365 5808 03/26/2009

Receipt Number: 1691930

File Number DR001262

DR001262

STATEMENT OF QUALIFICATION

STATEMENT_OF_QUALIFICATION

For

FUDD, L.L.P.

Filed at the request of:

T MITCHELL
417 NEBRASKA AVE SW
HURON SD 57350

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Wednesday, March 25, 2009**

Chris Nelson

Secretary of State

Fee Received: $100.00

365 5810

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

STATEMENT OF QUALIFICATION OF A DOMESTIC LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: $100 payable to SECRETARY OF STATE

RECEIVED
MAR 25 2009
S.D. SEC. OF STATE

Filed this 25th day of March, 2009
Chris Nelson
SECRETARY OF STATE

Telephone # _____
FAX # _____

1. The name of the limited liability partnership is FUDD, L.L.P.
OR 1262

The name shall contain the words "Registered Limited Liability Partnership", or "Limited Liability Partnership", or "R.L.L.P." or "L.L.P.", or "RLLP", or "LLP" as the last words of the name

2. The street address of the partnership's chief executive office.

Street Address	City	State	ZIP+4
417 Nebraska Ave SW.	Huron	SD	57350

Mailing Address (Optional)	City	State	ZIP+4

3. If the address listed in number 2 is not a South Dakota street address question number 4 must be completed.

4. The South Dakota Registered Agent name _____

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

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

5. The partnership elects to be a limited liability partnership.

6. The deferred effective date of the registration if it is not to be effective upon filing of the registration

_____

365 5811

I declare under penalty of perjury that the contents of the above statement are accurate. Statement must be signed by at least two partners.

Dated March 4, 2009

(Signature of a partner)

Michael Thurnblom
(Printed Name)

Dated 3-4-2009

(Signature of a partner)

Tony Mitchell
(Printed Name)

2010 ANNUAL REPORT
DOMESTIC LLP

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 03/30/10
RECEIPT NO 2016951
RECEIVED
MAR 3 0 2010
S.D. SEC. OF STATE

1. L.L.P. Name and Mailing Address:

DR001262
DR001262 MAR/0000
FUDD, L.L.P.
417 NEBRASKA AVE SW
HURON SD 57350-2329

Telephone # _____
FAX # _____
FILING DATE: Due during the anniversary month of Registration and delinquent after the last day of the following month.

2. The address of the principal or chief executive office.

Street Address	City	State	ZIP+4
417 Nebraska Ave SW	Huron	SD	57350
Mailing Address (Optional)	City	State	ZIP+4

IF ADDRESS IN #2 IS NOT A SOUTH DAKOTA ADDRESS QUESTION #3 IS REQUIRED.

3. The name of the South Dakota Registered Agent _____

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 partners.

Partner	Street Address	City	State	ZIP+4
Anthony Mitchell	417 Nebraska Ave SW	Huron,	SD	57350
Mike Thurnbloom	13810 Hill Ridge Dr	Hopkins	MN	55305

Dated 3-26-10

(Signature of Partner)

Anthony Mitchell
(Printed Name)

Member/partner
(Title)

Annualreportllp July 2009

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)

319 2739 05/17/2011

2011 ANNUAL REPORT
DOMESTIC LLP

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 05-02-2011
RECEIPT NO 2144126
RECEIVED
MAR 2 1 2011
S.D. SEC. OF STATE

RECEIVED
MAY 0 2 2011
S.D. SEC. OF STATE

1. L.L.P. Name and Mailing Address:

DR001262
DR001262 MAR/2010
FUDD, L.L.P.
417 NEBRASKA AVE SW
HURON SD 57350-2329

Telephone # _____
FAX # _____
FILING DATE: Due during the anniversary month of Registration 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 or chief executive office.

Street Address	City	State	ZIP+4
417 Nebraska Ave SW	Huron,	SD	57350
Mailing Address (Optional)	City	State	ZIP+4

IF ADDRESS IN #3 IS NOT A SOUTH DAKOTA ADDRESS QUESTION #4 IS REQUIRED.

N/A

4. The name of the South Dakota Registered Agent ~~Anthony Mitchell~~

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
~~417 Nebraska Ave SW~~	~~Huron,~~	~~SD~~	~~57350~~
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its partners.

Partner	Street Address	City	State	ZIP+4
Mike Thornblom	13810 Hill Ridge Dr.	Minnetonka,	MN	55305
Tony Mitchell	417 Nebraska Ave SW	Huron	SD	57350
Partner	Street Address	City	State	ZIP+4
Partner	Street Address	City	State	ZIP+4
Partner	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 3/4/11

(Signature of an Authorized Person)

Anthony Mitchell
(Printed Name)

annualreportllp January 2011

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

ANNUAL REPORT

DOMESTIC LLP

Please Type or Print Clearly In Ink

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

FILE 5/3/2012

RECEIPT NO 39822

1. L.L.P. ID and Name:
DR001262
FUDD, L.L.P.
417 NEBRASKA AVE SW
HURON, SD 57350-2329

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

3. The address of the principal or chief executive office.

417 NEBRASKA AVE SW	HURON	SD	57350-2329
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

417 NEBRASKA AVE SW	HURON	SD	57350-2329
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 partners.

☐	ANTHONY JOHN MITCHELL	417 NEBRASKA AVE SW	HURON	SD	57350
	Partner	Street Address	City	State	ZIP+4
☐	MICHAEL THURNBLOM	1380 HILL RIDGE DRIVE	MINNETONKA	MN	55305
	Partner	Street Address	City	State	ZIP+4
☐					
	Partner	Street Address	City	State	ZIP+4
☐					
	Partner	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 05/03/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

ANTHONY J MITCHELL

(Printed Name)

5/3/2012 1:16:16 PM

2013 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLP

Please Type or Print Clearly In Ink

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

FILE 3/25/2013

RECEIPT NO 104568

1. L.L.P. ID and Name:
DR001262
FUDD, L.L.P.
417 NEBRASKA AVE SW
HURON, SD 57350-2329

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

3. The address of the principal or chief executive office.

417 NEBRASKA AVE SW	HURON	SD	57350-2329
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

417 NEBRASKA AVE SW	HURON	SD	57350-2329
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 partners.

☐	ANTHONY JOHN MITCHELL	417 NEBRASKA AVE SW	HURON	SD	57350
	Partner	Street Address	City	State	ZIP+4
☐	MICHAEL THURNBLOM	1380 HILL RIDGE DRIVE	MINNETONKA	MN	55305
	Partner	Street Address	City	State	ZIP+4
☐					
	Partner	Street Address	City	State	ZIP+4
☐					
	Partner	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 03/25/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

ANTHONY J MITCHELL

(Printed Name)

3/25/2013 9:17:00 AM

2014 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLP

Please Type or Print Clearly In Ink

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

FILE 3/4/2014

RECEIPT NO 181509

1. L.L.P. ID and Name:
DR001262
FUDD, L.L.P.
417 NEBRASKA AVE SW
HURON, SD 57350-2329

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

3. The address of the principal or chief executive office.

417 NEBRASKA AVE SW	HURON	SD	57350-2329
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

417 NEBRASKA AVE SW	HURON	SD	57350-2329
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 partners.

☐	ANTHONY JOHN MITCHELL	417 NEBRASKA AVE SW	HURON	SD	57350
	Partner	Street Address	City	State	ZIP+4
☐	MICHAEL THURNBLOM	1380 HILL RIDGE DRIVE	MINNETONKA	MN	55305
	Partner	Street Address	City	State	ZIP+4
☐					
	Partner	Street Address	City	State	ZIP+4
☐					
	Partner	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 03/04/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ANTHONY JOHN MITCHELL

(Printed Name)

3/4/2014 7:46:55 AM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLP

SDCL 48-7A-1003; 59-11-24.1

Please Type or Print Clearly In Ink

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

FILE DATE 2/17/2016

RECEIPT NO 385098

1. LLP ID and Name:

DR001262
Enter LLP ID

FUDD, L.L.P.
Enter LLP Name

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

3. The address of the principal or chief executive office.

417 NEBRASKA AVE SW	HURON	SD	57350-2329
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4

IF ADDRESS IN #3 IS NOT A SOUTH DAKOTA ADDRESS QUESTION #4 IS REQUIRED.

4. The name of the South Dakota Registered Agent

Agent Name:

417 NEBRASKA AVE SW	HURON	SD	57350-2329
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. 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 02/17/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

ANTHONY J MITCHELL

(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.

2/17/2016 3:52:49 PM