

Receipt Number: 1280807

File Number **DB047797**



**ARTICLES\_OF\_INCORPORATION**

For

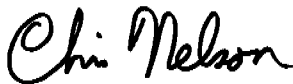
**PRECISION IRRIGATION & LAWCARE, INC.**

Filed at the request of:

**THOMAS H FRIEBERG  
FRIEBERG ZIMMER DUNCAN & NELSON LLP  
PO BOX 511  
BERESFORD SD 57004**

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

Filed in the office of the Secretary of State on: **Wednesday, January 14, 2004**



Secretary of State

Fee Received: \$200.00

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

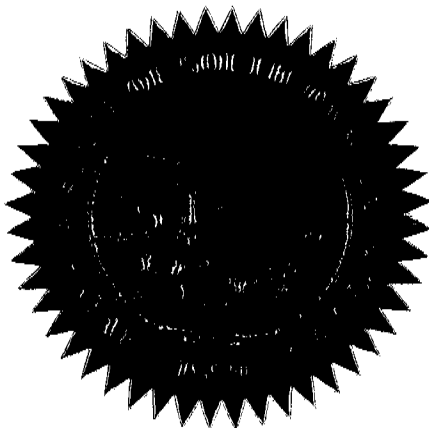
### Certificate of Incorporation Business Corporation

ORGANIZATIONAL ID #: DB047797

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **PRECISION IRRIGATION & LAWCARE, INC.** duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this January 14, 2004.



*Chris Nelson*

**Chris Nelson**  
Secretary of State

329 1932 01/30/2004

14th Jan 2004

REC-111

JAN 14 2004

S.D. SEC. OFFICE

ARTICLES OF INCORPORATION  
FOR  
PRECISION IRRIGATION & LAWN CARE, INC.

The undersigned has executed duplicate Articles of Incorporation for the purpose of forming a South Dakota Corporation under Chapter 47 of South Dakota Codified Laws.

ARTICLE ONE

The name of the corporation shall be: Precision Irrigation & Lawncare, Inc.

ARTICLE TWO

The duration of the corporation shall be perpetual.

ARTICLE THREE

The corporation shall be organized for the purpose of property maintenance, and any such business as may be lawful or legal under the laws of the State of South Dakota.

ARTICLE FOUR

The aggregate number of shares that the corporation shall have authority to issue shall be 500,000, all of which shall consist of common stock at a par value of \$1.00 each. No other class of shares will be authorized.

ARTICLE FIVE

The corporation will not commence business until consideration of the value of at least One Thousand Dollars (\$1,000.00) has been received for the issuance of shares.

ARTICLE SIX

One director shall constitute the initial Board of Directors,

DB041797

and the name and address of the person who is to serve as such Director until the first annual meeting or until his successor is elected and shall qualify, is:

<u>Name</u>	<u>Address</u>
Chris Hofer	404 S. 2 <sup>nd</sup> St. Beresford, SD 57004

ARTICLE SEVEN

The name and address of the incorporator is:

<u>Name</u>	<u>Address</u>
Chris Hofer	404 S. 2 <sup>nd</sup> St. Beresford, SD 57004

ARTICLE EIGHT

The address of its registered office is 404 South 2<sup>nd</sup> St., Beresford, South Dakota, 57014 and the name of its registered agent at such address is Chris Hofer.

ARTICLE NINE

These Articles may be amended in the manner authorized by the laws of the State of South Dakota at the time of such amendment.

Executed in duplicate on the 12 day of January, 2004.

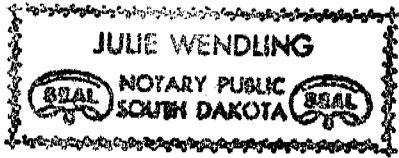
  
Chris Hofer

329 1934 01/30/2004

STATE OF SOUTH DAKOTA     )  
  :SS  
COUNTY     OF     UNION     )

On this the 12<sup>th</sup> day of January, 2004, before me, the undersigned officer, personally appeared Chris Hofer, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



*Julie Wendling*  
\_\_\_\_\_  
Notary Public, South Dakota  
My commission expires: \_\_\_\_\_  
My Commission Expires 9/30/2008

CONSENT TO APPOINTMENT BY THE REGISTERED AGENT

I, Chris Hofer, hereby give my consent to serve as the registered agent for Precision Irrigation & Lawncare, Inc.

Dated at Beresford, South Dakota, this 12 day of January, 2004.

*Chris Hofer*  
\_\_\_\_\_  
Chris Hofer  
404 S. 2<sup>nd</sup> St.  
Beresford, SD 57004

# Secretary of State

State Capitol Suite 204  
500 East Capitol Avenue  
Pierre SD 57501-5070

Chris Nelson  
Secretary of State

Chad Heinrich  
Deputy

605-773-4845



DB047797

HOFER, CHRIS  
PRECISION IRRIGATION & LAWN CARE, INC.  
404 SOUTH 2ND STREET  
BERESFORD SD 57004-2216

April 8, 2005

## DOMESTIC AND FOREIGN DELINQUENT NOTICE OF PENDING ADMINISTRATIVE DISSOLUTION OR REVOCATION

This letter is being sent pursuant to SDCL and is notification that the annual report on behalf of the above named entity that was due during the anniversary month of incorporation or qualification in South Dakota has not yet been filed. The referenced delinquent report may be the report that was due in 2004 or January through March 2005. Organizational information, date of filing and status is available on our web site at [www.sdsos.gov](http://www.sdsos.gov).

The annual report form for each year delinquent must be filed with the Secretary of State PRIOR to June 16, 2005 together with the appropriate fee and penalty. Failure to file a correct report together with the fees prior to that date will result in Administrative Dissolution or Revocation.

**SOUTH DAKOTA ENTITIES** The annual report form was previously mailed to the registered office address listed with our office.

**FOREIGN (OUT-OF-STATE ENTITIES)** The previous annual report form was mailed directly to the corporation, but because the report was not filed we are required to notify the registered agent at this time. Please forward this notice to the corporation for prompt attention.

If the registered agent and/or address have changed, the law requires a Statement of Change of Registered Agent and Address form to be filed along with the additional filing fee.

The annual report form, the statement of change form and access to all South Dakota Laws regarding this notice may be obtained from our web site at the following address [www.sdsos.gov](http://www.sdsos.gov) or by contacting the Secretary of State's Office, Corporate Division at 605-773-4845.

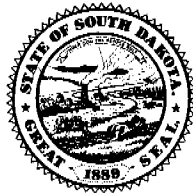
If the report was previously submitted to our office and we returned it for further information, please promptly resubmit the completed form. The deadline for filing is June 16, 2005 and no extension will be given. Also note, that reports received in our office after March 31, 2005 may not have been updated on the computer prior to this delinquent notice.

Thank you for your prompt attention to this matter.

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Corporations Division  
Office of the Secretary of State  
Phone: 605-773-4845  
[www.sdsos.gov](http://www.sdsos.gov)

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE Certificate of Administrative Dissolution

(DB, DF, DL, CO, NS, CH)

I, **Chris Nelson**, Secretary of State of the State of South Dakota, by virtue of the authority vested in me by SDCL 47-7-30.1, § 47-18-16.4, § 47-34A-810 and § 47-24-13.2 hereby Administratively Dissolve the below named for failure to file the annual report when due.



\* DB047797 \*

DB047797

PRECISION IRRIGATION & LAWN CARE, INC.

HOFER, CHRIS

404 SOUTH 2ND STREET

BERESFORD SD 57004-2216



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 June 17, 2005.

*Chris Nelson*

Chris Nelson  
Secretary of State

Receipt Number: 1460658

File Number **DB047797**



**APPLICATION\_FOR\_REINSTATEMENT**

For

**PRECISION IRRIGATION & LAWCARE, INC.**

Filed at the request of:

**FRIEBERG NELSON & ASK, L.L.P.  
THOMAS FRIEBERG  
PO BOX 511  
BERESFORD SD 57004**

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

Filed in the office of the Secretary of State on: **August 01, 2005**

Secretary of State

Fee Received: \$250

# State of South Dakota



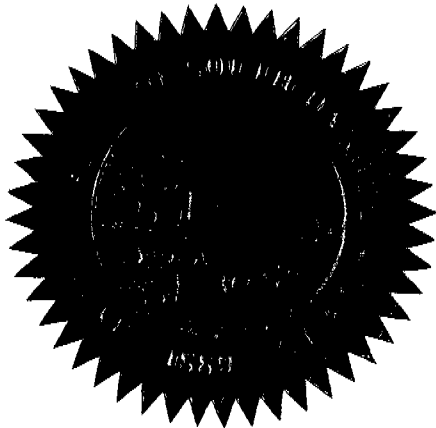
## OFFICE OF THE SECRETARY OF STATE Certificate of Reinstatement

ORGANIZATIONAL ID #: DB047797

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Application for Reinstatement of **PRECISION IRRIGATION & LAWN CARE, 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 issued this Certificate of Reinstatement and attach hereto a duplicate of the Application for Reinstatement.

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 August 1, 2005.



*Chris Nelson*  
Chris Nelson  
Secretary of State

Secretary of State, Corporations Division  
500 E. Capitol Avenue, Pierre SD 57501  
Phone 605-773-4845, Fax 605-773-4550

Filed this 1st day of Aug, 2005

Chris Nelson  
Application for Reinstatement  
SECRETARY OF STATE

RECEIVED

AUG 01 05

S.D. SEC. of STATE

FILING FEE: \$250

**FILING INSTRUCTIONS:** Submit one original and one exact or conformed copy for filing with the certificate from the Department of Revenue along with all delinquent annual reports and filing fees.

1. The name of the corporation is Precision Irrigation & Lawncare, Inc.

2. The effective date of its administrative dissolution June 17, 2005

3. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties Grounds for dissolution have been eliminated by filing all required reports and paying all fees and penalties.

4. The corporation's name satisfies the requirements of the South Dakota Business Corporations Act.

5. Attached hereto is a certificate from the South Dakota Department of Revenue reciting that any and all taxes owed by the corporation have been paid.

Application may be signed by any authorized officer of the corporation.

Date: 7-29-05

Chris Nelson  
Signature

Chris Nelson  
Printed Name

President  
Title

dh047797  
250 ri  
30 05

341 0567



Department of Revenue & Regulation  
Legal Division

# Corporation Reinstatement Tax Certification Form

445 EAST CAPITOL AVENUE  
PIERRE, SD 57501-3185  
(605) 773-4701

Date: July 14, 2005

Precision Irrigation & Lawn Care, Inc.  
404 South 2nd St.  
Beresford, SD 57004-2216

FEIN #

As of the above date, the tax status of the above named corporation is as follows:

### Business Tax Division

- owes no taxes *je*
- unknown (no records could be found)
- owes the following: \_\_\_\_\_

### Special Taxes Division

- owes no taxes
- unknown (no records could be found) *cjl*
- owes the following: \_\_\_\_\_

### Motor Vehicle Division

#### Motor Fuel

- owes no taxes
- unknown (no records could be found) *JE*
- owes the following: \_\_\_\_\_

#### IFTA

- owes no taxes
- unknown (no records could be found) *JE*
- owes the following: \_\_\_\_\_

#### Prorate

- owes no taxes
- unknown (no records could be found) *7-18-05*
- owes the following: \_\_\_\_\_

South Dakota  
Department of Revenue & Regulation

By: \_\_\_\_\_

Date: 7/19/05

This certification extends only to taxes administered and collected by the Department of Revenue & Regulation. This is not to be construed as a waiver to collect taxes found to be due as a result of an audit, the correction of incorrect returns filed by the corporation, or the failure of the corporation to file required returns.



04/15/2001

10:10

10:10

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 03/27/06
RECEIPT NO. 1544605

RECEIVED RECEIVED

FEB 8 '06 JAN 25 '06

S.D. SEC. OF STATE

S.D. SEC. OF STATE

247 3908

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



DB047797 JAN/2005
PRECISION IRRIGATION & LAWCARE, INC.
HOFER, CHRIS
404 SOUTH 2ND STREET
BERESFORD SD 57004-2216

Telephone # 605-763-2125
FAX # 605-763-2513

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.

\*\*\*\*\*

The address of the principal office 404 S. 2nd St. Beresford, SD 57004

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Row 1: Chris Hofer, President, 404 S. 2nd St., Beresford, SD, 57004.

SD law requires at least one director. Do the above listed officers serve also as directors? YES [checked] NO

Director
Director

Provide a brief description of the nature of the business Property maintenance

The total number of authorized shares, itemized by class and series, if any, within each class:
NUMBER OF AUTHORIZED SHARES 500,000 CLASS Common

NUMBER OF ISSUED SHARES 1,000 CLASS Common

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

Dated 3-20-06 Signature Chris Hofer

Printed Name Chris Hofer

Title President

**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)

259 0327 03/06/2007

# 2007

## ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

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



\*DB047797\*  
DB047797 JAN/2006  
PRECISION IRRIGATION & LAWCARE, INC.  
HOFER, CHRIS  
404 SOUTH 2ND STREET  
BERESFORD SD 57004-2216

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

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

FILE DATE 2-21-07  
RECEIPT NO. 1648487  
**RECEIVED**  
**FEB 21 2007**  
**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. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The address of the principal office \_\_\_\_\_

3. The names and business addresses of its directors and principal officers:	NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	_____	President	_____	_____	_____	_____
	_____	Vice President	_____	_____	_____	_____
	_____	Secretary	_____	_____	_____	_____
	_____	Treasurer	_____	_____	_____	_____

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

4. Provide a brief description of the nature of the business \_\_\_\_\_

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

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 2-15-07

Chris Hofer  
Signature

Chris Hofer  
Printed Name

President  
Title

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

SOS CRP 07/05

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 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)

2008

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 02/15/08
RECEIPT NO. 767760

RECEIVED

FEB 15 2008

S.D. SEC. OF STATE

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



DB047797 JAN/2007
PRECISION IRRIGATION & LAWN CARE, INC.
HOFER, CHRIS
404 SOUTH 2ND STREET
BERESFORD SD 57004-2216

Telephone #
FAX #

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

ATTENTION - FILING INSTRUCTIONS

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

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The address of the principal office

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for President, Vice President, Secretary, Treasurer.

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

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

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

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 1-29-08 Signature Chris Hofer

Printed Name Chris Hofer

Title President

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

SOS CRP 07/05

273 0675 223

**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
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 2/17/09
RECEIPT NO 1883954
RECEIVED
FEB 17 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB047797 JAN/2008
PRECISION IRRIGATION & LAWN CARE, INC.
HOFER, CHRIS
404 SOUTH 2ND STREET
BERESFORD SD 57004-2216

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

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

404 South 4th Street, Beresford, SD 57004

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

3. The name of the South Dakota Registered Agent Chris Hofer

404 South 4th Street, Beresford, SD 57004

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.

Chris Hofer 404 South 4th Street, Beresford, SD 57004
President Street Address City State ZIP+4
Vice President Street Address City State ZIP+4
Chris Hofer 404 South 4th Street, Beresford, SD 57004
Secretary /Treasurer Street Address City State ZIP+4
Treasurer Street Address City State ZIP+4
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4

Dated February 12, 2009

(Signature of an authorized officer)

Chris Hofer
(Printed Name)

President
(Title)

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

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

Please Type or Print Clearly in Ink

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

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

1. The name of the entity \_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

2010

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

ANNUAL REPORT  
DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE	<u>2-26-10</u>
RECEIPT NO	<b>RECEIVED</b>
<b>FEB 26 2010</b>	
<b>S.D. SEC. OF STATE</b>	
<u>2003619</u>	

1. Corporate Name, Registered Agent Name and Address:



\*DB047797\*  
DB047797 JAN/2009  
PRECISION IRRIGATION & LAWNCARE, INC.  
HOFER, CHRIS  
404 SOUTH 2ND STREET  
BERESFORD SD 57004-2216

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

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

404 South 4th Street, Beresford, SD 57004

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

3. The name of the South Dakota Registered Agent Chris Hofer

404 South 4th Street, Beresford, SD 57004

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

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

<input checked="" type="checkbox"/>	<u>Chris Hofer</u>	<u>404 South 4th Street, Beresford, SD 57004</u>	_____	_____
	President	Street Address	City	State ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____
	Vice President	Street Address	City	State ZIP+4
<input checked="" type="checkbox"/>	<u>Chris Hofer</u>	<u>404 South 4th Street, Beresford, SD 57004</u>	_____	_____
	Secretary	Street Address	City	State ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____
	Treasurer	Street Address	City	State ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____
	Director	Street Address	City	State ZIP+4
<input type="checkbox"/>	_____	_____	_____	_____
	Director	Street Address	City	State ZIP+4

Dated February 5, 2010

(Signature of an authorized officer)

Chris Hofer  
(Printed Name)

President  
(Title)

302 2194

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 0286 03/16/2011

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

# ANNUAL REPORT DOMESTIC

2011

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

FILE DATE 02/02/11  
 RECEIPT No 219675  
**RECEIVED**  
**FEB 02 2011**  
**S.D. SEC. OF STATE**

Telephone # (605) 763-2125  
 FAX # (605) 763-2513  
 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

1. Corporate ID and Name:

DB047797

PRECISION IRRIGATION & LAWNCARE, INC.  
HOFER, CHRIS  
404 S. 2ND STREET  
BERESFORD, SD 57004-2216

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.

404 S. 2nd Street	Beresford	SD	57004
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Chris Hofer

404 S. 2nd Street	Beresford	SD	57004
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

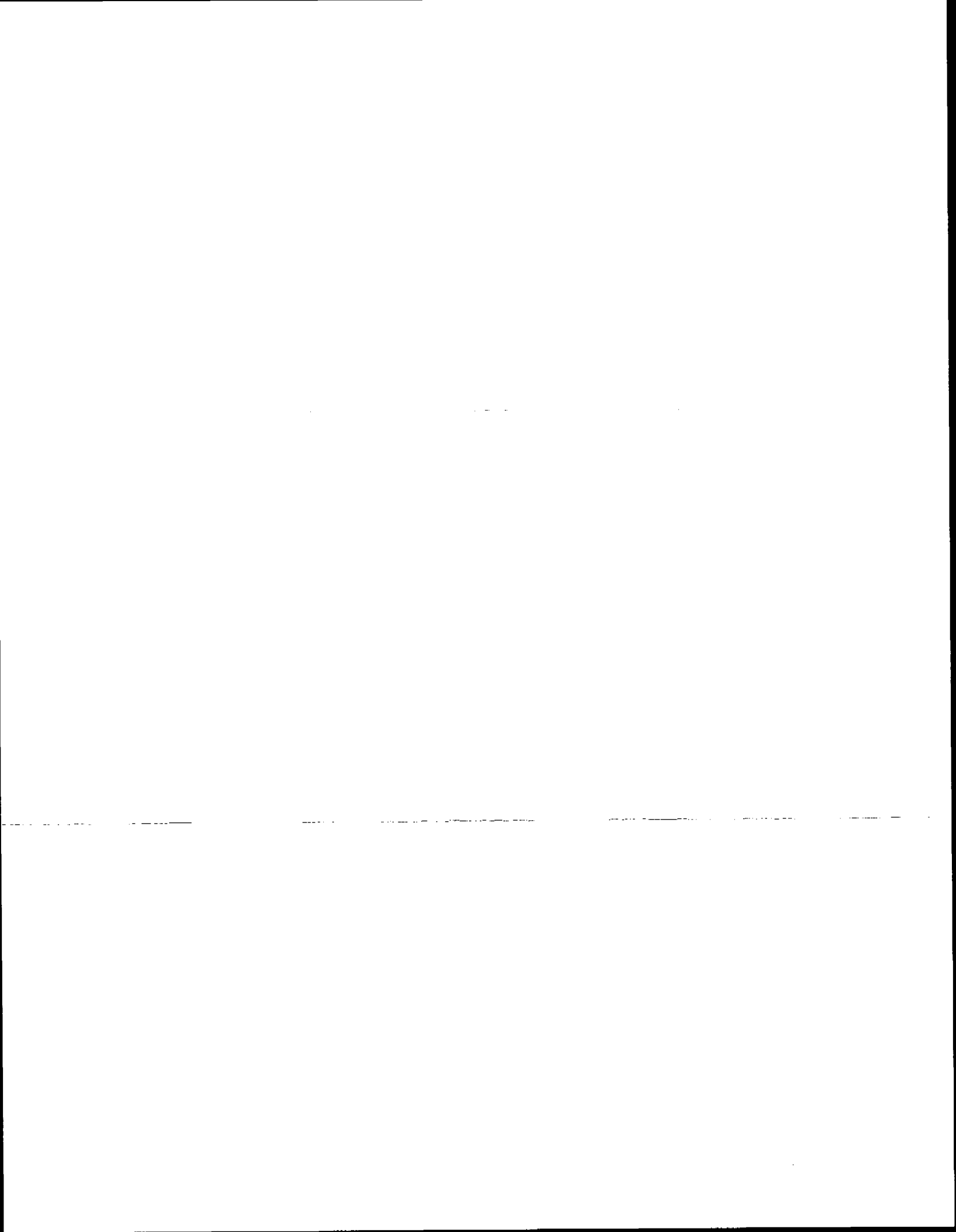
<input checked="" type="checkbox"/>	Chris Hofer	404 S. 2nd Street	Beresford	SD	57004
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Treasurer	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 respect. Any violation is subject to a civil penalty.

Dated           

Chris Hofer  
(Signature of an Authorized Person)

Chris Hofer  
(Printed Name)



2012

Enter Filing Year

# ANNUAL REPORT

FILE DATE 01/15/2012

RECEIPT NO 17251

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:

DB047797  
PRECISION IRRIGATION & LAWN CARE, INC.  
404 SOUTH 2ND STREET  
BERESFORD, SD 57004-2112

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

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

404 SOUTH 2ND STREET BERESFORD SD 57004-2112  
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CHRIS HOFER

404 SOUTH 2ND STREET BERESFORD SD 57004-2216  
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

5. The names and 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.

CHRIS HOFER 404 S 2ND ST BERESFORD SD 57004  
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 01/15/2012

Signature Accepted Electronically  
(Signature of an Authorized Person)

CHRIS HOFER  
(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 1/24/2013

RECEIPT NO 90462

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:

DB047797
PRECISION IRRIGATION & LAWN CARE, INC.
404 SOUTH 4TH STREET
BERESFORD, SD 57004-2112

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

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

404 SOUTH 4TH STREET BERESFORD SD 57004-2112
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CHRIS HOFER

404 SOUTH 2ND STREET BERESFORD SD 57004-2216
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

5. The names and 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: Role, Name, Street Address, City, State, ZIP+4. Includes entries for President (CHRIS HOFER), 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 01/24/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

CHRIS HOFER

(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 12/18/2013

RECEIPT NO 161201

## 1. Corporate ID and Name:

DB047797  
PRECISION IRRIGATION & LAWCARE, INC.  
404 SOUTH 4TH STREET  
BERESFORD, SD 57004-2112

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

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

404 SOUTH 4TH STREET	BERESFORD	SD	57004-2112
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: CHRIS HOFER

404 SOUTH 2ND STREET	BERESFORD	SD	57004-2216
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

## 5. The names and 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"/>	CHRIS HOFER	404 S 2ND ST	BERESFORD	SD	57004
	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.

Date 12/18/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

TANYA MARHEL

(Printed Name)

2015 Enter Filing Year

ANNUAL REPORT

FILE DATE 12/18/2014
RECEIPT NO 255534

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:

DB047797
PRECISION IRRIGATION & LAWN CARE, INC.
404 S. 2ND STREET
BERESFORD, SD 57004-2112

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

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

404 S. 2ND STREET BERESFORD SD 57004-2112
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CHRIS HOFER

404 SOUTH 2ND STREET BERESFORD SD 57004-2216
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

5. The names and 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, Address, City, State, ZIP+4. Includes entries for President (CHRIS HOFER), 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.

Dated 12/18/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
CHRIS HOFER
(Printed Name)

2016

ANNUAL REPORT

FILE DATE 1/12/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 369161

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:

DB047797

Enter Corporate ID

PRECISION IRRIGATION & LAWN CARE, 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).

404 S. 2ND STREET BERESFORD SD 57004-2112
Actual Street Address or Rural Route Box Number City State ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: CHRIS HOFER

404 SOUTH 2ND STREET BERESFORD SD 57004-2216
Actual Street Address or Rural Route Box Number in This State City State ZIP+4

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

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

[X] CHRIS HOFER 404 S 2ND ST BERESFORD SD 57004
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)

CHRIS JON HOFER

(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically.  
A fee of up to \$40 will be assessed for returned payments.

1/12/2016 1:53:30 PM