

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4545
FAX (605)773-4550

FIRST ANNUAL REPORT
OF A 0002299.0294
LIMITED LIABILITY COMPANY

RECEIVED
FEB 03 '00
S.D. SEC. OF STATE

1. The name of the Limited Liability Company is: Rantos, L.L.C.

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

Victor Toscana

1947 Deadwood Avenue

Rapid City, SD 57702

4. The address of its principal office is: 1947 Deadwood Avenue

Rapid City, SD 57702

5. The names and business addresses of any managers:

Victor Toscana

P.O. Box 1765

Rapid City, SD 57709

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 100,000.00

Date: 2/2/00

Victor Toscana
(Signature and Title)

Manager

* FILING FEE:

AGREED CONTRIBUTION	FEE
Not in excess of \$50,000	\$ 90
\$50,001 to \$100,000	\$150
In excess of \$100,000	\$150 for first \$100,000 plus \$.50 for each additional \$1,000

The maximum amount charged may not exceed sixteen thousand dollars (\$16,000.).

0000000000

0002299.0294
2/9/00

Receipt Number: 857318
File Number DL002772

ART OF ORG

For

RANTOS, L.L.C.

Filed at the request of:

ROBERT L. VARILEK
LAW OFFICES
BOX 1452
RAPID CITY SD 57709

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: Thursday, February 03, 2000


Secretary of State

Fee Received \$150 for \$100,000 contribution

SECRETARY OF STATE
STATE CAPITOL
500 E CAPITOL AVE
PIERRE, S D 57501
(605)773-4845
Fax (605)773-4550

0103207-5033
3121704
ANNUAL REPORT
DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 3-2-01
RECEIPT NO. 9160815
RECEIVED
RECEIVED
FEB 20 2001
FEB 9 2001
S.D. SEC. OF STATE
S.D. SEC. OF STATE

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

DL 002772 FEB 0000
RANTOS, L.L.C.
TOSCANA VICTOR
1947 DEADWOOD AVE
RAPID CITY SD 57702-0346

Telephone # 605-343-1282

FAX # 605-3

Federal Taxpayer ID

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

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

2090 DEADWOOD AVE
P/O BOX 1765

RAPID CITY SD 57709

VICTOR A TOSCANA, AGENT

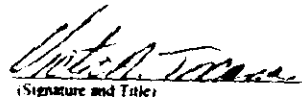
4. The address of its principal office is: P. O. BOX 1765, RAPID CITY SD 57709

5. The names and business addresses of any managers:

VICTOR A TOSCANA
P/O BOX 1765, 2090 DEADWOOD AVE
RAPID CITY SD 57709

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 100,000.00

Date: 02/06/01


(Signature and Title) OPERATING MANAGER

The information must be current as of the date the annual report is signed on behalf of the limited liability company.

The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

*** FILING FEE: \$50**

If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due to make the total sum equal to the fee due on the below listed fee schedule.

AGREED CONTRIBUTION	FEE
Not in excess of \$50,000	\$ 90
\$50,001 to \$100,000	\$150
In excess of \$100,000	\$190

for first \$100,000 plus \$ 50
for each additional \$1,000

The maximum amount charged may not exceed sixteen thousand dollars (\$16,000).

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

0103207.5055
3/21/01

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

RECEIVED
MAR 02 '01
S.D. SEC. OF STATE

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is RANTOS, L.L.C.
2. The previous address of its registered office 1947 Deadwood Ave, Rapid City SD 57702

ZIP _____
3. The address to which the registered office is to be changed (including street address) is
2090 Deadwood Ave, PO Box 1765, Rapid City, SD 57709 ZIP _____
4. The name of its previous registered agent is VICTOR TOSCANA Victor Toscano
5. The name of its successor registered agent is NO CHANGE
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

Victor Toscano
(Signature)

Reg Agent
(Title)

1-800-455-4777


2002

ANNUAL REPORT 0202212.2647
2115102

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 2-1-02
RECEIPT NO. 1062207
RECEIVED
JAN 18 '02

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


DL-002772 FEB/2001
RANTOS, L.L.C.
2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709-1765

Telephone # 605-3480-8190
FAX # 66
Federal Taxpayer ID
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: South Dakota

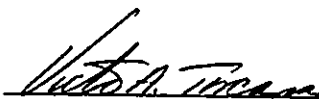
3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
2090 DEADWOOD AVE
P O BOX 1765
RAPID CITY SD 57709
VICTOR A TOSCANA, AGENT

4. The address of its principal office is: P O BOX 1765, RAPID CITY SD 57709

5. The names and business addresses of any managers:
VICTOR A TOSCANA
2090 DEADWOOD AVE
RAPID CITY SD 57709

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 4100,000

Dated 01/17/02


(Signature)

The information must be current as of the date the annual report is signed on behalf of the limited liability company.

The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

* FILING FEE: \$50

If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due to make the total sum equal to the fee due on the below listed fee schedule.

AGREED CONTRIBUTION	FEE
Not in excess of \$50,000	\$ 90
\$50,001 to \$100,000	\$150
in excess of \$100,000	\$150 for first \$100,000 plus \$.50 for each additional \$1,000

The maximum amount charged may not exceed sixteen thousand dollars (\$16,000.)

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

DBLLCAR.DOC

2003

ANNUAL REPORT

0303219.4960
3/20/03

FILE DATE 2/03
RECEIPT NO. 1182232
RECEIVED
JUN 24 '03

DOMESTIC LLC.
PLEASE TYPE OR USE BLACK INK

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



D L O O 2 7 7 2
DL002772 FEB/2002
RANTOS, L.L.C.
TOSCANA, VICTOR
2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709-1785

Telephone # 605-342-2490
FAX # 605-342-2490
Federal Taxpayer ID [REDACTED]
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
2090 DEADWOOD AVE
P O BOX 1765
RAPID CITY SD 57709
VICTOR A TOSCANA, AGENT

4. The address of its principal office is: P O BOX 1765, RAPID CITY SD 57709

5. The names and business addresses of any managers:
VICTOR A TOSCANA
2090 DEADWOOD AVE
RAPID CITY SD 57702

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 100,000.00

Dated 01/20/03

Victor A. Toscano
(Signature and Title)

The information must be current as of the date the annual report is signed on behalf of the limited liability company.
The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

*** FILING FEE: \$50**

If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due to make the total sum equal to the fee due on the below listed fee schedule.

AGREED CONTRIBUTION	FEE
Not in excess of \$50,000	\$ 90
\$50,001 to \$100,000	\$150
In excess of \$100,000	\$150 for first \$100,000 plus \$.50 for each additional \$1,000

The maximum amount charged may not exceed sixteen thousand dollars (\$16,000).

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

225 4598 02/24/2004

2004

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 2-1-04
RECEIPT NO. 129/4666
RECEIVED
JAN 30 '04

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



DL002772 FEB/2003
RANTOS, L.L.C.
TOSCANA, VICTOR
2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709-1765

Telephone # 605-342-2490
FAX # 605-388-0800
Federal Tax
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
2090 DEADWOOD AVE VICTOR A TOSCANA - AGENT
P O BOX 1765
RAPID CITY SD 57709

4. The address of its principal office is: P O BOX 1765, RAPID CITY SD 57709

5. The names and business addresses of any managers:

VICTOR A TOSCANA
2090 DEADWOOD AVE
RAPID CITY SD 57702

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 100,000.*

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 01/27/04

Victor Toscana Pres.
(Signature and Title)

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

*If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due, *less the previous fee already paid on contributions*, to make the cumulative fee equal to the filing fee due on the fee schedule listed below.

Total agreed contributions.....	25,000	..... or less	.....	\$100
Over \$25,000 and not exceeding	100,000	.....	.....	125
Over \$100,000 and not exceeding	500,000	.....	.....	200
Over \$500,000 and not exceeding	1,000,000	.....	.....	300
Over \$1,000,000 and not exceeding	1,500,000	.....	.....	400
Over \$1,500,000 and not exceeding	2,000,000	.....	.....	500
Over \$2,000,000 and not exceeding	2,500,000	.....	.....	600
Over \$2,500,000 and not exceeding	3,000,000	.....	.....	700
Over \$3,000,000 and not exceeding	3,500,000	.....	.....	800
Over \$3,500,000 and not exceeding	4,000,000	.....	.....	900
Over \$4,000,000 and not exceeding	4,500,000	.....	.....	1,000
Over \$4,500,000 and not exceeding	5,000,000	.....	.....	1,100
For each additional \$500,000, \$250 in addition to \$1,100				

The maximum amount charged under this subsection together with any subsequent payments may not exceed sixteen thousand dollars

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

Revised 7/03
DBLLCAR.DOC

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(Signature)

(Title)

233 2776 02/09/2005

2005

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 02/02/05
RECEIPT NO. 1405589
RECEIVED
FEB 02 '05
S.D. SEC. of STATE

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



DL002772
DL002772 FEB/2004
RANTOS, L.L.C.
TOSCANA, VICTOR
2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709-1765

Telephone # 605-342-2490
FAX # 605-388-0800
Federal Taxpa _____
FILING DATE: Due during _____ certificate
of Organization was issued, and delinquent after the
last day of the following month.

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
2090 DEADWOOD AVE VICTOR A TOSCANA - AGENT
PO BOX 1765
RAPID CITY SD 57709

4. The address of its principal office is: P O BOX 1765, RAPID CITY 57709

5. The names and business addresses of any managers:
VICTOR A TOSCANA
2090 DEADWOOD AVE
RAPID CITY SD 57702

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 100,000

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 01/21/05

Victor A. Toscano
(Signature)

PRES
(Title)

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

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

7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(Signature)

(Title)

233 2776 02/09/2005

2005

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 02/02/05
RECEIPT NO. 1405589
RECEIVED
FEB 02 '05
S.D. SEC. of STATE

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



DL002772
DL002772 FEB/2004
RANTOS, L.L.C.
TOSCANA, VICTOR
2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709-1765

Telephone # 605-342-2490
FAX # 605-388-0800
Federal Taxpa
FILING DATE: Due during L.L.C. Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709

VICTOR A TOSCANA - AGENT

4. The address of its principal office is: P O BOX 1765, RAPID CITY 57709

5. The names and business addresses of any managers:

VICTOR A TOSCANA
2090 DEADWOOD AVE
RAPID CITY SD 57702

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 100,000

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 01/21/05

Victor A. Toscano
(Signature)

PRES
(Title)

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

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

7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(Signature)

(Title)

245 1176 02/06/2006

2006

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 2/1/06
RECEIPT NO. 1520334
RECEIVED
JAN 27 06
S.D. SEC. of STATE

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



DL002772
DL002772 FEB/2005
RANTOS, L.L.C.
TOSCANA, VICTOR
2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709-1765

Telephone # 605-342-2490
FAX # 605-388-0809

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

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

2090 DEADWOOD AVE VICTOR A TOSCANA - AGENT
P O BOX 176
RAPID CITY SD 57709

4. The address of its principal office is: P O BOX 1765, RAPID CITY SD 57709

5. The names and business addresses of any managers:

VICTOR A TOSCANA
2090 DEADWOOD AVE
RAPID CITY SD 57702

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 01/25/06


Signature

Revie Randall
Printed Name

MEMBER
Title

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

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(Signature)

(Title)

258 0823 01/31/2007

2007

ANNUAL REPORT

FILE DATE 02/01/07
RECEIPT NO. 1638840

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

RECEIVED

JAN 26 2007

S.D. SEC. OF STATE

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



DL002772
DL002772 FEB/2006
RANTOS, L.L.C.
TOSCANA, VICTOR
2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709-1765

Telephone # 605-342-2490
FAX # 605-388-0809

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

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

2090 DEADWOOD AVE VICTOR A TOSCANA - AGENT
P O BOX 1765
RAPID CITY SD 57709

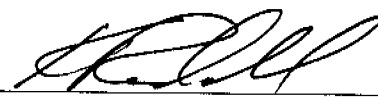
4. The address of its principal office is: P O BOX 1765, RAPID CITY SD 57709

5. The names and business addresses of any managers:

VICTOR A TOSCANA
2090 DEADWOOD AVE
RAPID CITY SD 57702

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 01/24/07


Signature

Kevin Randall
Printed Name

MEMBER
Title

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

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(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 _____
(limited liability company name)

Dated _____
(signature)

2008

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 03/21/08
RECEIPT NO. 1180539
RECEIVED
MAR 21 2008
S.D. SEC. OF STATE

274 2270

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



DL002772
DL002772 FEB/2007
RANTOS, L.L.C.
TOSCANA, VICTOR
2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709-1765

Telephone # 605-342-2490
FAX # 605-388-0809

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

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

2090 DEADWOOD AVE VICTOR A TOSCANA - AGENT
P O BOX 1765
RAPID CITY SD 57709


4. The address of its principal office is: P O BOX 1765, RAPID CITY SD 57709

5. The names and business addresses of any managers:

VICTOR A TOSCANA
2090 DEADWOOD AVE
RAPID CITY SD 57702

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated MARCH 20, 2008


Signature

Kevin Randa
Printed Name

MEMBER
Title

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

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(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 _____
(limited liability company name)

Dated _____

(signature)

2009

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

FILE DATE	<u>2/12/09</u>
RECEIPT NO	<u>1889091</u>
RECEIVED	
FEB 12 2009	
S.D. SEC. OF STATE	

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



DL002772
DL002772 FEB/2008
RANTOS, L.L.C.
TOSCANA, VICTOR
2090 DEADWOOD AVE
PO BOX 1765
RAPID CITY SD 57709-1765

Telephone #	<u>605-342-2490</u>
FAX #	<u>605-388-0809</u>
FILING DATE: Due during the month the Certificate of Organization 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.

<u>2090 DEADWOOD AVE</u>	<u>RAPID CITY</u>	<u>SD</u>	<u>57702</u>
Street Address	City	State	ZIP+4
<u>P O BOX 1765</u>	<u>RAPID CITY</u>	<u>SD</u>	<u>57709-1765</u>
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent VICTOR A TOSCANA

<u>2090 DEADWOOD AVE</u>	<u>RAPID CITY</u>	<u>SD</u>	<u>57702</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO BOX 1765</u>			
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

4. 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

Dated FEBRUARY 10, 2009

Victor A. Toscano
(Signature of an Authorized Manager or Member)

Victor A. Toscano
(Printed Name)

MEMBER
(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)

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)

320 1686

2011

~~2010~~



Enter Filing Year

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

FILE DATE	<u>05-17-2011</u>
RECEIPT NO	<u>2149326</u>
RECEIVED	
MAY 11 2011	
S.D. SEC. OF STATE	

Telephone #	<u>605-342-2490</u>
-------------	---------------------

RECEIVED
MAY 17 2011
S.D. SEC. OF STATE

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

DL002772
RANTOS, L.L.C.
Toscana, Victor
PO Box 1765
Rapid City, SD 57709-1765

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

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

2090 Deadwood Ave.	Rapid City	SD	57702
Street Address	City	State	ZIP+4
PO Box 1765	Rapid City	SD	57709-1765
Mailing Address	City	State	ZIP+4

Email Address

4. The name of the South Dakota Registered Agent

<u>Victor Toscana</u>			
<u>2090 Deadwood Ave.</u>	<u>Rapid City</u>	<u>SD</u>	<u>57702</u>
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
<u>P.O. Box 1765</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-1765</u>
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

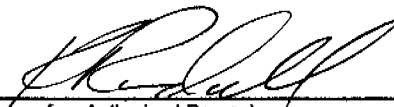
Email Address

5. The names and 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

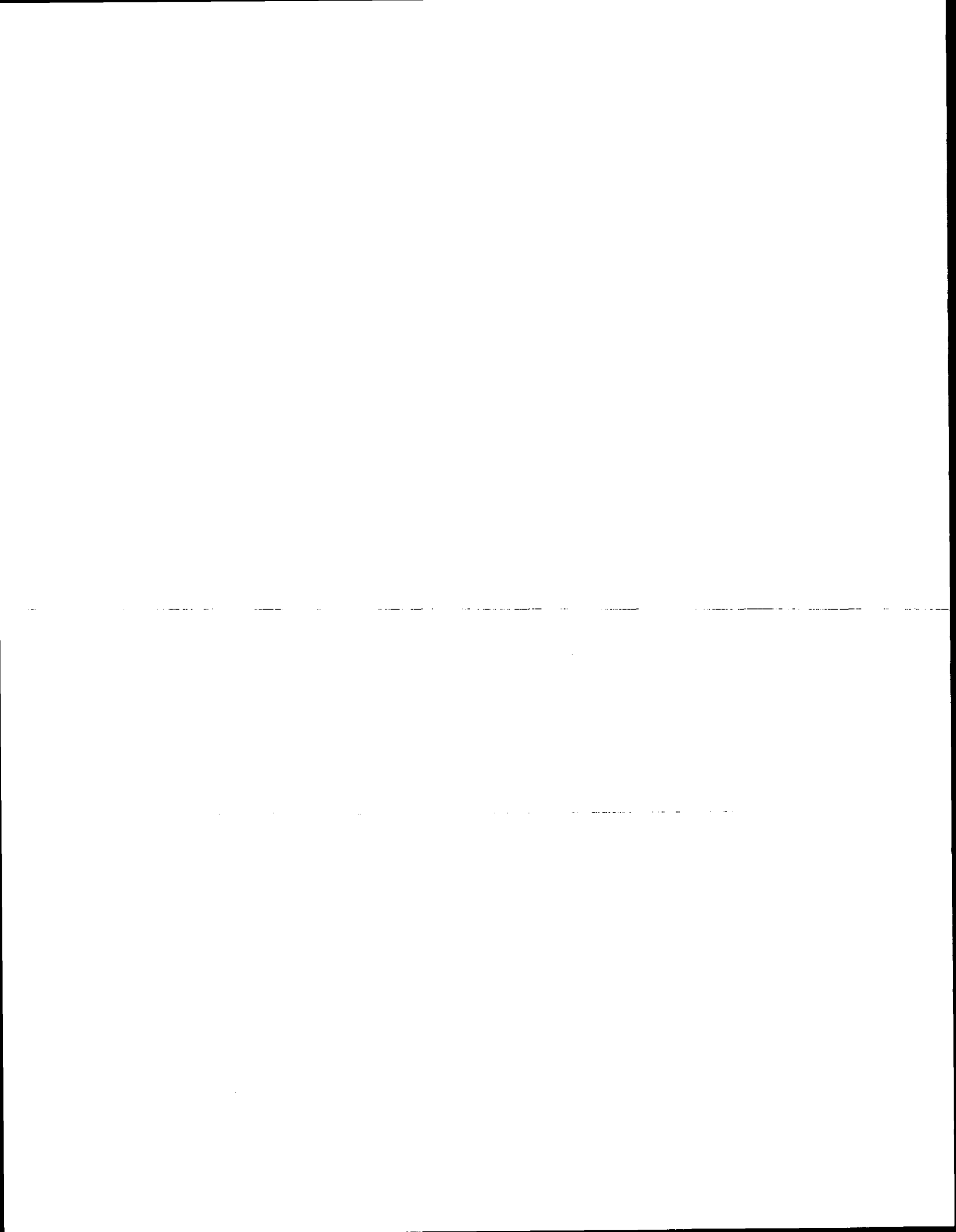
No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated [REDACTED]


(Signature of an Authorized Person)

Email _____

Kevin Randall
(Printed Name)



2012

Enter Filing Year

ANNUAL REPORT

FILE DATE 02/16/2012

RECEIPT NO 23993

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

DOMESTIC LLC

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

1. L.L.C. ID and Name:
DL002772
RANTOS, L.L.C.
2090 DEADWOOD AVE
RAPID CITY, SD 57702-0344

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

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

2090 DEADWOOD AVE RAPID CITY SD 57702-0344
Street Address City State ZIP+4
23701 MULLIGAN MILE RAPID CITY SD 57702
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: VICTOR TOSCANA
2090 DEADWOOD AVE RAPID CITY SD 57702-0344
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 1765 RAPID CITY SD 57709-1765
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 02/16/2012

Signature Accepted Electronically
(Signature of an Authorized Person)
VICTOR A TOSCANA
(Printed Name)

2013

Enter Filing Year

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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: \$10.00 Make check payable to SECRETARY OF STATE

FILE 1/25/2013

RECEIPT NO 90992

1. L.L.C. ID and Name:
DL002772
RANTOS, L.L.C.
23701 MULLIGAN MILE
RAPID CITY, SD 57702

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

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

Agent Name: VICTOR TOSCANA

2090 DEADWOOD AVE	RAPID CITY	SD	57702-0344
Street Address or Rural Route Box Number in This State and PO BOX 1765	City RAPID CITY	State SD	ZIP+4 57709-1765
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

New Agent Name: VICTOR TOSCANA

23701 MULLIGAN MILE	RAPID CITY	SD	57702
Street Address or Rural Route Box Number in This State and	City	State SD	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

Date 01/25/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

VICTOR F TOSCANA

(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 1/25/2013

RECEIPT NO 90992

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

DL002772
RANTOS, L.L.C.
23701 MULLIGAN MILE
RAPID CITY, SD 57702

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

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

23701 MULLIGAN MILE RAPID CITY SD 57702
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: VICTOR TOSCANA

23701 MULLIGAN MILE RAPID CITY SD 57702
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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 01/25/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

VICTOR F TOSCANA

(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 1/31/2014

RECEIPT NO 173432

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

DL002772
RANTOS, L.L.C.
23701 MULLIGAN MILE
RAPID CITY, SD 57702

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

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

23701 MULLIGAN MILE RAPID CITY SD 57702

Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: VICTOR TOSCANA

23701 MULLIGAN MILE RAPID CITY SD 57702

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

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

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

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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 01/31/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

VICTOR F TOSCANA

(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 12/19/2014

RECEIPT NO 256006

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

DL002772
RANTOS, L.L.C.
23701 MULLIGAN MILE
RAPID CITY, SD 57702

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

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

23701 MULLIGAN MILE RAPID CITY SD 57702

Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: VICTOR TOSCANA

23701 MULLIGAN MILE RAPID CITY SD 57702

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

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

5. The names and business addresses of its 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 12/19/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

VICTOR F TOSCANA

(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 2/1/2016

RECEIPT NO 376813

1. LLC ID and Name:

DL002772

Enter LLC ID

RANTOS, 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).

23701 MULLIGAN MILE	RAPID CITY	SD	57702
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

		SD	
		State	

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

4. The name of the South Dakota Registered Agent

Agent Name: VICTOR TOSCANA

23701 MULLIGAN MILE	RAPID CITY	SD	57702
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

		SD	
		State	

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 type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

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

<input type="checkbox"/>	Manager	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)

VICTOR F TOSCANA

(Printed Name)

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

2/1/2016 11:56:05 AM