

343 7367

Receipt Number: 15210856

File Number **DL010776**



**ARTICLES\_OF\_ORGANIZATION**

For

**DAKOTA PROFESSIONAL HOME INSPECTIONS, LLC**

Filed at the request of:

RICK HUBER  
29666 480TH AVE  
HUDSON SD 57034

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

Filed in the office of the Secretary of State on: **Thursday, February 23, 2006**



Secretary of State

Fee Received: \$125.00

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

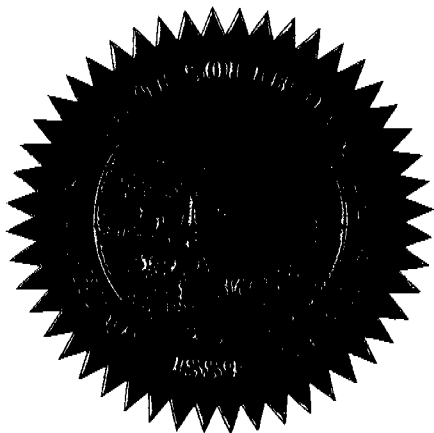
### Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL010776

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **DAKOTA PROFESSIONAL HOME INSPECTIONS, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

**ACCORDINGLY** and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this February 23, 2006.



*Chris Nelson*  
Chris Nelson  
Secretary of State

Cert of Organization LLC Merge

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

ARTICLES OF ORGANIZATION  
OF A  
DOMESTIC LIMITED LIABILITY COMPANY

RECEIVED

FEB 23 '06

S.D. SEC. of STATE

343 7369

Filed this 23rd day of Feb, 2006

*Chris Nelson*  
SECRETARY OF STATE

1. The name of the Limited Liability Company is: Dakota Professional Home Inspections, LLC

2. The duration of the company if other than perpetual is: \_\_\_\_\_

3. The address of the initial designated office is: PO Box 594 Alcester, SD 57001 (Mailing Address)

29666 480th Avenue, Hudson SD 57034 (Street Address)

4. The name and street address of the initial agent for service of process is: Rick Huber 29666 480th Avenue Hudson, SD 57034

5. The name and address of each organizer:  
Rick Huber 29666 480th Avenue Hudson, SD 57034  
Mandy Huber 29666 480th Avenue Hudson, SD 57034

6. If the company is to be a manager-managed company rather than a member-managed company, the name and address of each initial manager is:

7. Whether one or more of the members of the company are to be liable for its debts and obligations under SDCL 47-34A-303 (c).

8. Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization.

The Articles of Organization must be signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date:                     

*[Signature]* President  
(Signature and Title)

*[Signature]* Sec/Treasurer  
(Signature and Title)

\_\_\_\_\_  
(Signature and Title)

FILING INSTRUCTIONS:

- One or more persons may organize a Limited Liability Company
- One original and one exact or conformed copy must be submitted
- FILING FEE \$125

*DL 10776*

259 1420 03/12/2007

# 2007

# 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 02/26/07  
RECEIPT NO. 1650045  
**RECEIVED**  
**FEB 26 2007**  
S.D. SEC. OF STATE

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



DL010776 FEB/0000  
DAKOTA PROFESSIONAL HOME INSPECTIONS, LL  
HUBER, RICK  
PO BOX 594  
ALCESTER SD 57001-0594

Telephone # 605-900-0027  
FAX # 605-934-2031

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:  
29666 480TH Avenue Hudson, SD 57034  
Rick Huber

4. The address of its principal office is: PO Box 594 Alcester, SD 57001

5. The names and business addresses of any managers:

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 1/24/07

Signature

RICK HUBER  
Printed Name

President - Member Managed  
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)

275 0989 04/25/2008

2008

ANNUAL REPORT

RECEIVED FILE DATE 04/07/08  
RECEIPT NO. 17B5685  
APR 07 2008 RECEIVED  
MAR 19 2008  
S.D. SEC. OF STATE

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

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

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



\*DL010776\*

DLO10776 FEB/2007  
DAKOTA PROFESSIONAL HOME INSPECTIONS, LL  
HUBER, RICK  
PO BOX 594  
ALCESTER SD 57001-0594

Telephone # 605-934-2031  
FAX #

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:  
29666 480TH Avenue Hudson SD 57034 - P.O. Box 594 Alcester, SD 57001  
Rick Huber

4. The address of its principal office is: 29666 480TH Avenue Hudson SD 57034

5. The names and business addresses of any managers:

Rick Huber  
29666 480TH Avenue  
Hudson, SD 57034

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 3-15-2008

Signature [Handwritten Signature]

Printed Name Rick Huber

Title President Manager

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)

289 3011 04/30/2009

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	4/8/09
RECEIPT NO	1903047
<b>RECEIVED</b>	
<b>FEB 11 2009</b>	
<b>S.D. SEC. OF STATE RECEIVED</b>	
<b>APR 08 2009</b>	
Telephone #	
FAX #	<b>S.D. SEC. OF STATE</b>
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.	

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



DL010776 FEB/2008  
DAKOTA PROFESSIONAL HOME INSPECTIONS, LL  
HUBER, RICK  
PO BOX 594  
ALCESTER SD 57001-0594

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

29666 480 <sup>TH</sup> Avenue	Hudson	SD	57034
Street Address	City	State	ZIP+4
PO Box 594 Alcester		SD	57001
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Dakota Professional Home Inspections, LLC.

29666 480 <sup>TH</sup> Avenue	Hudson	SD	57034
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
PO Box 594	Alcester	SD	57001
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.

Rick Huber	29666 480 <sup>TH</sup> Ave.	Hudson	SD	57034
Manager	Street Address	City	State	ZIP+4
Amanda Huber	29666 480 <sup>TH</sup> Ave	Hudson	SD	57034
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated 2-7-09

(Signature of an Authorized Manager or Member)

Rick Huber

(Printed Name)

Manager / Owner

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

2010

ANNUAL REPORT DOMESTIC L.L.C.

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

Please Type or Print Clearly in Ink

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

RECEIVED stamp with FILE DATE 2/1/10, RECEIPT NO 1992950, JAN 25 2010, S.D. SEC. OF STATE

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



DL010776 FEB/2009 DAKOTA PROFESSIONAL HOME INSPECTIONS, LL HUBER, RICK PO BOX 594 ALCESTER SD 57001-0594

Telephone # FAX # 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.

29666 480TH Avenue Hudson SD 57034-6513 PO Box 594 Alcester SD 57001-0594

3. The name of the South Dakota Registered Agent

Rick Huber 29666 480TH Avenue Hudson SD 57034-6513 P.O. Box 594 Alcester SD 57001-0594

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.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Three rows are present but empty.

Dated 1-20-2010

Signature of an Authorized Manager or Member: Rick Huber (Printed Name), Member (Title)

301 2443

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

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

Please Type or Print Clearly in Ink

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

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

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

3. If listing a Commercial Registered Agent, please state their identification number: \_\_\_\_\_

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

\_\_\_\_\_  
Street Address (Required) City State ZIP+4

\_\_\_\_\_  
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

\_\_\_\_\_  
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

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

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

316 0830 03/17/2011

2011

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

ANNUAL REPORT  
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	2-4-11
RECEIPT NO	2118771
<b>RECEIVED</b>	
<b>FEB 04 2011</b>	
<b>S.D. SEC. OF STATE</b>	

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



DL010776 FEB/2010

DAKOTA PROFESSIONAL HOME INSPECTIONS, LL  
HUBER, RICK  
PO BOX 594  
ALCESTER SD 57001-0594

Telephone #	_____
FAX #	_____
FILING DATE: Due during the month the Certificate of Organization 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>29666 480<sup>TH</sup> Avenue</u>	<u>Hudson</u>	<u>SD</u>	<u>57034</u>
Street Address	City	State	ZIP+4
<u>PO Box 594</u>	<u>Alcester</u>	<u>SD</u>	<u>57001</u>
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent RICK HUBER


<u>29666 480<sup>TH</sup> Avenue</u>	<u>Hudson</u>	<u>SD</u>	<u>57034</u>
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
<u>PO Box 594</u>	<u>Alcester</u>	<u>SD</u>	<u>57001</u>
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 respect. Any violation is subject to a civil penalty.

Dated 1/31/2011

  
\_\_\_\_\_  
(Signature of an Authorized Person)  
Rick Huber  
\_\_\_\_\_  
(Printed Name)

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

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

Please Type or Print Clearly in Ink

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

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

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

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

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

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

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

5. If the address has changed, its new address

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

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an Authorized Person)

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

2012

Enter Filing Year

# ANNUAL REPORT

FILE DATE 02/01/2012

RECEIPT NO 20513

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:

DL010776  
DAKOTA PROFESSIONAL HOME INSPECTIONS, LLC  
29666 480TH AVE  
HUDSON, SD 57034-6513

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

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

29666 480TH AVE	HUDSON	SD	57034-6513
Street Address	City	State	ZIP+4
PO BOX 594	ALCESTER	SD	57001-0594
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICK HUBER

29666 480TH AVE	HUDSON	SD	57034-6513
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 594	ALCESTER	SD	57001-0594
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.

Dated 02/01/2012

Signature Accepted Electronically  
(Signature of an Authorized Person)

RICK K HUBER  
(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 1/24/2013

RECEIPT NO 90489

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

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

DL010776
DAKOTA PROFESSIONAL HOME INSPECTIONS, LLC
29666 480TH AVE
HUDSON, SD 57034-6513

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

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

29666 480TH AVE HUDSON SD 57034-6513
Street Address City State ZIP+4
PO BOX 594 ALCESTER SD 57001-0594
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICK HUBER
29666 480TH AVE HUDSON SD 57034-6513
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 594 ALCESTER SD 57001-0594
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.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three empty rows for manager information.

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 01/24/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

RICK K HUBER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE 2/20/2014

RECEIPT NO 178630

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

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

DL010776
DAKOTA PROFESSIONAL HOME INSPECTIONS, LLC
29666 480TH AVE
HUDSON, SD 57034-6513

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

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

29666 480TH AVE HUDSON SD 57034-6513
Street Address City State ZIP+4
PO BOX 594 ALCESTER SD 57001-0594
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICK HUBER
29666 480TH AVE HUDSON SD 57034-6513
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 594 ALCESTER SD 57001-0594
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.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three empty rows for manager information.

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 02/20/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
RICK K HUBER
(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 2/7/2015

RECEIPT NO 270385

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

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

DL010776
DAKOTA PROFESSIONAL HOME INSPECTIONS, LLC
29666 480TH AVE
HUDSON, SD 57034-6513

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

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

29666 480TH AVE HUDSON SD 57034-6513
Street Address City State ZIP+4
PO BOX 594 ALCESTER SD 57001-0594
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICK HUBER
29666 480TH AVE HUDSON SD 57034-6513
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 594 ALCESTER SD 57001-0594
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 02/07/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
RICK K HUBER
(Printed Name)

2016

ANNUAL REPORT

FILE DATE 12/18/2015

Enter Filing Year

DOMESTIC LLC

RECEIPT NO 361343

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

SDCL 47-34A-211

Please Type or Print Clearly In Ink

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

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

DL010776

DAKOTA PROFESSIONAL HOME INSPECTIONS, LLC

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

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

29666 480TH AVE HUDSON SD 57034-6513

Actual Street Address or Rural Route Box Number City State ZIP+4

PO BOX 594 ALCESTER SD 57001-0594

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

4. The name of the South Dakota Registered Agent

Agent Name: RICK HUBER

29666 480TH AVE HUDSON SD 57034-6513

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

PO BOX 594 ALCESTER SD 57001-0594

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

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

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

Dated 12/18/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

RICK K HUBER

(Printed Name)