

1994
 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 3-28-94
 RECEIPT NO. 38285
 RECEIVED

MAR 28 1994

1. Corporate Name, Registered Agent and Registered Address:

DB-032811
 LANKOTA, INC.
 TSCHETTER, KIM
 3RD & HILL
 YALE, SD 57386

MAR/00

Telephone # _____

FAX # _____

Federal Taxpayer ID _____

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent 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 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. To engage in the general business of performing and providing cleanup services of railroad car derailmentsites and to carry on and conduct any business incidental thereto.

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
Kim Tschetter	Director	3 Rd & Hill	Yale	SD	57386
Kim Tschetter	Director	same as above			
Marvie Tschetter	President	same as above			
Marvie Tschetter	Vice President	same as above			
Marvie Tschetter	Secretary	same as above			
Marvie Tschetter	Treasurer	same as above			

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

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
1,000	Common		\$100.00

5. NUMBER OF SHARES ISSUED

NUMBER OF SHARES ISSUED	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
10	Common		\$100.00

6. The amount of its stated capital is \$ 1,000

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 March 16, 19 94

By Kim Tschetter
 (Signature) Kim Tschetter
 its President
 (Title)

STATE OF South Dakota
 COUNTY OF Beadle ss

I, Tammy Johnson, a notary public, do hereby certify that on this 16th day of March 19 94, personally appeared before me Kim Tschetter, who, being by me first duly sworn, declared that he/she is the President of Lankota, Inc.

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

My Commission Expires 7-25-99

Tammy Johnson
 Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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: \$6 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 Lankota, Inc.
2. The previous street address, or a statement that there is no street address, of its registered office 3rd & Hill, Yale SD ZIP + 4 57386
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is 3rd & Hill, Yale SD ZIP + 4 57386
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 March 16, 19 94.

Kim Tschetter
(signature) Kim Tschetter
President
(title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, Tammy Johnson a notary public, do hereby certify that on this 16th day of March 19 94, personally appeared before me Kim Tschetter who, being by me first duly sworn, declared that he/she is the President of Lankota, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 7-25-99

Veronica Sigurdson
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Kim Tschetter hereby give my consent to serve as the
(name of registered agent)
registered agent for Lankota, Inc.
(corporate name)

Dated March 16, 19 94

Kim Tschetter
(signature)

1995

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 3-17-95
RECEIPT NO. _____

1. Corporate Name, Registered Agent and Registered Address:

DB-032811
LANKOTA, INC.
3RD & HILL
YALE, SD 57386

MAR/94

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 _____

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
----------------------------	-------	--------	---

5. NUMBER OF SHARES ISSUED CLASS SERIES

6. The amount of its stated capital is \$ _____

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 March 16th 1995

By Kim Tschetter
(Signature) Kim Tschetter
its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss
I, Kelli Peterson

_____ a notary public, do hereby certify that on this 16th day of March 1995,
personally appeared before me Kim Tschetter who, being by me first duly sworn, declared that he/she is the
President of Lankota, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements herein contained are true.
My Commission Expires _____
Kelli Peterson
Notary Public

(Notarial Seal)

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: \$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 street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ 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)

95112770972

279. NNNNN

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF AMENDMENT

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of LANKOTA, INC. duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, 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 Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment of LANKOTA, 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 October 25, 1995.



JOYCE HAZELTINE
Secretary of State

1

RECEIVED

Filed this 25th day of OCT. 1995

95112720972
11:17/95

RECEIVED

OCT 25 1995

S.D. SEC. OF STATE

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF LANKOTA, INC.

Pursuant to the provisions of Section 47 of the South Dakota Business Corporation Act:

[Handwritten signature]

FIRST: The name of the corporation is Lankota, Inc.

SECOND: The following Amendment of the Articles of Incorporation was adopted by the shareholders of the corporation on October 20, 1995, in the manner prescribed by the South Dakota Business Corporation Act:

Article Second of the Articles of Incorporation approved by the Secretary of State on March 19, 1993 is hereby amended to add the following provision:

"The corporation shall have the power to purchase, lease, or otherwise acquire by bequest, devise, gift, or other means, and to hold, manage, or develop, and to mortgage, hypothecate, deed in trust, sell, convey, exchange, option, subdivide, or otherwise dispose of real and personal property of every class and description and any estate or interest in such property, as may be necessary or convenient for the proper conduct of the affairs of the corporation, without limitation as to amount or value, in any of the states, districts, or territories of the United States, subject to the laws of any of those states, districts or territories.

The corporation shall have the further power to erect, construct, maintain, improve, rebuild, enlarge, alter, manage, and control, all kinds of buildings, houses, stores, offices, shops, warehouses, factories and plants, and all other structures and erections that may at any time be necessary, useful or advantageous for the purposes of the corporation including operating buildings for hotel purposes, dwelling houses, apartment houses, office buildings, and business structures of all kinds for the accommodation of the public and of individuals."

THIRD: The number of the shares of the corporation outstanding at the time of such adoption was ten (10) and the number of shares entitled to vote thereon was ten (10).

FOURTH: The designation and number of outstanding shares of each class entitled to vote thereon as a class were as follows: common stock - ten (10) shares.

95112720972
11/17/95

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF BEADLE)

On this the 20th day of October, 1995, before me, Douglas E. Kludt, the undersigned officer, personally appeared Marvie Tschetter, who acknowledged herself to be the Secretary of Lankota, Inc., a corporation, and that she, as such Secretary being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by herself as Secretary.

FIFTH: The number of shares voted for such amendment was ten (10) and the number of shares vored against such amendment was zero (0).

SIXTH: The number of shares of each class entitled to vote thereon as a class voted for and against such amendment, respectively was: ten and zero.

LANKOTA, INC.

BY: Kim Tschetter
Kim Tschetter
ITS: President

BY: Marvie Tschetter
Marvie Tschetter
ITS: Secretary/Treasurer

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF BEADLE)

On this the 20th day of October, 1995, before me, Douglas E. Kludt, the undersigned officer, personally appeared Kim Tschetter, who acknowledged himself to be the President of Lankota, Inc., a corporation, and that he, as such President being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as President.

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

Douglas E. Kludt
Notary Public - Douglas E. Kludt
My commission expires. [REDACTED]

(SEAL)

9511270972
11/17/95

FIFTH: The number of shares voted for such amendment was ten (10) and the number of shares voted against such amendment was zero (0).

SIXTH: The number of shares of each class entitled to vote thereon as a class voted for and against such amendment, respectively was: ten and zero.

LANKOTA, INC.

BY: Kim Tschetter
Kim Tschetter
ITS: President

BY: Marjie Tschetter
Marjie Tschetter
ITS: Secretary/Treasurer

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF BEADLE)

On this the 20th day of October, 1995, before me, Douglas E. Kludt, the undersigned officer, personally appeared Kim Tschetter, who acknowledged himself to be the President of Lankota, Inc., a corporation, and that he, as such President being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as President.

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

Douglas E. Kludt
Notary Public - Douglas E. Kludt
My commission expires: 6/19/2002

(SEAL)

DUPLICATE

Receipt No.: 495884

95112720972
11/17/95

File Number: DB032811

AMENDMENT

For

LANKOTA, INC.

File at the request of:

CHURCHILL MANOLIS FREEMAN KLUDT & KAUFMAN
DOUGLAS KLUDT
PO BOX 176
HURON SD 57350

STATE OF SOUTH DAKOTA

OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on

Date October 25, 1995

Joyce Hazeltine
Secretary of State

Fee Recieved \$20.00

SOS CRP 491 10/93

1996

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 3-5-96
RECEIPT NO. 528184

RECEIVED

MAR 05 1996

1. Corporate Name, Registered Agent and Registered Address:

DE 032811
LANKOTA, INC.
TSCHETTER, KIM
3RD & HILL
YALE, SD 57386

MARVOS

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 _____

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 March 4th 19 96

By Kim Tschetter
(Signature) Marvie Tschetter

Its Vice President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Kelli Peterson a notary public, do hereby certify that on this 4th day of March 1996,

personally appeared before me Marvie Tschetter who, being by me first duly sworn, declared that he/she is the Vice President of Lankota, Inc.

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

My Commission Expires 9/9/2002

Kelli Peterson
Notary Public Kelli Peterson

(Notarial Seal)

SOS CRP 410 10/95

SECRETARY OF STATE
STATE CAPITOL
600 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: \$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)

PRO-1000-MINUS

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 3-20-97
RECEIPT NO. 673027

RECEIVED

MAR 20 1997

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address

DB-032811
LANKOTA, INC.
TSCHETTER, KIM
3RD & HILL
YALE, SD 57386

MAR/96

Telephone # 352-8624

FAX # 352-2205

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 March 11th 19 97

By Kim Tschetter
(Signature) Marvie Tschetter
its Vice President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Kelli Peterson, a notary public, do hereby certify that on this 11th day of March 19 97, personally appeared before me Marvie Tschetter who, being by me first duly sworn, declared that he/she is the Vice President of Lankota, Inc.

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

My Commission Expires 9/9/2002

Kelli Peterson
Notary Public Kelli Peterson

(Notarial Seal)

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: \$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 _____
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_____ 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

4-1-98
FILE DATE 702975
RECEIPT NO. RECEIVED

APR 01 1998
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DB-032611
LANKOTA, INC.
TSCHETTER, KIM
3RD & HILL
YALE, SD 57386

MAR/97

Telephone # 352-8624
FAX # 352-2205

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 March 2, 1998

By Marvie Tschetter
(Signature) Marvie Tschetter
Its Secretary Secretary
(Title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, Sherryl M. Cumbee, a notary public, do hereby certify that on this 2nd day of March, 1998, personally appeared before me Marvie Tschetter who, being by me first duly sworn, declared that he/she is the Secretary of Lankota, Inc.

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

My Commission Expires _____
Sherryl M. Cumbee
Notary Public Sherryl M. Cumbee

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-6070
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)

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)

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)

2000

2000

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

ANNUAL REPORT 0041

DOMESTIC 5710700 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 4-18-00 RECEIPT NO. 880223 RECEIVED APR 18 2000 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-032811 MAR/1999 LANKOTA, INC. TSCHETTER, KIM 3RD & HILL YALE SD 57386

Telephone # FAX # Federal Taxpayer II 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.

[X] 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:

Table with 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.

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 4-17-00

By [Signature] (Signature) Its [Signature] (Title)

STATE OF South Dakota COUNTY OF Beadle ss

On this the 17th day of April 2000, before me, Kristi Neuharth personally appeared Marvie Tschetter, known to me, or proved to me, to be the Secretary 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 August 20, 2005 [Signature] Notary Public

(Notarial Seal)

SOS CRP 11/99

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) _____

2001

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4945
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 3-28-01
RECEIPT NO. 4704

RECEIVED

MAR 28 '01

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-032811	MAR/2000
LANKOTA, INC.	
TSCHETTER, KIM	
3RD & HILL	
YALE SD 57386	

Telephone # _____

FAX # _____

Federal Taxpayer IC _____

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 3-20-01

By [Signature]
(Signature)

Its Secretary
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

On this the 20th day of March 20 01, before me, Anita Selting
personally appeared Marvie Tschetter, known to me, or proved to me,

to be the Secretary 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 _____

[Signature]
Notary Public Anita Selting
SOS CRP 11/00

(Notarial Seal)

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)

0205214.2426

2002

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

0205214.2426 5710702

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 5-07 RECEIPT NO. 1088144 RECEIVED

APR 05 '02

1. Corporate Name, Registered Agent and Registered Address:



DB-032811 MAR/2001 LANKOTA, INC. TSCHETTER, KIM 3RD & HILL YALE SD 57386

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.

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 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.

The character of the business in which it is actually engaged in South Dakota to engage in the manufacture, and distribution of machinery and equipment, including but not limited to farm machinery and equipment, and to carry on all other business incident thereto or connected therewith.

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

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

SD law requires at least one director.

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

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:

Table with columns: NUMBER OF SHARES CAN ISSUE (authorized), CLASS, SERIES, PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE. Rows for 1,000 and 10 shares.

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 MARCH 29, 2002

By Kim Tschetter (Signature)

Its President (Title)

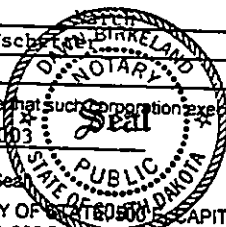
STATE OF SOUTH DAKOTA

COUNTY OF BEADLE ss

On this the 29TH day of MARCH, 2002, before me, DAWN BIRKELAND personally appeared Kim Tschetter, 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 8-28-2003

Dawn Birkeland Notary Public



RETURN TO: SECRETARY OF STATE, 605 SOUTH CAPITOL, PIERRE, S.D. 57501-5077 PHONE: 605-773-4545 FAX (605) 773-4550

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

2003

ANNUAL REPORT

0305220, 3572
5/20/03

FILE DATE 3-19-03
RECEIPT NO. RECEIVED
MAR 19 2003
SECRETARY OF STATE

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

1. Corporate Name, Registered Agent and Registered Address:



DB-032811 MAR/2002
LANKOTA, INC.
TSCHETTER, KIM
3RD & HILL
YALE SD 57386

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 _____

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 March 13 - 2003 By Kim Tschetter
(Signature)

Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Beadle

On this the 13th day of March, 20 03, before me, Dan Davis
personally appeared Kim R. Tschetter, 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 Jan 9 - 2007
(Notarial Seal) Dan Davis
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/sos/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 _____
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) _____

227 3355 05/14/2004

2004

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 04/28/04 RECEIVED RECEIPT NO. 1319364

APR 28 '04

SD SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB032811 MAR/2003 LANKOTA, INC. TSCHETTER, KIM 3RD & HILL YALE SD 57386

Telephone # FAX # Federal Taxpa 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 below 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.

[X] 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:

Table with 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.

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 4/19/2004 By Kim Tschetter (Signature) Its President (Title)

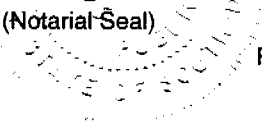
STATE OF SOUTH DAKOTA COUNTY OF Hughes ss

On this the 19th day of April, 2004, before me, Tammy Johnson personally appeared Kim R. Tschetter, 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 My Commission Expires July 25, 2005

Tammy Johnson Notary Public



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

SOS CRP 07/03

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 _____

Kim Tschetter

(Signature)

President

(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)

234 1940 03/22/2005

2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 3/11/05
RECEIPT NO. 748775
RECEIVED
MAR 11 05
S.D. SOS. CRP. 07/04

1. Corporate Name, Registered Agent and Registered Address:



DB032811 MAR/2004
LANKOTA, INC.
TSCHETTER, KIM
3RD & HILL
YALE SD 57386

Telephone # _____
FAX # _____
Federal Tax# _____
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 character of the business in which it is actually engaged in South Dakota to engage in the general business of performing and providing cleanup services of railroad car derailment sites and to carry on and conduct any business incidental thereto.

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Marvie Tschetter</u>	<u>President</u>	<u>1290 Dakota Ave. North</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Marvie Tschetter</u>	<u>Vice President</u>	<u>1290 Dakota Ave. North</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Marvie Tschetter</u>	<u>Secretary</u>	<u>1290 Dakota Ave. North</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Marvie Tschetter</u>	<u>Treasurer</u>	<u>1290 Dakota Ave. North</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>

SD law requires at least one director.

Do the above listed officers serve also as directors? YES X 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>1,000</u>	<u>Common</u>	<u>None</u>	<u>\$1.00</u>

5. NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	PAR VALUE
<u>10</u>	<u>Common</u>	<u>None</u>	<u>\$1.00</u>

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.

Dated 3-8-05

James Tschetter
(Signature)

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 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) _____

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

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

File Date _____
Receipt No. _____

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

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

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____
_____ ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

(signature)

**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

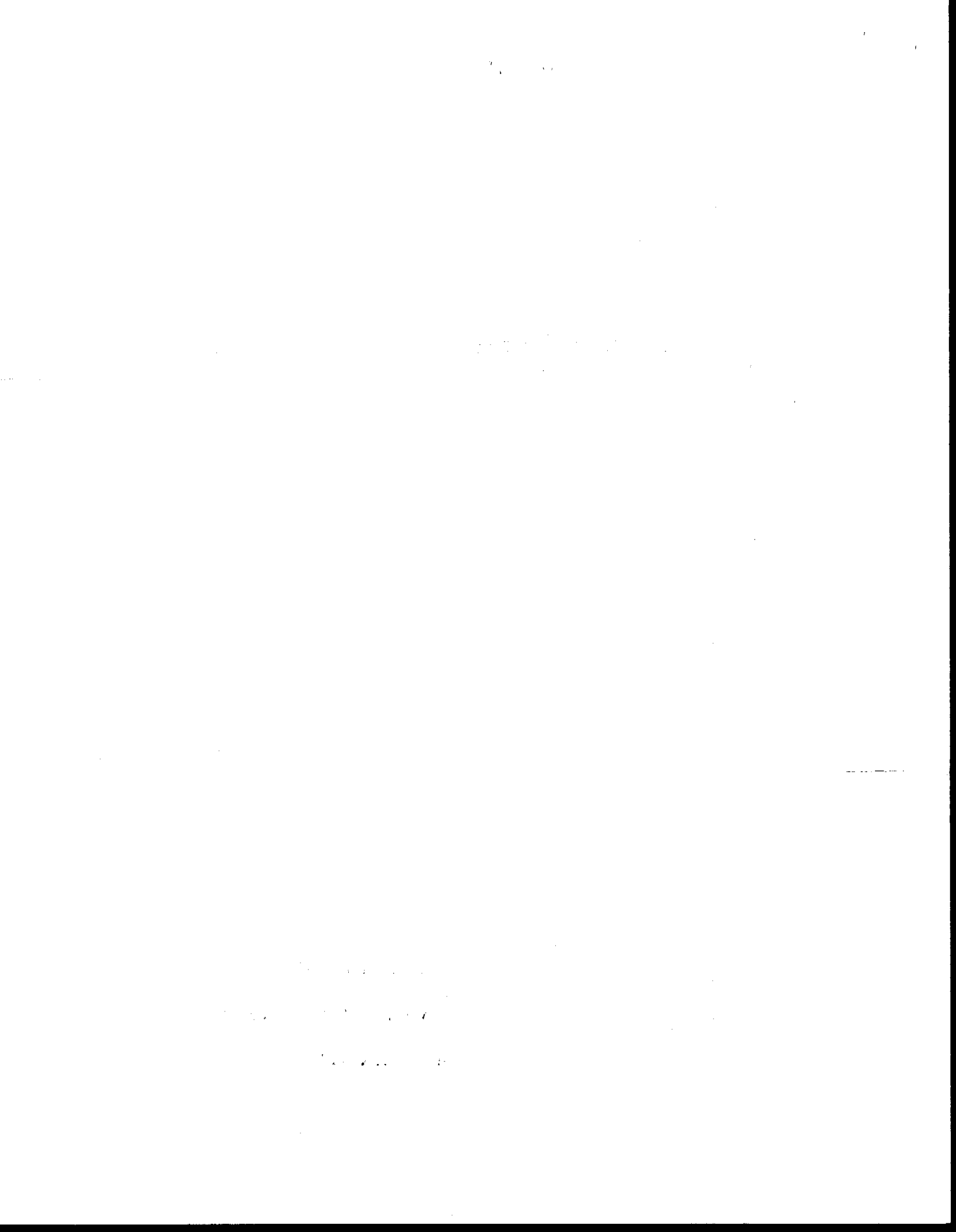
Title

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)





359 5813

Receipt Number: 1834107

File Number **DB032811**



ARTICLES_OF_AMENDMENT

For

LANKOTA, INC. changing its name to: LANKOTA GROUP, INC.

Filed at the request of:

OLINGER LOVALD MCCAHERN & REIMERS PC
RONALD D OLINGER
117 E CAPITOL
PO BOX 66
PIERRE SD 57501

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

Filed in the office of the Secretary of State on: **Wednesday, September 24, 2008**



Secretary of State

Fee Received: \$50.00

359 5814 09/25/2008

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

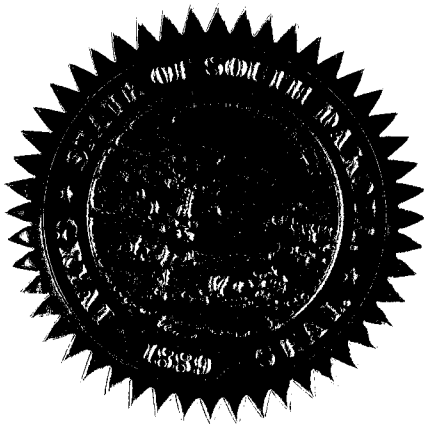
Certificate of Amendment

ORGANIZATIONAL ID #: DB032811

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **LANKOTA, INC. changing its name to: LANKOTA GROUP, INC.** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, 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 Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment.

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 September 24, 2008.



Chris Nelson

Chris Nelson
Secretary of State

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

AMENDMENT TO ARTICLES OF INCORPORATION DOMESTIC BUSINESS CORPORATION

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy
FILING FEE: \$50 payable to SECRETARY OF STATE

RECEIVED
SEP 24 2008
S.D. SEC. OF STATE

Telephone # _____
FAX # _____

Filed this 24th day of Sept 2008
Chris Nelson
SECRETARY OF STATE

1. The name of the corporation is Lankota, Inc.

Note: This must be the exact corporate name.

2. The Articles of Incorporation have been amended in the manner prescribed by SDCL 47-1A and by the Articles of Incorporation on September 17, 20 08.

- Adopted by the shareholders.
 Adopted by the Board of Directors.

3. Please state the amendment.

The name of the corporation shall be changed to Lankota Group, Inc.

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

Dated 9.20.08

Marvie Tschetter
(Signature of an authorized officer)

Marvie Tschetter
(Printed Name)

President
(Title)

DB032811

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 06/04/09
RECEIPT NO 1918138

RECEIVED RECEIVED
JUN 04 2009 MAY 12 2009
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate ID and Name:

DB032811

Lankota Group Inc
Marvie Tschetter
270 West Park Avenue
Huron, SD 57350

Telephone # _____

FAX # _____

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

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

270 West Park Avenue	Huron	SD	57350
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Marvie Tschetter

270 West Park Avenue	Huron	SD	57350
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	Marvie Tschetter	270 West Park Avenue	Huron	SD	57350
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Marvie Tschetter	270 West Park Avenue	Huron	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Marvie Tschetter	270 West Park Avenue	Huron	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Marvie Tschetter	270 West Park Avenue	Huron	SD	57350
	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 May 11, 2009

Marvie Tschetter
(Signature of an authorized officer)

Marvie Tschetter
(Printed Name)

President
(Title)

291 2838

291 2839 06/10/2009

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink
Please submit one **Original** and one **Photocopy**
FILING FEE: \$10 Make check payable to **SECRETARY OF STATE**

FILE DATE	<u>6/4/09</u>
RECEIPT NO	RECEIVED
	JUN 04 2009
	S.D. SEC. OF STATE

Telephone #	_____
FAX #	_____

1. Corporate ID and Name:
DB032811
LANKOTA GROUP INC

2. The name of the registered agent on file Ron Olinger
The name of the successor registered agent Marvie Tschetter

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity
117 E Capitol Pierre SD 57501
Street Address (Required) City State ZIP+4
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address
270 West Park Ave Huron SD 57350
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.

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.

Dated June 2 2009

Marvie Tschetter
(Signature of an authorized officer)
Marvie Tschetter
(Printed Name)
President
(Title)

306 1223 05/19/2010

2010

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 5-19-10
 RECEIPT NO 2031579
RECEIVED
MAY 19 2010
S.D. SEC. OF STATE

1. Corporate ID and Name:

~~DB0332811~~ DB032811

2010

LANKOTA GROUP, INC.
270 West Park Avenue
Huron, SD 57350

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

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

270 West Park Avenue	Huron	SD	57350
Street Address	City	State	ZIP+4

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

3. The name of the South Dakota Registered Agent Marvie Tschetter

270 West Park Avenue	Huron	SD	57350
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4

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

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

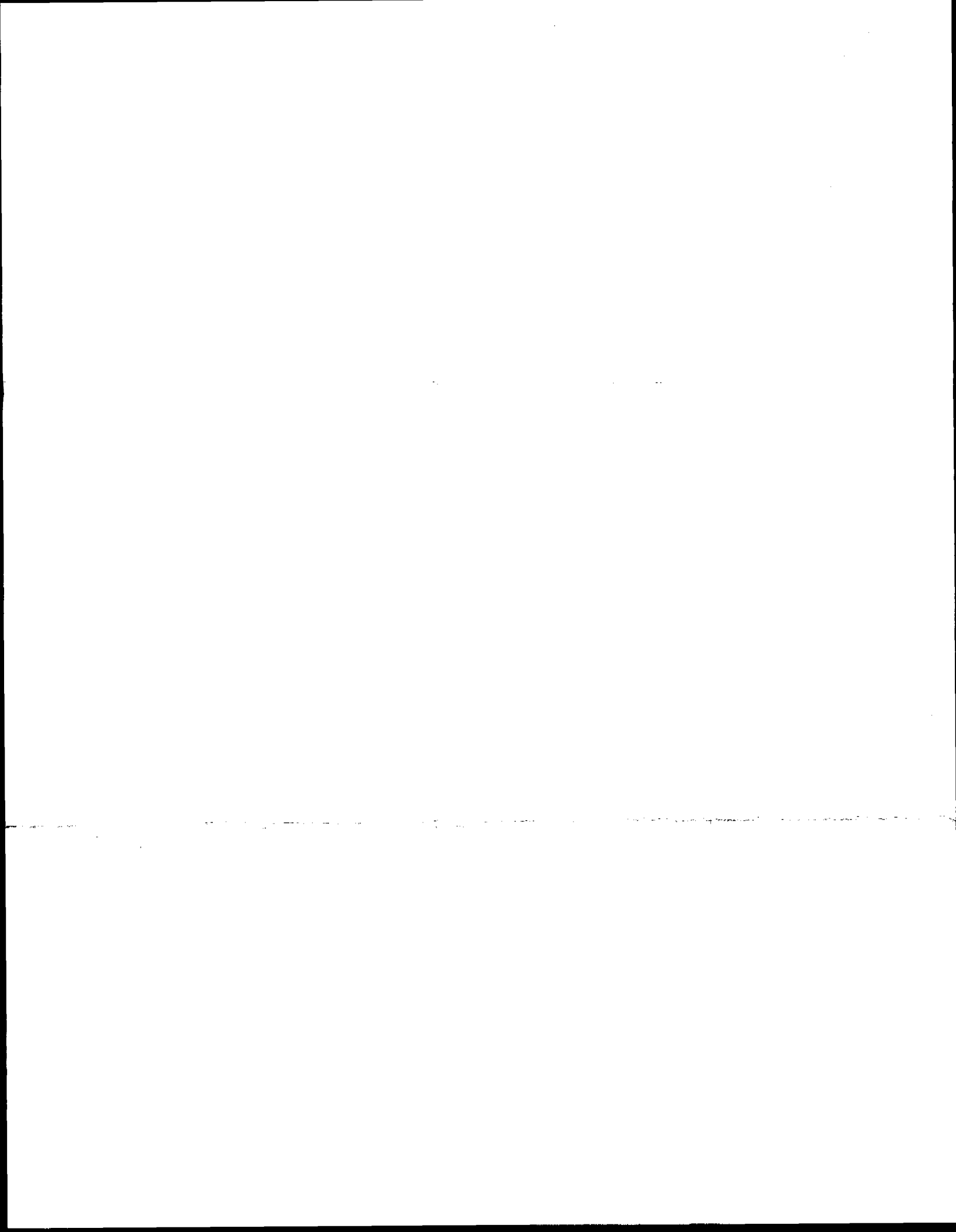
- | | | | | | |
|-------------------------------------|------------------|----------------------|-------|-------|-------|
| <input checked="" type="checkbox"/> | Marvie Tschetter | 270 West Park Avenue | Huron | SD | 57350 |
| | President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Marvie Tschetter | 270 West Park Avenue | Huron | SD | 57350 |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Marvie Tschetter | 270 West Park Avenue | Huron | SD | 57350 |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Marvie Tschetter | 270 West Park Avenue | Huron | SD | 57350 |
| | Treasurer | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Marvie Tschetter | 270 West Park Avenue | Huron | SD | 57350 |
| | Director | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | | | | | |
| | Director | Street Address | City | State | ZIP+4 |

Dated 5-12-10

Marvie Tschetter
(Signature of an authorized officer)

Marvie Tschetter
(Printed Name)

President
(Title)



306 1224

2010

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

Please submit one Original and one Photocopy

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

FILE DATE	<u>5-19-10</u>
RECEIPT NO	<u>2031579</u>
RECEIVED	
MAY 19 2010	
S.D. SEC. OF STATE	

1. Corporate ID and Name:

DB032811

2010

Lankota Group, Inc.
Marvie Tschetter
270 West Park Avenue
Huron, SD 5d7350

Telephone #	_____
FAX #	_____

2. The name of the registered agent on file Marvie Tschetter

The name of the successor registered agent Cadwell, Sanford, Deibert & Garry, LLP

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>270 West Park Avenue</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
Street Address (Required)	City	State	ZIP+4
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

<u>200 East 10th Street, Suite 200</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57104</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</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.

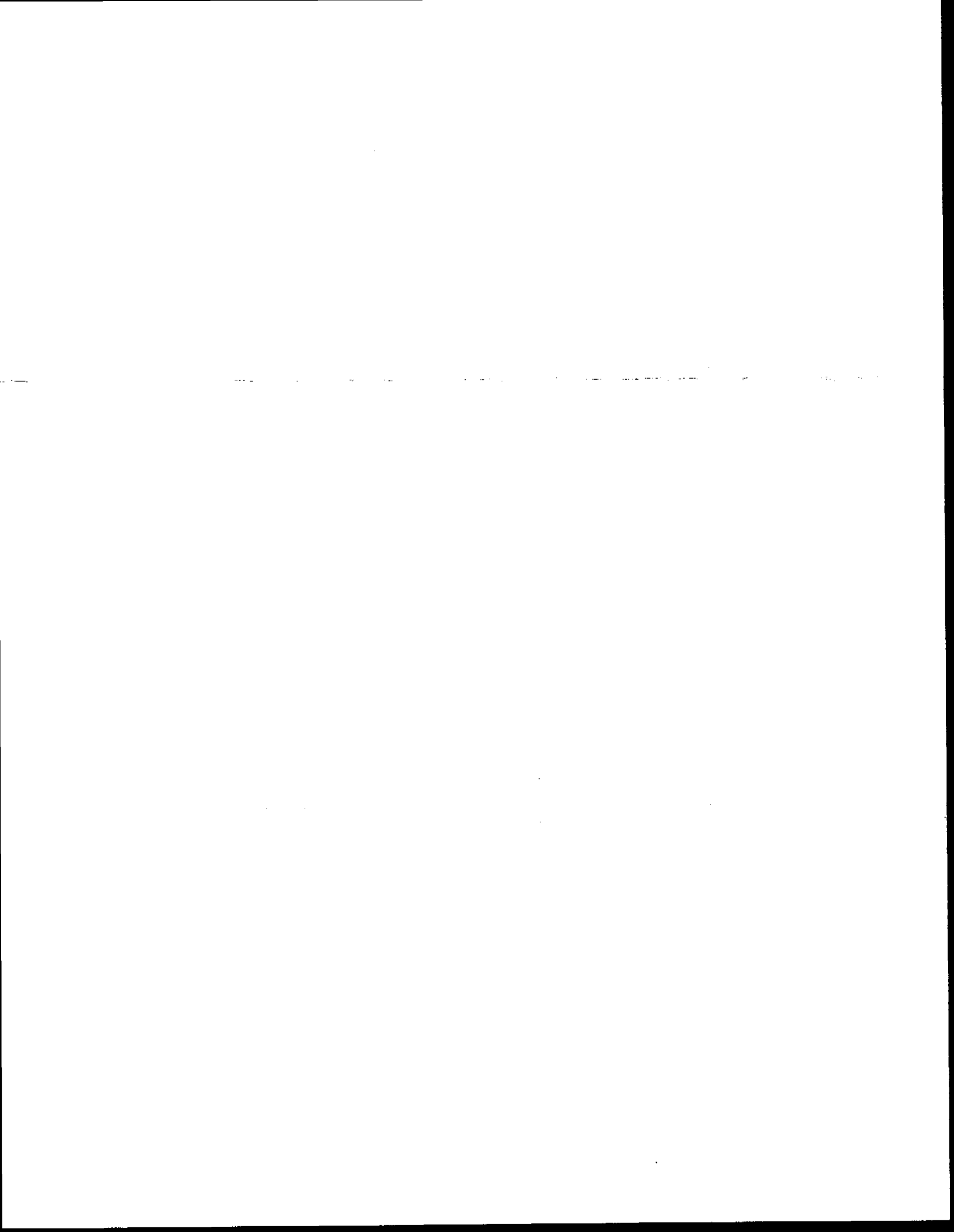
The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

Dated 5-12-10

Marvie Tschetter
(Signature of an authorized officer)

Marvie Tschetter
(Printed Name)

President
(Title)



317 2042 04/11/2011

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	<u>03/16/11</u>
RECEIPT NO	<u>2131927</u>
RECEIVED	
MAR 16 2011	
S.D. SEC. OF STATE	

1. Corporate ID and Name:

DB032811 MAR/2010

LANKOTA GROUP, INC.
CADWELL SANFORD DEIBERT & GARRY, LLP
200 EAST 10TH STREET, SUITE 200
SIOUX FALLS, SD 57104

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>270 West Park Avenue</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Cadwell Sanford Deibert & Garry, LLP

<u>200 East 10th Street, Suite 200</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57104</u>
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

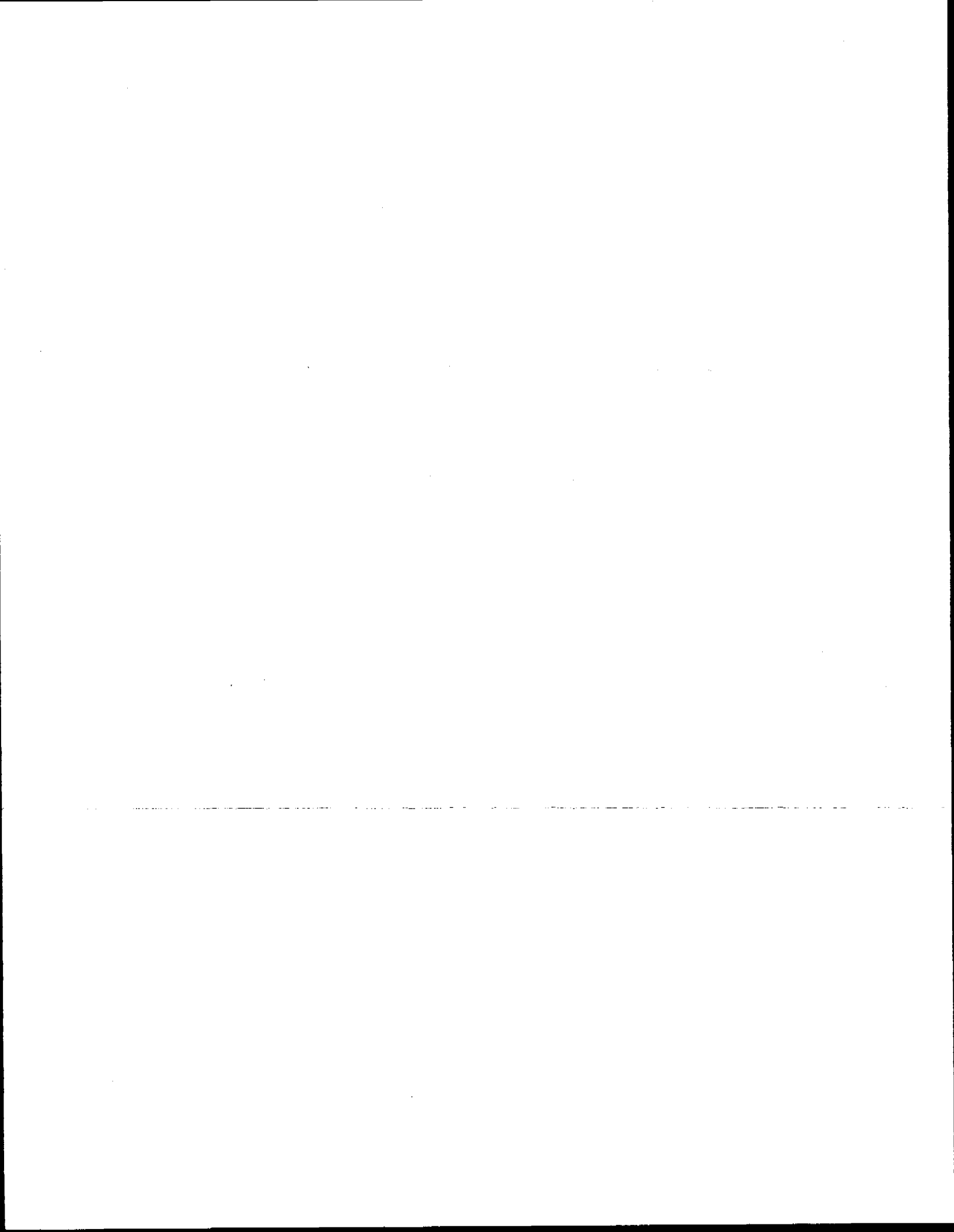
<input checked="" type="checkbox"/>	Marvie Tschetter	<u>270 West Park Avenue</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Marvie Tschetter	<u>270 West Park Avenue</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Marvie Tschetter	<u>270 West Park Avenue</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Marvie Tschetter	<u>270 West Park Avenue</u>	<u>Huron</u>	<u>SD</u>	<u>57350</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

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

Dated 3-14-11

Marvie Tschetter
(Signature of an Authorized Person)

Marvie Tschetter, President
(Printed Name)



2013

Enter Filing Year

ANNUAL REPORT

FILE 4/2/2013

RECEIPT NO 107102

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:

DB032811
LANKOTA GROUP, INC.
270 WEST PARK AVE
HURON, SD 57350-5059

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

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

270 WEST PARK AVE	HURON	SD	57350-5059
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: CADWELL SANFORD DEIBERT & GARRY LLP

200 EAST 10TH STREET STE 200	SIOUX FALLS	SD	57104-6371
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	MARVIE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARVIE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARVIE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARVIE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	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 04/02/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

KRISTI M LABER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE 4/9/2014

RECEIPT NO 191473

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:

DB032811
LANKOTA GROUP, INC.
270 WEST PARK AVE
HURON, SD 57350-5059

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

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

270 WEST PARK AVE	HURON	SD	57350-5059
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: CADWELL SANFORD DEIBERT & GARRY LLP

200 EAST 10TH STREET STE 200	SIoux FALLS	SD	57104-6371
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	MARVIE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LANCE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LANCE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	DAKOTA TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	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 04/09/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

KRISTI M LABER

(Printed Name)

2015

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 DATE 3/6/2015

RECEIPT NO 280670

1. Corporate ID and Name:

DB032811
LANKOTA GROUP, INC.
270 WEST PARK AVE
HURON, SD 57350-5059

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

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

270 WEST PARK AVE	HURON	SD	57350-5059
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CADWELL SANFORD DEIBERT & GARRY LLP

200 EAST 10TH STREET STE 200	SIOUX FALLS	SD	57104-6371
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	MARVIE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LANCE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LANCE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DAKOTA TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	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 03/06/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

KRISTI M LABER

(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 2/25/2016

RECEIPT NO 387523

1. Corporate ID and Name:

DB032811

Enter Corporate ID

LANKOTA GROUP, 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).

270 WEST PARK AVE	HURON	SD	57350-5059
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

Mailing Address, if Different from Street Address	City	State	ZIP+4
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4. The name of the South Dakota Registered Agent

Agent Name: CADWELL SANFORD DEIBERT & GARRY LLP

200 EAST 10TH STREET STE 200	SIOUX FALLS	SD	57104-6371
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	MARVIE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	LANCE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	LANCE TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DAKOTA TSCHETTER	270 WEST PARK AVENUE	HURON	SD	57350
	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
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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)

KRISTI M LABER

(Printed Name)