

Receipt Number: 203 3036

File Number DL021587



ARTICLES\_OF\_ORGANIZATION

For

**DAPRO, L.L.C.**

Filed at the request of:

JEFFREY T SVEEN  
SIEGEL BARNETT & SCHUTZ LLP  
415 S MAIN ST 400 CAPITOL BUILDING  
PO BOX 490  
ABERDEEN SD 57402

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

Filed in the office of the Secretary of State on: **Tuesday, May 25, 2010**

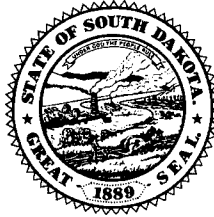
A handwritten signature in cursive script that reads "Chris Nelson".

Secretary of State

Fee Received: \$150.00

375 4040 05/26/2010  
02 SE06 ©

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

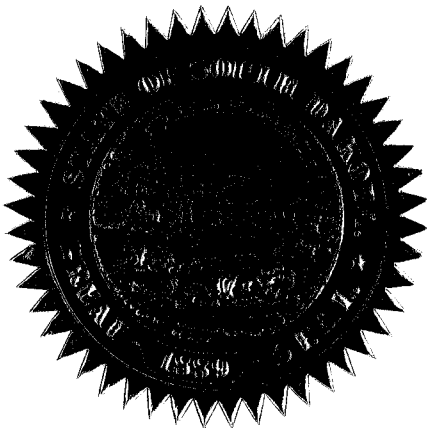
### Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL021587

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **DAPRO, L.L.C.** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company 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 Organization and attach hereto a duplicate of the Articles of Organization.

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 May 25, 2010.



*Chris Nelson*

Chris Nelson  
Secretary of State

Filed this 25th day of May, 2010  
Chi Nelson  
SECRETARY OF STATE

RECEIVED

MAY 25 2010

S.D. SEC. OF STATE

ARTICLES OF ORGANIZATION  
OF  
DAPRO, L.L.C.

I, the undersigned natural person of the age of majority, a resident of the State of South Dakota, acting as organizer of a limited liability company under the South Dakota Uniform Limited Liability Company Act, (SDCL Chapter 47-34A), adopt the following Articles of Organization for such limited liability company.

ARTICLE I

The name of the limited liability company shall be DAPRO, L.L.C. hereinafter referred to as the "Company."

ARTICLE II

The address of the initial designated office of the Company is 40235 US Highway 14, Huron, South Dakota 57350.

ARTICLE III

The name and street address of the initial agent for service of process is Jeffrey T. Sveen, 415 South Main Street, 400 Capitol Building, PO Box 490, Aberdeen, South Dakota 57402-0490.

ARTICLE IV

The name and address of the organizer is Jeffrey T. Sveen, 415 South Main Street, 400 Capitol Building, PO Box 490, Aberdeen, South Dakota 57402-0490

ARTICLE V

The duration of this Company is perpetual from the date of the filing of these Articles of Organization with the Secretary of State or until the earlier dissolution of the Company in accordance with the provisions of its Operating Agreement.

ARTICLE VI

The Company shall be member managed.

ARTICLE VII

The debts, obligations and liabilities of the Company, whether arising in contract, tort, or otherwise, shall be solely the debts, obligations, and liabilities of the Company. A member shall not be personally liable for debts, obligations, or liabilities of the Company solely by reason of being or acting as a member. The failure of the Company to observe the usual Company formalities or

375 4042

requirements relating to the exercise of its Company powers or management of its business shall not be a ground for imposing personal liability on a member for liabilities of the company.

IN WITNESS WHEREOF, I have hereunto set my hand this 19<sup>th</sup> day of May, 2010.

DAPRO, L.L.C.

By: [Signature]

Its: Organizer

STATE OF SOUTH DAKOTA )

)ss.

COUNTY OF BROWN )

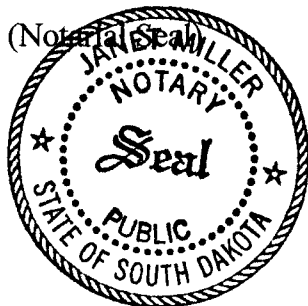
Jeffrey T. Sveen, being first duly sworn upon oath, deposes and states that he is the organizer named in the foregoing Articles of Organization, that he has read the foregoing document and knows the contents thereof and that it is true to his own knowledge, excepting as to matters therein stated on information and belief, and as to such matters, he believes them to be true.

DAPRO, L.L.C.

By: [Signature]

Its: Organizer

Subscribed and sworn to before me this 19<sup>th</sup> day of May, 2010.



[Signature]  
Notary Public, South Dakota

My Commission Expires: 8/21/13

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Jeffrey T. Sveen, hereby give my consent to serve as the registered agent DAPRO, L.L.C.

Dated 19 May, 2010.

[Signature]  
Jeffrey T. Sveen

320 1781 05/23/2011

2011

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

# ANNUAL REPORT DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

1. L.L.C. Name, Registered Agent Name and Address:



DL021587 MAY/0000  
DAPRO, L.L.C.  
SVEEN, JEFFREY T.  
PO BOX 490  
ABERDEEN SD 57402-0490

|                           |            |
|---------------------------|------------|
| FILE DATE                 | 04-26-2011 |
| RECEIPT NO                | 2148522    |
| <b>RECEIVED</b>           |            |
| <b>APR 26 2011</b>        |            |
| <b>S.D. SEC. OF STATE</b> |            |

|             |  |
|-------------|--|
| Telephone # |  |
|-------------|--|

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.

40235 US Highway 14, Huron, SD 57350

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

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

|               |
|---------------|
| Email Address |
|---------------|

4. The name of the South Dakota Registered Agent Jeffrey T. Sveen, 415 South Main Street, 400

Capitol Building, PO Box 490, Aberdeen, SD 57402-0490

|                                                            |      |       |       |
|------------------------------------------------------------|------|-------|-------|
| 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 |
|-----------------------------------------------------------------|------|-------|-------|

|               |
|---------------|
| Email Address |
|---------------|

5. If member-managed, do not complete. If manager-managed, please complete.

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

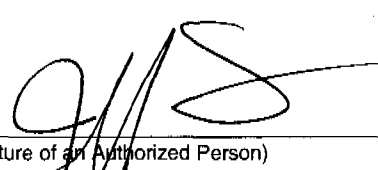
|         |                |      |       |       |
|---------|----------------|------|-------|-------|
| Manager | Street Address | City | State | ZIP+4 |
|---------|----------------|------|-------|-------|

|         |                |      |       |       |
|---------|----------------|------|-------|-------|
| Manager | 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 April 25, 2011

Email \_\_\_\_\_

  
(Signature of an Authorized Person)  
Jeffrey T. Sveen  
(Printed Name)

## 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 \_\_\_\_\_  
(Old Registered Agent)

The name of the successor registered agent \_\_\_\_\_  
(New 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 (Old Registered Agent Address)

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

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

5. If the address has changed, list the new registered agent 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 |
|-----------------------------------------------------------------|------|-------|-------|

Email Address \_\_\_\_\_

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)

Email \_\_\_\_\_

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

2012

Enter Filing Year

## ANNUAL REPORT

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

**DOMESTIC LLC**

Please Type or Print Clearly In Ink

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

FILE 6/5/2012

RECEIPT NO 45550

## 1. L.L.C. ID and Name:

DL021587  
DAPRO, L.L.C.  
40235 US HIGHWAY 14  
HURON, SD 57350-7913

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

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

|                     |       |       |            |
|---------------------|-------|-------|------------|
| 40235 US HIGHWAY 14 | HURON | SD    | 57350-7913 |
| Street Address      | City  | State | ZIP+4      |

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

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

Agent Name: JEFFREY T. SVEEN

|                                                                 |          |       |            |
|-----------------------------------------------------------------|----------|-------|------------|
| 415 SOUTH MAIN STREET                                           | ABERDEEN | SD    | 57401-4364 |
| Street Address or Rural Route Box Number in This State and      | City     | State | ZIP+4      |
| PO BOX 490                                                      | ABERDEEN | SD    | 57402-0490 |
| Mailing Address in This State, if Different from Street Address | City     | State | ZIP+4      |

## 5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

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

☐

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

☐

|         |                |      |       |       |
|---------|----------------|------|-------|-------|
| Manager | 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 06/05/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

JEFFREY T SVEEN

(Printed Name)

2013

Enter Filing Year

## ANNUAL REPORT

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

**DOMESTIC LLC**

Please Type or Print Clearly In Ink

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

FILE 6/13/2013

RECEIPT NO 122483

## 1. L.L.C. ID and Name:

DL021587  
DAPRO, L.L.C.  
40235 US HIGHWAY 14  
HURON, SD 57350-7913

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

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

|                     |       |       |            |
|---------------------|-------|-------|------------|
| 40235 US HIGHWAY 14 | HURON | SD    | 57350-7913 |
| Street Address      | City  | State | ZIP+4      |

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

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

Agent Name: JEFFREY T. SVEEN

|                                                            |          |       |            |
|------------------------------------------------------------|----------|-------|------------|
| 415 SOUTH MAIN STREET                                      | ABERDEEN | SD    | 57401-4364 |
| Street Address or Rural Route Box Number in This State and | City     | State | ZIP+4      |
| PO BOX 490                                                 | ABERDEEN | SD    | 57402-0490 |

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

## 5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

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

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

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|         |                |      |       |       |
|---------|----------------|------|-------|-------|
| Manager | 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 06/13/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

JEFFREY T SVEEN

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

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

**DOMESTIC LLC**

Please Type or Print Clearly In Ink

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

FILE DATE 6/3/2014

RECEIPT NO 206123

## 1. L.L.C. ID and Name:

DL021587  
DAPRO, L.L.C.  
40235 US HIGHWAY 14  
HURON, SD 57350-7913

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

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

|                     |       |       |            |
|---------------------|-------|-------|------------|
| 40235 US HIGHWAY 14 | HURON | SD    | 57350-7913 |
| Street Address      | City  | State | ZIP+4      |

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

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

Agent Name: JEFFREY T. SVEEN

|                                                                 |          |       |            |
|-----------------------------------------------------------------|----------|-------|------------|
| 415 SOUTH MAIN STREET                                           | ABERDEEN | SD    | 57401-4364 |
| Street Address or Rural Route Box Number in This State and      | City     | State | ZIP+4      |
| PO BOX 490                                                      | ABERDEEN | SD    | 57402-0490 |
| Mailing Address in This State, if Different from Street Address | City     | State | ZIP+4      |

## 5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

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

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

☐

|         |                |      |       |       |
|---------|----------------|------|-------|-------|
| Manager | 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 06/03/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

JEFF SVEEN

(Printed Name)

2015

Enter Filing Year

## ANNUAL REPORT

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

**DOMESTIC LLC**

Please Type or Print Clearly In Ink

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

FILE DATE 5/13/2015

RECEIPT NO 301679

## 1. L.L.C. ID and Name:

DL021587  
DAPRO, L.L.C.  
40235 US HIGHWAY 14  
HURON, SD 57350-7913

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

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

|                     |       |       |            |
|---------------------|-------|-------|------------|
| 40235 US HIGHWAY 14 | HURON | SD    | 57350-7913 |
| Street Address      | City  | State | ZIP+4      |

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

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

Agent Name: JEFFREY T. SVEEN

|                                                                 |          |       |            |
|-----------------------------------------------------------------|----------|-------|------------|
| 415 SOUTH MAIN STREET                                           | ABERDEEN | SD    | 57401-4364 |
| Street Address or Rural Route Box Number in This State and      | City     | State | ZIP+4      |
| PO BOX 490                                                      | ABERDEEN | SD    | 57402-0490 |
| Mailing Address in This State, if Different from Street Address | City     | State | ZIP+4      |

## 5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐

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

☐

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

☐

|         |                |      |       |       |
|---------|----------------|------|-------|-------|
| Manager | 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 05/13/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

JEFFREY T SVEEN

(Printed Name)

2016

Enter Filing Year

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

## ANNUAL REPORT

## DOMESTIC LLC

SDCL 47-34A-211; 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 5/26/2016

RECEIPT NO 420404

## 1. LLC ID and Name:

DL021587

Enter LLC ID

DAPRO, L.L.C.

Enter LLC Name

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

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

40235 US HIGHWAY 14

HURON

SD

57350-7913

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: JEFFREY T. SVEEN

415 SOUTH MAIN STREET

ABERDEEN

SD

57401-4364

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

PO BOX 490

ABERDEEN

SD

57402-0490

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 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

☐

Manager

Actual Street Address

City

State

ZIP+4

☐

Manager

Actual Street Address

City

State

ZIP+4

☐

Manager

Actual 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 (SDCL 47-1A-129).

Dated 05/26/2016

Signature Accepted Electronically  
(Signature of an Authorized Person)  
JEFFREY T SVEEN  
(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically. 5/26/2016 9:31:24 AM  
A fee of up to \$40 will be assessed for returned payments.