

99-49999-99

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

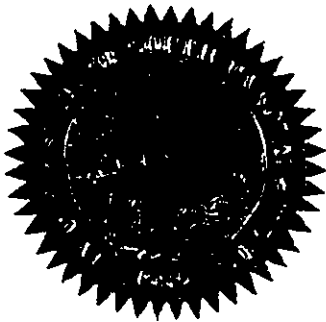
### CERTIFICATE OF INCORPORATION

#### BUSINESS CORPORATION

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of ALPENGLOW, 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 issued this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation of ALPENGLOW, INC.

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 February 20, 1996.



  
JOYCE HAZELTINE  
Secretary of State

5-11-96

K  
1996

RECEIVED  
FEB 2 1996

RECEIVED  
FEB 2 6 1996  
S.D. SEC. OF STATE

ARTICLES OF INCORPORATION

204  
Feb 96

ARTICLE I.

The name of the corporation is Alpenglow, Inc.

ARTICLE II.

The period of existence is perpetual.

ARTICLE III.

The purpose or purposes for which the corporation is organized if for the following purpose:

1. To purchase and acquire, build, erect, lease or otherwise acquire, manage, occupy, maintain and operate buildings for hotel/motel dwelling, house, apartment house, office buildings, and land and business structures of all kinds for the accommodation of public and individuals, and to operate restaurant business in any of said property and to hold South Dakota liquor license and beer and wine license and to dispense alcoholic beverages and food and generally to purchase or otherwise acquire assets in relationship thereto and to own, rent, lease, or sell such business or businesses.
2. In general to have and exercise any and all powers that corporations have and may exercise under the laws of the State of South Dakota as the same may be amended;
3. To hire and employ agents, servants, and employees and to enter into agreements of employment and collective bargaining agreements, to act as agent, contractor, trustee, factor or otherwise either alone or in company with others;
4. To promote or aid in any manner, financially or otherwise, any person, firm, association, or corporation and to guarantee contracts and other obligations;
5. To let concessions to others to do any of the things that this corporation is empowered to do, and to enter into, make, perform, and carry out contracts, and arrangements of every kind and character with any person, firm, association, corporation, or any government or authority or subdivision or agency thereof;
6. To carry on any business whatsoever that this corporation may deem proper or convenient in connection with any of the forgoing purposes or otherwise or that it may deem calculated directly or indirectly, to improve the interests of this corporation, and to do all thing specified by law and to have and exercise all of the powers conferred by the laws of the State of South Dakota on corporations and

8:00:2740069  
2/21/98

to do any and all things hereinabove set forth to the same extent and as fully as natural persons might or could do, either alone or in conjunction with other persons, firms, associations, or corporations, and in any part of the world.

#### ARTICLE IV.

The number of shares which it shall have authority to issue, itemized by class, par value of shares, shares without par value, and series, if any, within a class:

Class	Series	Number of Shares	Par value per share or statement that shares are without par value
Common	none	5000	\$100.00

#### ARTICLE V.

The preferences, limitations, designation and relative rights of each class or series of stock: All shares of stock shall be common stock entitling the registered holder thereof to one vote for each share of stock held. No shares of stock when once issued can be sold or in any manner conveyed unless in strict compliance with the By-Laws.

#### ARTICLE VI.

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 VII.

The address of its registered office is 225 Main Street, Hill City, South Dakota, and the name of its registered agent at such address is Mark Mechling.

#### ARTICLE VIII.

The number of directors constituting the board of directors is Mark Mechling and Monika Mechling and the names and addresses of the directors:

<u>NAME</u>	<u>ADDRESS</u>
Mark Mechling	P.O. Box 24 Hill City, South Dakota 57745
Monika Mechling	P.O. Box 24 Hill City, South Dakota 57745



1111111111

9302740069  
2/21/96

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Mark Mechling, hereby give my consent to serve as the registered agent for  
Alpenglow, Inc.

Dated: this 12 day of February, 1996.

  
\_\_\_\_\_  
Mark Mechling

1111111111

2740069  
2/21/96

Receipt Number: 519555

File Number: DB036852

ARTICLES OF INCORPORATION  
For  
ALPENGLOW, INC.

File at the request of:  
KEITH R SMIT  
MORMAN LAW FIRM  
PO BOX 729  
STURGIS SD 57785

STATE OF SOUTH DAKOTA  
OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on  
February 20, 1996

Joyce Hazeltine  
Secretary of State

5,000 COMMON \$100.00

Fee Received \$80.00

00044 00010000

1997

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

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3.3.97  
RECEIPT NO 60370

RECEIVED

MAR 03 1997

1. Corporate Name, Registered Agent and Registered Address

DB-036852  
ALPENGLOW, INC.  
MECHLING, MARK  
225 MAIN STREET / PO Box 211  
HILL CITY, SD 57745  
FEB/00  
(note: Hill City P.O. will only mail to box #'s, but not physical addresses)

Telephone # (605) 573-2749  
FAX # \_\_\_\_\_  
Federal Taxpayer ID \_\_\_\_\_  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month

### \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

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 RESTAURANT

3 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
Mark Mechling	President	225 Main St. / PO Box 211	Hill City	SD	57745
	Vice President				
Monika Mechling	Secretary	225 Main St. / PO Box 211	Hill City	SD	57745
"	Treasurer	" " " " " " " "	"	"	"

SD law requires at least one director.

Do the above listed officers serve also as directors? YES  NO \_\_\_\_\_ If no, list directors below

Mark Mechling	Director	225 Main St. / PO Box 211	Hill City	SD	57745
	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
5,000	COMMON		100.00 each
10	COMMON		100.00 each

6 The amount of its stated capital is \$ 1,000.00 (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated February 28 1997

By Mark R. Mechling  
(Signature)  
its Corp. President  
(Title)

STATE OF South Dakota  
COUNTY OF Pennington ss

I, Diana Poine, a notary public, do hereby certify that on this 28 day of February, 1997, personally appeared before me Mark Mechling who, being by me first duly sworn, declared that he/she is the Corp. President of Alpenglow, Inc. d/b/a Alpine Inn

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

My Commission Expires 7-1-2003

Diana Poine  
Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
606-773-4846

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

File Date: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

FILING FEE: \$5 In addition to annual report fee

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

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

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

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

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

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)

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. 2693358  
**RECEIVED**  
MAR 03 1998

1. Corporate Name, Registered Agent and Registered Address:

DB-036852  
ALPENGLOW, INC.  
MECHLING, MARK  
225 MAIN STREET  
(PO 211)  
HILL CITY, SD 57745-0211

FEB/97

Telephone # 605-574-2749  
FAX # 605-574-2585  
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 FEBRUARY 28 19 98

By Mark A. Mechling  
(Signature)  
Its COMP PRESIDENT / OWNER OPERATOR  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF PENNINGTON SS

I, A. LOREN LIMPURRES, a notary public, do hereby certify that on this 28th day of FEBRUARY 19 98, personally appeared before me MARK R. MECHLING who, being by me first duly sworn, declared that he/she is the PRESIDENT of ALPENGLOW

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

My Commission Expires JULY 24, 2003

Notary Public

(Notarial Seal)

SCS CRP 6/97

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57601-5070  
605-773-4845

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

File Date: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

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

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

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

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

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

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

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

<b>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</b>	
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

9908198.0126

FILE DATE 7-2-99  
RECEIPT NO. 67791

RECEIVED

JUN 15 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-036852 FEB/98  
ALPENGLAW, INC.  
MECKLING, MARK  
225 MAIN STREET  
(PO 211)  
HILL CITY, SD 57745-0211

Telephone # 605-574-2749  
FAX # 605-574-2585  
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 Food Service - Restaurant

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Mark Meckling</u>	President	<u>225 main str Box 24</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
	Vice President				
<u>Monika Meckling</u>	Secretary	<u>225 main str Box 24</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES  NO  If no, list directors below.

Director \_\_\_\_\_  
Director \_\_\_\_\_

4. 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
<u>5,000</u>	<u>COMMON</u>		<u>1.00 EB</u>
NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	
	<u>COMMON</u>	<u>100</u>	<u>1000.00</u>

6. The amount of its stated capital is \$ \_\_\_\_\_ (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated JUNE 14 1999

By Monika Meckling  
(Signature)  
Its SECRETARY / TREASURER  
(Title)

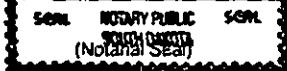
STATE OF SOUTH DAKOTA  
COUNTY OF PENNINGTON SS

I, PENNIE L. THOMAS, a notary public, do hereby certify that on this 14 day of JUNE 1999.

personally appeared before me MONIKA MECKLING who, being by me first duly sworn, declared that he/she is the SECRETARY / PRES. of ALPENGLAW INC. the corporation

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

My Commission Expires PENNIE L. THOMAS DEC 16, 2003



Notary Public

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

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 in addition to annual report fee**

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

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

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

Dated \_\_\_\_\_ 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)

RENYI THOMAS  
NOTARY PUBLIC  
SOUTH DAKOTA





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

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

File Date \_\_\_\_\_  
Receipt No \_\_\_\_\_

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

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature)

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

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

### CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(signature)



SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
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)

2003

ANNUAL REPORT

6303220.0228  
3120763

RECEIVED

FILE DATE 2-25-03  
RECEIPT NO. 1190083

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

FEB 25 '03

1. Corporate Name, Registered Agent and Registered Address:

S.D. SEC. of STATE



DB036852 FEB:2002  
ALPENGLOW, INC.  
MECHLING, MARK  
225 MAIN STREET  
(PO BOX 211)  
HILL CITY SD 57745-0211

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

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

Federal Taxpayer ID \_\_\_\_\_

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

\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*

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

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

\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota RESTAURANT

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Monika Matush</u>	President	<u>225 MAIN ST</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
<u>Walter Matush</u>	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.

Monika Matush Director 225 MAIN ST Hill City SD 57745

4. The aggregate number of shares which it has authority to issue, demized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) 5,000 CLASS Common SERIES \_\_\_\_\_ PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE 100.00 each

5. NUMBER OF SHARES ACTUALLY ISSUED 10 CLASS COMMON SERIES \_\_\_\_\_ PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE 100.00 each

6. The amount of its stated capital is \$ 1,000.00 (Money received for issued shares)

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated February 24, 2003

Monika Matush  
(Signature)  
Its PRESIDENT  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF PENNINGTON ss

On this the 24 day of FEBRUARY, 2003, before me, PENNY L. THOMAS, 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 OCT. 16/2003  
Penny L. Thomas  
Notary Public

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

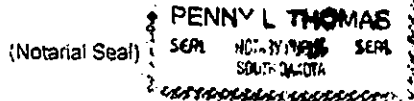
Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is ALPENCLOW INC.
2. The previous street address, or a statement that there is no street address, of its registered office 225 MAIN ST. P.O. Box 211 HILL CITY SD ZIP + 4 57445
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. 225 MAIN ST. P.O. Box 211 Hill City SD ZIP + 4 57445
4. The name of its previous registered agent is MARK MECHLING
5. The name of its successor registered agent is MONIKA MATUSH  
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 February 24/2003  
Monika Matush  
(Signature)  
PRESIDENT  
(Title)

STATE OF South Dakota ss  
COUNTY OF PENNINGTON  
On this the 24 day of FEBRUARY, 2003, before me, Penny L. Thomas  
personally appeared MONIKA MATUSH, 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 OCT 16/2003  
Penny L. Thomas  
Notary Public



**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, MARK MECHLING, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for ALPENCLOW INC.  
(corporate name)  
Dated February 24/2003  
Mark R. Mechling  
(signature)

RECEIVED  
0303220.0228  
EB 2-3120103

STATE OF SOUTH DAKOTA

) S.D. SEC. STATE IN CIRCUIT COURT  
SS.

COUNTY OF PENNINGTON

) SEVENTH JUDICIAL CIRCUIT

MONIKA LEE MECHLING

) Civ. No. 99-495

SSN [REDACTED]

)

)

Plaintiff.

)

)

JUDGMENT AND DECREE  
OF DIVORCE

v.

)

)

MARK ROBERT MECHLING

)

SSN 504-68-3909

)

)

Defendant.

)

This matter came before the Court on the 19 day of March, 2002, before the Honorable Merton B. Tice, Jr., in the Circuit Courthouse in Rapid City, Pennington County, South Dakota. Plaintiff and Defendant both appeared by way of Affidavit; and the parties hereto having waived Findings of Fact and Conclusions of Law by Stipulation.

It further appearing to the Court that the Summons and Complaint were properly served, as shown by the Affidavit of Service on file herein, and more than sixty days have elapsed since such service; that the Court has jurisdiction of this matter, and it further appearing that the parties entered into a written Stipulation and Agreement concerning property rights which is on file herein and is accepted in evidence and which appears to be a fair and equitable adjustment of the rights of the parties; and the Court finding among other things that the parties have irreconcilable differences and that both have consented to the use of said grounds; the Court being now fully advised in the premises, it is hereby

ORDERED, ADJUDGED AND DECREED that the marriage heretofore existing between the parties be, and the same hereby is, dissolved and set aside, and that the parties be, and each of them is, restored to the status, conditions and rights of single persons and that each party is hereby granted an absolute divorce from the other on the grounds of irreconcilable differences; and it is further

0303220.0228 RECEIVED  
3/20/02

MECHLING - JUDGMENT AND DECREE OF DIVORCE

MAR 15 03

Civ. No. D99-495

S.D. SEC. of STATE

ORDERED, ADJUDGED AND DECREED that the Stipulation and Agreement signed by the Plaintiff on the 12<sup>th</sup> day of March, 2002, and the Defendant on the 8<sup>th</sup> day of March, 2002, which Stipulation is attached hereto as Exhibit "1", be and the same hereby is, incorporated herein by this reference as though fully set forth at length and each provision thereof shall be enforceable as an Order of this Court; and it is further

ORDERED, ADJUDGED AND DECREED as may be necessary, this Court will enter as separate orders any required Qualified Domestic Relations Order or other Orders needed to carry out the terms of the Agreement; and it is further

ORDERED, ADJUDGED AND DECREED that the Plaintiff shall be restored to her maiden name of Monika Lee Matush.

Dated this 19 day of March, 2002.

BY THE COURT:

[Signature]

Honorable Merton B. Tice, Jr.  
Circuit Court Judge

ATTEST:

[Signature]

Clerk of Court

[Signature]

Deputy

(SEAL)

State of South Dakota } Seventh Judicial  
County of Pennington } Circuit Court  
I hereby certify that the foregoing instrument  
is a true and correct copy of the original as  
the same appears on record in my office this

MAR 19 2002

KANAE L. TRUMAN  
Clerk of Courts, Pennington County

by [Signature] Deputy

Pennington County, SD  
FILED  
IN CIRCUIT COURT

MAR 19 2002

Ranae Truman, Clerk of Courts

BY [Signature] Deputy



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 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)

247 0405 03/27/2006

# 2006

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3/10/06  
 RECEIPT NO. 1536991  
 RECEIVED  
 MAR 10 2006  
 RECEIVED  
 FEB 15 2006  
 S.D. SEC. OF STATE  
 S.D. SEC. OF STATE

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



\* D B 0 3 6 8 5 2 \*  
 DB036852 FEB/2005  
 ALPENGLow, INC.  
 MATLISH, MONIKA  
 225 MAIN STREET  
 (PO BOX 211)  
 HILL CITY SD 57745-0211

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 225 MAIN ST. Hill City SD 57745

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>MONIKA MATUSH</u>	President	<u>225 MAIN ST. PO BOX 211</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
<u>WALDTROUT MATUSH</u>	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.  
MONIKA MATUSH Director 225 MAIN ST. PO BOX 211 Hill City SD 57745  
 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
<u>5,000</u>	<u>COMMON</u>	<u>100.00 EACH</u>

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
<u>10</u>	<u>COMMON</u>	<u>100.00 EACH</u>

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

Dated FEBRUARY 13/2006

Monika Mathush  
 Signature

MONIKA MATUSH  
 Printed Name

PRESIDENT  
 Title

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

Pursuant to the provisions of the South Dakota 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)

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:



DB036852 FEB/2006
ALPENGLOW, INC.
MATLISH, MONIKA
225 MAIN STREET
(PO BOX 211)
HILL CITY SD 57745-0211

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. 164843
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

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

Table with 3 columns: NUMBER OF AUTHORIZED SHARES, CLASS, SERIES

Table with 3 columns: NUMBER OF ISSUED SHARES, CLASS, SERIES

The statement may be signed by any authorized officer of the Corporation.
Dated 2-19-07
Signature: Monika Matulsk
Printed Name: MONIKA MATULSKA
Title: Pres.

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

1. The name of the corporation is \_\_\_\_\_
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

**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)

290 0138 05/05/2009

2009

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: \$30** Make check payable to SECRETARY OF STATE

FILE DATE 05/01/09  
RECEIPT NO 1905346  
**RECEIVED**  
**FEB 25 2009**  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



\*DB036852\*  
DB036852 FEB/2008  
ALPENGLow, INC.  
MATLISH, MONIKA  
225 MAIN STREET  
(PO BOX 211)  
HILL CITY SD 57745-0211

**RECEIVED**  
**APR 07 2009**  
S.D. SEC. OF STATE

**RECEIVED**  
Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
**MAY 01 2009**  
S.D. SEC. OF STATE  
FILING DATE: If due in 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.

133 Main St. Hill City SD 57745  
Street Address City State ZIP+4  
PO Box 211 Hill City SD 57745  
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Monika L. Matush

~~23915 Pink Cabin Road~~ 133 Main St. Hill City SD 57745  
Street Address (Required to be a South Dakota Address) City State ZIP+4  
PO Box 211 Hill City SD 57745  
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>Monika L. Matush</u>	<u>23915 Pink Cabin Road</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Waldtraut Matush</u>	<u>12615 Robins Roost Road</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	<u>Waldtraut Matush</u>	<u>12615 Robins Roost Road</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
	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 2/23/09

Monika Matush  
(Signature of an authorized officer)  
Monika L Matush  
(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 Alpenglow, Inc.

2. The name of the registered agent on file Monika Matush

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

<u>225 Main Street</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
Street Address (Required)	City	State	ZIP+4
<u>PO Box 211</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

<u>133 Main Street</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box 211</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
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 4/6/2009

Monika Matush  
(Signature of an authorized officer)

Monika Matush  
(Printed Name)

President  
(Title)

303 2590 03/31/2010

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 03/23/10
RECEIPT NO 20129601

RECEIVED

RECEIVED

MAR 23 2010

MAR 10 2010

S.D. SEC. OF STATE

S.D. SEC. OF STATE

Telephone #

FAX #

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

1. Corporate Name, Registered Agent Name and Address:



DB036852 FEB/2009
ALPENGLow, INC.
MATUSH, MONIKA
PO BOX 211
HILL CITY SD 57745-0211

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

133 Main St Hill City SD 57745
Street Address City State ZIP+4
PO Box 211 Hill City SD 57745
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Monika L. Matush

133 Main St Hill City SD 57745
23915 Pink Cabin Road Hill City SD 57745
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 211 Hill City SD 57745
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.

- Monika L. Matush 23915 Pink Cabin Rd Hill City SD 57745
President Street Address City State ZIP+4
Wally Matush 12615 Robins Roost Rd Hill City SD 57745
Secretary Street Address City State ZIP+4

Dated 2/2/2010

Monika Matush
(Signature of an authorized officer)
Monika L. Matush
(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)

316 2315 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 02/09/11  
RECEIPT NO 2123316  
**RECEIVED**  
**FEB 09 2011**  
**S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



\*DB036852\*  
DB036852 FEB/2010  
ALPENGLow, INC.  
MATLUSH, MONIKA  
PO BOX 211  
HILL CITY SD 57745-0211

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 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>133 Main St.</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
Street Address	City	State	ZIP+4
<u>PO Box 211</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Monika L. Matush

<u>133 Main St.</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
<u>PO Box 211</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</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>Monika L. Matush</u>	<u>23915 Pink Cabin Rd</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</u>
President	Street Address	City	State	ZIP+4	
<input type="checkbox"/>					
Vice President	Street Address	City	State	ZIP+4	
<input checked="" type="checkbox"/>	<u>Wally Matush</u>	<u>12615 Robins Roost Rd</u>	<u>Hill City</u>	<u>SD</u>	<u>57745</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	

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

Dated 2/7/11

Monika Matush  
(Signature of an Authorized Person)

Monika L. Matush  
(Printed Name)

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

## 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 7/27/2012

RECEIPT NO 54489

## 1. Corporate ID and Name:

DB036852  
ALPENGLOW, INC.  
133 MAIN ST  
HILL CITY, SD 57745

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

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

133 MAIN ST	HILL CITY	SD	57745
-------------	-----------	----	-------

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

PO BOX 211	HILL CITY	SD	57745
------------	-----------	----	-------

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

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

Agent Name: MONIKA MATLUSH

133 MAIN STREET	HILL CITY	SD	57745
-----------------	-----------	----	-------

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

PO BOX 211	HILL CITY	SD	57745-0211
------------	-----------	----	------------

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"/>	MONIKA L MATUSH	23915 PINK CABIN RD	HILL CITY	SD	57745
-------------------------------------	-----------------	---------------------	-----------	----	-------

President	Street Address	City	State	ZIP+4
-----------	----------------	------	-------	-------

<input type="checkbox"/>					
Vice President	Street Address	City	State	ZIP+4	

<input type="checkbox"/>	WALLY MATUSH	12615 ROBINS ROOST RD	HILL CITY	SD	57745
--------------------------	--------------	-----------------------	-----------	----	-------

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 07/27/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

MONIKA L MATUSH

(Printed Name)

2013

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 1/21/2014

RECEIPT NO 170754

## 1. Corporate ID and Name:

DB036852  
ALPENGLow, INC.  
133 MAIN ST  
HILL CITY, SD 57745

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

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

133 MAIN ST	HILL CITY	SD	57745
-------------	-----------	----	-------

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

PO BOX 211	HILL CITY	SD	57745
------------	-----------	----	-------

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

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

Agent Name: MONIKA MATLUSH

133 MAIN STREET	HILL CITY	SD	57745
-----------------	-----------	----	-------

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

PO BOX 211	HILL CITY	SD	57745-0211
------------	-----------	----	------------

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"/>	MONIKA L MATUSH	23915 PINK CABIN RD	HILL CITY	SD	57745
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	WALLY MATUSH	12615 ROBINS ROOST RD	HILL CITY	SD	57745
	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 01/21/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

MONIKA L MATUSH

(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 1/21/2014

RECEIPT NO 170755

## 1. Corporate ID and Name:

DB036852  
ALPENGLow, INC.  
133 MAIN ST  
HILL CITY, SD 57745

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

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

133 MAIN ST	HILL CITY	SD	57745
-------------	-----------	----	-------

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

PO BOX 211	HILL CITY	SD	57745
------------	-----------	----	-------

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

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

Agent Name: MONIKA MATLUSH

133 MAIN STREET	HILL CITY	SD	57745
-----------------	-----------	----	-------

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

PO BOX 211	HILL CITY	SD	57745-0211
------------	-----------	----	------------

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"/>	MONIKA L MATUSH	23915 PINK CABIN RD	HILL CITY	SD	57745
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	WALLY MATUSH	12615 ROBINS ROOST RD	HILL CITY	SD	57745
	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 01/21/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

MONIKA L MATUSH

(Printed Name)

2015

Enter Filing Year

## ANNUAL REPORT

FILE DATE 2/17/2015

RECEIPT NO 273421

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:

DB036852  
ALPENGLow, INC.  
133 MAIN ST  
HILL CITY, SD 57745

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

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

133 MAIN ST	HILL CITY	SD	57745
-------------	-----------	----	-------

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

PO BOX 211	HILL CITY	SD	57745
------------	-----------	----	-------

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

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

Agent Name: MONIKA MATLUSH

133 MAIN STREET	HILL CITY	SD	57745
-----------------	-----------	----	-------

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

PO BOX 211	HILL CITY	SD	57745-0211
------------	-----------	----	------------

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"/>	MONIKA L MATUSH	23915 PINK CABIN RD	HILL CITY	SD	57745
-------------------------------------	-----------------	---------------------	-----------	----	-------

President	Street Address	City	State	ZIP+4
-----------	----------------	------	-------	-------

<input type="checkbox"/>					
--------------------------	--	--	--	--	--

Vice President	Street Address	City	State	ZIP+4
----------------	----------------	------	-------	-------

<input type="checkbox"/>	WALLY MATUSH	12615 ROBINS ROOST RD	HILL CITY	SD	57745
--------------------------	--------------	-----------------------	-----------	----	-------

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 02/17/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

MONIKA L MATUSH

(Printed Name)

2016

Enter Filing Year

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

## ANNUAL REPORT

## DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 1/20/2016

RECEIPT NO 372979

## 1. Corporate ID and Name:

DB036852

Enter Corporate ID

ALPENGLow, 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).

133 MAIN ST	HILL CITY	SD	57745
-------------	-----------	----	-------

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

PO BOX 211

HILL CITY

SD

57745

Mailing Address, if Different from Street Address

City

State

ZIP+4

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

Agent Name: MONIKA MATLUSH

133 MAIN STREET	HILL CITY	SD	57745
-----------------	-----------	----	-------

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

PO BOX 211

HILL CITY

SD

57745-0211

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.

<input checked="" type="checkbox"/>	MONIKA L MATUSH	23915 PINK CABIN RD	HILL CITY	SD	57745
	President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Vice President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	WALLY MATUSH	12615 ROBINS ROOST RD	HILL CITY	SD	57745
	Secretary	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	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)

**MONIKA L MATUSH**

(Printed Name)