated 02/08/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

STEPEHN K HAYES
(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 1/25/2013

RECEIPT NO 90885

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

DOMESTIC

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB024200
DRAPER HOLDING COMPANY, INC.
1204 YELLOWSTONE STREET
FORT PIERRE, SD 57532

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

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

1204 YELLOWSTONE STREET FORT PIERRE SD 57532

Street Address City State ZIP+4

PO BOX 790 FORT PIERRE SD 57532

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: STEPHEN K HAYES

1204 YELLOWSTONE STREET FORT PIERRE SD 57532-0790

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

PO BOX 790 FORT PIERRE SD 57532-0790

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

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

Table with 5 columns: Name, Street Address, City, State, ZIP+4. Rows include Stephen K Hayes (President, checked), Vice President, Secretary, Treasurer, and Director.

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

Date 01/25/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

STEPHEN K. HAYES

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 12/12/2013

RECEIPT NO 159619

1. Corporate ID and Name:

DB024200
DRAPER HOLDING COMPANY, INC.
1204 YELLOWSTONE STREET
FORT PIERRE, SD 57532

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

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

1204 YELLOWSTONE STREET FORT PIERRE SD 57532

Street Address City State ZIP+4

PO BOX 790 FORT PIERRE SD 57532

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: STEPHEN K HAYES

1204 YELLOWSTONE STREET FORT PIERRE SD 57532-0790

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

PO BOX 790 FORT PIERRE SD 57532-0790

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

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

Table with 5 columns: Name, Street Address, City, State, ZIP+4. Rows include Stephen K Hayes (President, checked), and several empty rows for Vice President, Secretary, Treasurer, and Director.

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 12/12/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

STEPHEN K HAYES

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 12/3/2014

RECEIPT NO 251009

1. Corporate ID and Name:

DB024200
DRAPER HOLDING COMPANY, INC.
1204 YELLOWSTONE STREET
FORT PIERRE, SD 57532

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

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

1204 YELLOWSTONE STREET FORT PIERRE SD 57532

Street Address City State ZIP+4

PO BOX 790 FORT PIERRE SD 57532

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: STEPHEN K HAYES

1204 YELLOWSTONE STREET FORT PIERRE SD 57532-0790

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

PO BOX 790 FORT PIERRE SD 57532-0790

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

5. The names and addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

[X] STEPHEN K HAYES PO BOX 790 FORT PIERRE SD 57532

President Street Address City State ZIP+4

[] Vice President Street Address City State ZIP+4

[] Secretary Street Address City State ZIP+4

[] Treasurer Street Address City State ZIP+4

[] Director Street Address City State ZIP+4

[] Director Street Address City State ZIP+4

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

Dated 12/03/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

STEPHEN K HAYES

(Printed Name)

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Restated Domestic Business

ORGANIZATIONAL ID# DB024200

I, Shantel Krebs, Secretary of State of the State of South Dakota, hereby certify that the Restated Articles of

DRAPER HOLDING COMPANY, INC.

duly signed and verified, have been received in this office and are found to conform to law.

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

IN TESTIMONY WHEREOF,
I have hereunto set my hand and
affixed the Great Seal of the
State of South Dakota, at Pierre,
the Capital, this 05/07/2015.



Shantel Krebs

Shantel Krebs
Secretary of State

5/7/2015 3:24:48 PM

Change ID: 1248705

FIRST AMENDED AND RESTATED ARTICLES OF INCORPORATION

RECEIVED

OF

APR 16 2015

Filed this 16th day of April 2015

DRAPER HOLDING COMPANY, INC.

S.D. SEC. OF STATE

Shantel K...

Draper Holding Company, Inc., adopts the following First Amended and Restated

Articles of Incorporation pursuant to the provisions of the South Dakota Business Corporation

Act, SDCL § 47-1A-1001, et seq.:

ARTICLE I

The name of the corporation is Draper Holding Company, Inc.

ARTICLE II

The period of existence is perpetual.

ARTICLE III

The purpose or purposes of which the corporation is organized is to carry on and conduct a business of a bank holding company to own, purchase and sell bank subsidiary corporations and other subsidiary corporations which shall carry on and conduct nonbanking activities closely related to the banking business, and to have and exercise all the powers now or hereafter conferred by the laws of the State of South Dakota under corporations organized pursuant to the laws under which the corporation is organized and any and all acts amendatory thereof and supplemental thereto.

ARTICLE IV

The corporation is authorized to issue 6,250 shares of common stock. All of the shares will be voting shares.

ARTICLE V

The shareholders will not have the preemptive right to acquire additional or treasury shares of stock of the corporation.

ARTICLE VI

The address of the principal executive office of the corporation is 1204 Yellowstone Street, Ft. Pierre, SD 57532.

ARTICLE VII

The address of the registered office of the corporation is 1204 Yellowstone Street, Ft. Pierre, SD 57532.

ARTICLE VIII

Directors of the corporation will not be liable to the corporation or its shareholders for money damages for any action taken, or any failure to take any action, as a director, except liability for the amount of a financial benefit received by a director to which the director is not entitled, an intentional infliction of harm on the corporation or the shareholders, a violation of SDCL § 47-1A-833, or an intentional violation of criminal law.

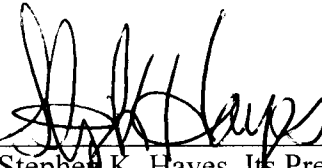
ARTICLE IX

The corporation will be obligated to indemnify a director for liability, as defined in SDCL § 47-1A-850(5), to any person for any action taken, or any failure to take any action, as a director, except liability for receipt of a financial benefit to which the director is not entitled, an intentional infliction of harm on the corporation or its shareholders, a violation of SDCL § 47-1A-833.1, or an intentional violation of criminal law.

(Signature page follows.)

The foregoing First Amended and Restated Articles of Incorporation of Draper Holding Company, Inc., were duly adopted by the shareholders of the corporation and in accordance with SDCL § 47-1A-1001, et seq., as of the date set forth below.

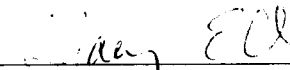
Dated: March 11, 2015.

By  _____
Stephen K. Hayes, Its President

Certification of First Amended and Restated Articles of Incorporation

The undersigned secretary of the Corporation certifies the foregoing First Amended and Restated Articles of Incorporation were duly adopted by the directors and shareholders of the corporation.

Dated: March 11, 2015.

By  _____
Stacy Ellwanger, Its Secretary



South Dakota Secretary of State
SHANTEL KREBS

Return To: WOODS FULLER SHULTZ & SMITH PC RYAN W SNELL
PO BOX 5027
SIOUX FALLS, SD 57117-5027

From: Secretary of State Shantel Krebs
Corporations Division

Filing Date: 05/07/2015

Re: DRAPER HOLDING COMPANY, INC. (DB024200)
Restated Articles

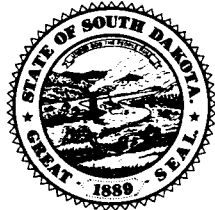
The documents on behalf of DRAPER HOLDING COMPANY, INC. have been received and filed. Attached is the Certificate along with a receipt for the filing fee of \$60.00. Below is a summary of the transaction.

Remitter	Address	Amount Paid
WOODS FULLER SHULTZ & SMITH PC RYAN W SNELL	PO BOX 5027 SIOUX FALLS, SD 57117-5027	\$60.00
Total:		\$60.00

Description	Invoice Date	Qty	Receipt #	Subtotal
Restated Articles	05/07/2015	1	300207	\$60.00
Total:				\$60.00

Please note, an annual report is due to be filed with the Secretary of State's office every year. The annual report will be due during the month of organization starting next year. Annual reports may be filed online or by paper and can be found at: www.sdsos.gov/business-services, under "File an Annual Report."

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Restated Domestic Business

ORGANIZATIONAL ID# DB024200

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that the Restated Articles of

DRAPER HOLDING COMPANY, INC.

duly signed and verified, have been received in this office and are found to conform to law.

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

IN TESTIMONY WHEREOF,
I have hereunto set my hand and
affixed the Great Seal of the
State of South Dakota, at Pierre,
the Capital, this 10/22/2015.



Shantel Krebs

Shantel Krebs
Secretary of State

10/22/2015 4:33:21 PM
Change ID: 1284095

SECOND AMENDED AND RESTATED ARTICLES OF INCORPORATION

Filed this 22nd day of
Oct 2015

OF

RECEIVED

OCT 22 2015

S.D. SEC. OF STATE

DRAPER HOLDING COMPANY, INC.

Shantel Krebs
SECRETARY OF STATE

Draper Holding Company, Inc., adopts the following First Amended and Restated

Articles of Incorporation pursuant to the provisions of the South Dakota Business Corporation

Act, SDCL § 47-1A-1001, et seq.:

ARTICLE I

The name of the corporation is Draper Holding Company, Inc.

ARTICLE II

The period of existence is perpetual.

ARTICLE III

The purpose or purposes of which the corporation is organized is to carry on and conduct a business of a bank holding company to own, purchase and sell bank subsidiary corporations and other subsidiary corporations which shall carry on and conduct nonbanking activities closely related to the banking business, and to have and exercise all the powers now or hereafter conferred by the laws of the State of South Dakota under corporations organized pursuant to the laws under which the corporation is organized and any and all acts amendatory thereof and supplemental thereto.

ARTICLE IV

The corporation is authorized to issue 6,250 shares of common stock. All of the shares will be voting shares.

ARTICLE V

The shareholders will not have the preemptive right to acquire additional or treasury shares of stock of the corporation.

ARTICLE VI

The address of the principal executive office of the corporation is 1204 Yellowstone Street, Ft. Pierre, SD 57532.

ARTICLE VII

The address of the registered office of the corporation is 1204 Yellowstone Street, Ft. Pierre, SD 57532.

ARTICLE VIII

Directors of the corporation will not be liable to the corporation or its shareholders for money damages for any action taken, or any failure to take any action, as a director, except liability for the amount of a financial benefit received by a director to which the director is not entitled, an intentional infliction of harm on the corporation or the shareholders, a violation of SDCL § 47-1A-833, or an intentional violation of criminal law.

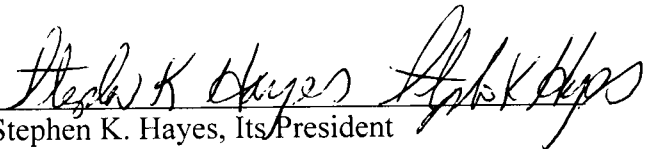
ARTICLE IX

Unless disallowed under applicable federal banking law, the corporation will be obligated to indemnify a director for liability, as defined in SDCL § 47-1A-850(5), to any person for any action taken, or any failure to take any action, as a director, except liability for receipt of a financial benefit to which the director is not entitled, an intentional infliction of harm on the corporation or its shareholders, a violation of SDCL § 47-1A-833.1, or an intentional violation of criminal law.

(Signature page follows.)

The foregoing Second Amended and Restated Articles of Incorporation of Draper Holding Company, Inc., were duly adopted by the shareholders of the corporation and in accordance with SDCL § 47-1A-1001, et seq., as of the date set forth below.


Dated: September 10, 2015.

By 
Stephen K. Hayes, Its President

Certification of Second Amended and Restated Articles of Incorporation

The undersigned secretary of the Corporation certifies the foregoing Second Amended and Restated Articles of Incorporation were duly adopted by the directors and shareholders of the corporation.

Dated: September 10, 2015.

By 
Stacy Ellwanger, Its Secretary



South Dakota Secretary of State
SHANTEL KREBS

Return To: DRAPER HOLDING COMPANY/STEVE HAYES
PO BOX 790
FORT PIERRE, SD 57532

From: Secretary of State Shantel Krebs
Corporations Division

Filing Date: 10/22/2015

Re: DRAPER HOLDING COMPANY, INC. (DB024200)
Restated Articles

The documents on behalf of DRAPER HOLDING COMPANY, INC. have been received and filed. Attached is the Certificate along with a receipt for the filing fee of \$60.00. Below is a summary of the transaction.

Remitter	Address	Amount Paid
DRAPER HOLDING COMPANY	PO BOX 158 DRAPER, SD 57531	\$60.00
Total:		\$60.00

Description	Invoice Date	Qty	Receipt #	Subtotal
Restated Articles	10/22/2015	1	345816	\$60.00
Total:				\$60.00

2016

ANNUAL REPORT

FILE DATE 1/5/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 366414

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

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB024200

Enter Corporate ID

DRAPER HOLDING COMPANY, 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).

1204 YELLOWSTONE STREET FORT PIERRE SD 57532

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

PO BOX 790 FORT PIERRE SD 57532

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

4. The name of the South Dakota Registered Agent

Agent Name: STEPHEN K HAYES

1204 YELLOWSTONE STREET FORT PIERRE SD 57532-0790

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

PO BOX 790 FORT PIERRE SD 57532-0790

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

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

[X] STEPHEN K HAYES PO BOX 790 FORT PIERRE SD 57532
President Actual Street Address City State ZIP+4

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

[] Secretary Actual Street Address City State ZIP+4

[] Treasurer Actual Street Address City State ZIP+4

Director

Actual Street Address

City

State

ZIP+4

Director

Actual Street Address

City

State

ZIP+4

6. Beneficial Interest (optional)

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

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

STEPHEN K HAYES

(Printed Name)