K 0012305 817

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Incorporation
Business Corporation

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of SWINE STATISTICS, INC. duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

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

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 December 6, 2000.

Joyce Hazeltine
Secretary of State

IncorpCertBusiness Merge.doc

0012305.0817
12/7/00 RECEIVED
DEC 06 '00
S.D. SEC. OF STATE

Filed this 6th day of Dec. 20 00
Joyce Hazeltine
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

SWINE STATISTICS, INC.

KNOWN ALL MEN BY THESE PRESENTS that we the undersigned, Robert Rietema and Kurt Van Beek, for ourselves and our successors, for the purpose of forming a corporation under and by virtue of the laws of the State of South Dakota, do hereby adopt the following Articles of Incorporation.

I.

The name of the corporation shall be Swine Statistics, Inc.

II.

The purpose for which this organization is formed is to market agricultural commodities and livestock.

III.

The principal place of business of this Corporation shall be 101 Third Street Southeast, Huron, Beadle County, South Dakota.

IV.

The Corporation shall commence on the day that the Certificate of Incorporation is granted by the Secretary of State of the State of South Dakota, and shall continue thereafter perpetually or until such time as it shall be dissolved, as provided by the By-Laws of the Corporation or the laws of the State of South Dakota. The Corporation will not commence business until consideration of the value of at least $1,000.00 has been received for the issuance of shares of stock in such Corporation.

V.

The address of the registered office of the Corporation shall be 101 Third Street Southeast, Huron, South Dakota 57350, and the name of its registered agent at such address shall be Ray McDaniel. The street address is 101 Third Street Southeast, Aberdeen, South Dakota.

db043462

VI.

The number of directors of this Corporation shall be not less than one (1) nor more than ten (10), as shall be determined from time to time by the By-Laws of the Corporation, and the names and residences of the incorporators are listed below, which incorporators shall serve as the initial directors of the Corporation until the election of their successors:

Robert Rietema	1265 Second Avenue Southeast Sioux Center, IA 51250
Kurt Van Beek	2130 17th Street Rock Valley, IA 51247

VII.

The amount of capital stock of this Corporation shall be 100,000 shares of common stock, with a par value of $1.00 per share, fully paid and nonassessable. No stockholder shall be liable for the debts of the Corporation for any amount greater than his unpaid subscription.

VIII.

That none of the authorized common stock of the Corporation has been issued and it is the intent of the Board of Directors and incorporators that only stock that can qualify under the United States Internal Revenue Code, as Section 1244 stock, may be issued during the applicable period; and the Board of Directors shall have limited authority to issue, prior to one year after the date of these Articles of Incorporation, the maximum common stock of the Corporation for the maximum amount of 100,000 shares of $1.00 par value per share. During such period, the common stock of the Corporation must only be issued in return for money or other property transferred to the Corporation by the purchaser. During the period of one year from and after the date of these Articles of Incorporation, the Board of Directors shall not have the authority to issue any type of stock which would not qualify under §1244 of the Internal Revenue Code and acts amendatory thereto, or which in any way would jeopardize the Section 1244 status of the common stock previously issued pursuant thereto.

Dated this 26 day of October, 2000.

Robert Rietema
Robert Rietema

Kurt Van Beek
Kurt Van Beek

0012305.0817
12/7/00

STATE OF SOUTH DAKOTA)
)SS
COUNTY OF Brown)

On this, the 26th day of October, 2000, before me, the undersigned officer, personally appeared ROBERT RIETEMA, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

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

Kristie Schreiber
Notary Public, South Dakota
My Commission Expires: 09-09-05

(Notarial Seal)

STATE OF SOUTH DAKOTA)
)SS
COUNTY OF Brown)

On this, the 26th day of October, 2000, before me, the undersigned officer, personally appeared KURT VAN BEEK, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

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

Kristie Schreiber
Notary Public, South Dakota
My Commission Expires: 09-09-05

(Notarial Seal)

0012305.0817
12/7/00

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Ray McDaniel, hereby give my consent to serve as the Registered Agent for Swine Statistics, Inc.

Dated this 22 day of November, 2000.

Ray McDaniel
Registered Agent

0012305.0817
12/7/00

Receipt Number: 934412

File Number DB043462

ART OF INC

For

SWINE STATISTICS, INC.

Filed at the request of:

SIEGEL BARNETT & SCHUTZ, LLP
JEFFREY SVEEN
PO BOX 490
ABERDEEN SD 57402

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: Wednesday, December 06, 2000

Secretary of State

Fee Received: $110 100,000 @ $1.

2001

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

020421303701 4757102

RECEIVED MAR 22 '02

RECEIVED FEB 26 '02 S.D. SEC OF STATE

RECEIVED JAN 17 '02 S.D. SEC. OF STATE

FILE DATE 3/22/02
RECEIPT NO. 10091540

1. Corporate Name, Registered Agent and Registered Address:

DB-043462 DEC/0000
SWINE STATISTICS, INC.
MCDANIEL, RAY
101 THIRD ST SE
HURON SD 57350-2016

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 Selling on Commission
"Selling Market Hogs on Commission

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Bob Rietema	President	1265 2nd Ave SE	Sioux Center	IA	51250
Kurt Van Beek	Vice President	2130 17th St	Rock Valley	IA	51247
Bob Rietema	Secretary	1265 2nd Ave S.E	Sioux Center	IA	51250
Kurt Van Beek	Treasurer	2130 17th St	Rock Valley	IA	51247

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) 100,000 CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE 1¢

5. NUMBER OF SHARES ACTUALLY ISSUED 100 CLASS SERIES

6. The amount of its stated capital is $ $1000= . (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 2/21/01

By Bob Rietema
(Signature)

Its President
(Title)

STATE OF Iowa
COUNTY OF Sioux ss

On this the 22nd day of Feb 2002, before me, Robert Ferreira
personally appeared Bob Rietema, 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 6/19/04

(Notarial Seal)

Robert Ferreira
Commission # 700720
My Commission Expires: June 19, 2004
Notary Public

SOS CRP 11/00

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 1-10-02

Bob Rukma
(Signature)

President
(Title)

STATE OF Iowa
COUNTY OF Story ss

On this the 10 day of Jan, 2002, before me, Bob Rukma personally appeared _____, known to me, or proved to me, to be the Pres 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 6-19-04

_____
Notary Public

(Notarial Seal)

Robert Ferreira
Commission # 710730
My Commission Expires:
June 19, 2004

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

_____
(signature)

2002 ANNUAL REPORT

0308222.3502
8/27/03

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILE DATE 7/21/03
RECEIPT NO. 1229182
RECEIVED
JUL 21 '03
S.D. SEC. of STATE

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-043462
DB-043462 DEC 2001
SWINE STATISTICS, INC.
MCDANIEL, RAY
101 THIRD ST SE
HURON SD 57350-2016

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 Selling On Commission

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Bob Rietema	President	1245 2nd Ave S.E.	Sioux Center	IA	51250
Kurt VanBeek	Vice President	2130 17 St.	Rock Valley	IA	51250
	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.**

Ray McDaniel Director 1010 Illinois Ave Huron SD 57350
Director ~~1010 Illinois Ave Huron SD 57350~~

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) 1000000 CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE 1.00

5. NUMBER OF SHARES ACTUALLY ISSUED 1000 CLASS SERIES

6. The amount of its stated capital is $ 1000.00 (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 7-17-03 By Bob Rietema (Signature)

Its President (Title)

STATE OF Iowa
COUNTY OF Sioux ss

On this the 17th day of July, 2003, before me, Camilla Harskamp personally appeared Bob Rietema, 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 that he executed the same.

My Commission Expires

CAMILLA HARSKAMP
Commission Number 722125
MY COMMISSION EXPIRES
APRIL 24, 2006
(Notarial Seal)

Camilla Harskamp
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 1781 05/14/2004

2003 ANNUAL REPORT

FILE DATE 04/23/04
RECEIPT NO. 1318657
RECEIVED
APR 2? ??
S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent and Registered Address:

DB-043462
DB-043462 DEC/2002
SWINE STATISTICS, INC.
MCDANIEL, RAY
101 THIRD ST SE
HURON SD 57350-2016

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.

☒ 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 4-19-04

By Bob Rietema
(Signature)

Its President
(Title)

STATE OF Iowa
COUNTY OF Sioux ss

On this the 19th day of April, 2004, before me, Camilla Beukelman personally appeared Bob Rietema, 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.

Camilla Beukelman
Notary Public

My Commission Expires 4-19-04

(Notarial Seal)

Camilla Beukelman
Commission Number 722125
MY COMMISSION EXPIRES
APRIL 24, 2006

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

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 _____ _____
(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)

232 0472 12/07/2004

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 12/01/04
RECEIPT NO. 1380162

1. Corporate Name, Registered Agent and Registered Address:

DB043462
DB043462 DEC/2003
SWINE STATISTICS, INC.
MCDANIEL, RAY
101 THIRD ST SE
HURON SD 57350-2016

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. 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:

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.

Dated 11-22-04

Bob Riekema
(Signature)

President
(Title)

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

SOS CRP 07/04

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 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)

Revised 07/04

245 3718 03/02/2006

2005 ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

RECEIVED FEB 2 '06 S.D. SEC. OF STATE

FILE DATE 2-21-06
RECEIPT NO. 529476
RECEIVED
DEC 01 '05
S.D. SEC. of STATE

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

DB043462
DB043462 DEC/2004
SWINE STATISTICS, INC.
MCDANIEL, RAY
101 THIRD ST SE
HURON SD 57350-2016

Telephone #______
FAX #______

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

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

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

★ ★

2. The address of the principal office 101 3rd st. ~~SE~~ PO Box 54

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Bob Rietema	President	1245 2nd Ave S.E	Sioux Center	IA	51250
Kurt Van Beek	Vice President	907 Greenway Drive	Rock Valley	IA	51247
	Secretary				
	Treasurer				

4. Provide a brief description of the nature of the business ______

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 ______

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
100,000	Common stock	

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

	CLASS	SERIES
100000	Common stock	

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

Dated 10-28-05

Bob Rietema
Signature

Bob Rietema
Printed Name

President
Title

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

SOS CRP 07/05

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)

259 3201

2006 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 03/08/07
RECEIPT NO. 1634609

RECEIVED MAR 0 8 2007 S.D. SEC. OF STATE

RECEIVED DEC 1 3 2006 S.D. SEC. OF STATE

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

DB043462
DB043462 DEC/2005
SWINE STATISTICS, INC.
MCDANIEL, RAY
101 THIRD ST SE
HURON SD 57350-2016

Telephone # ____________
FAX # ____________

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

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

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

★ ★

2. The address of the principal office 101 3rd St. SE HURON SD 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Bob Rietema	President	1265 2nd Ave S.E	Sioux Center	IA	51250
~~Kurt Van Beek~~	~~Vice President~~	~~907 Greenway Drive~~	~~Rock Valley~~	~~IA~~	~~51247~~
	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.**

________ Director ________

________ Director ________

4. Provide a brief description of the nature of the business ________

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
100	Common Stock	

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
100,000	Common stock	

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

Dated 12-11-06

Bob Rietema
Signature

Bob Rietema
Printed Name

President
Title

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

SOS CRP 07/05

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 Swine Statistics Inc.

2. The street address, or a statement that there is no street address, of its current registered office
PO Box 54 101 3rd St. SE Huron SD ZIP + 4 57350

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.
PO Box 54 101 3rd St. S.E Huron SD ZIP + 4 57350

4. The name of its current registered agent is Ray McDaniel

5. The name of its new registered agent is * Ray McDaniel

***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 12-11-06

Bob Rietema
Signature

Bob Rietema
Printed Name

President
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)

281 11887 10/21/2008

2007 ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 10-6-08

RECEIPT NO 1840458

RECEIVED SEP 12 2008 S.D. SEC. OF STATE

RECEIVED OCT 06 2008 S.D. SEC. OF STATE

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

DB043462

DB043462 DEC/2006
SWINE STATISTICS, INC.
MCDANIEL, RAY
101 THIRD ST SE
HURON SD 57350-2016

Telephone # ____________

FAX # ____________

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

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

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

★ ★

2. The address of the principal office 101 3rd St. SE Huron SD 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Bob Rietema	President	1245 2nd Ave S.E	Sioux Center	IA	51250
Kurt Van Beek	Vice President	907 Greenway Drive	Rock Valley	IA	51247
	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.**

____________ Director ____________

____________ Director ____________

4. Provide a brief description of the nature of the business Selling Hogs on Commission

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
100	Common Stock	

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
100,000	Common Stock	

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

Dated 9-9-08

Bob Rietema
Signature

Bob Rietema
Printed Name

President
Title

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

SOS CRP 07/05

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)

284 2356 01/07/2009

2008 ANNUAL REPORT
DOMESTIC

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

Please Type or Print Clearly in Ink

FILING FEE: $30 Make check payable to SECRETARY OF STATE

FILE DATE 12/22/08
RECEIPT NO 1464424
RECEIVED
NOV 14 2008
S.D. SEC. OF STATE

RECEIVED
DEC 22 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB043462

DB043462 DEC/2006
SWINE STATISTICS, INC.
MCDANIEL, RAY
101 THIRD ST SE
HURON SD 57350-2016

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.

Street Address	City	State	ZIP+4
101 3rd St. S.E	Huron	SD	57350
PO Box 54	Huron	SD	57350
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Ray McDaniel

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
101 3rd St S.E	Huron	SD	57350
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.

	Street Address	City	State	ZIP+4
☐ Bob Rietema, President	1245 2nd Ave SE	Sioux Center	IA	51250
☐ Kurt Van Beek, Vice President	907 Greenway Drive	Rock Valley	IA	51247
☐ Secretary				
☐ Treasurer				
☐ Director				
☐ Director				

Dated 11-12-08

Bob Rietema
(Signature of an authorized officer)

Bob Rietema
(Printed Name)

President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

304 2511 04/22/2010

2009 ANNUAL REPORT
DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 04/07/10
RECEIPT NO 202007

RECEIVED
MAR 29 2010
S.D. SEC. OF STATE

RECEIVED
APR 07 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB043462

DB043462 DEC/2008
SWINE STATISTICS, INC.
MCDANIEL, RAY
101 THIRD ST SE
HURON SD 57350-2016

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.

Street Address	City	State	ZIP+4
101 3rd St. S.E	Huron	SD	57350
PO Box 54	Huron	SD	57350
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Ray Mc Daniel

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
101 3rd St. S.E.	Huron	SD	57350
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.

☐	Bob Rietema	1265 2nd Ave S.E	Sioux Center	IA	51250
	President	Street Address	City	State	ZIP+4
☐	Kurt Van Beek	907 Greenway Drive	Rock Valley	IA	51247
	Vice President	Street Address	City	State	ZIP+4
☐					
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☒	Ray Mc Daniel	1010 Illinois Ave S.W	Huron	SD	57350
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated 3-24-2010

Bob Rietema
(Signature of an authorized officer)

Bob Rietema
(Printed Name)

President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

323 2472

2010 Enter Filing Year

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 6/15/11
RECEIPT NO 218423 RECEIVED
JUN 15 2011
S.D. SEC. OF STATE

Telephone # 605-652-7007

1. Corporate ID and Name:

DBO 43462
Swine Statistics, Inc.
McDaniel, Ray
101 3rd St. SE
Huron, SD 57350-2016

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

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

101 3rd St. SE	Huron	SD	57350
Street Address	City	State	ZIP+4
PO Box 54	Huron	SD	57350
Mailing Address	City	State	ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Ray Mc Daniel

101 3rd St. SE	Huron	SD	57350
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

Email Address

5. The names and 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.

☑	Bob Rietema	921 4th Ave NE	Sioux Center	IA	51250
	President	Street Address	City	State	ZIP+4
☑	Kurt Van Beek	907 Greenway Drive	Rock Valley	IA	51247
	Vice President	Street Address	City	State	ZIP+4
☐					
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☑	Ray Mc Daniel	1010 Illinois Ave SW	Huron	SD	57350
	Director	Street Address	City	State	ZIP+4
☐					
	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 Jun 14, 2011

Email _____

Bob Rietema
(Signature of an Authorized Person)

Bob Rietema
(Printed Name)

2011 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 10/22/2012
RECEIPT NO 70629

1. Corporate ID and Name:
DB043462
SWINE STATISTICS, INC.
101 3RD ST SE
HURON, SD 57350-2016

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

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

101 3RD ST SE	HURON	SD	57350-2016
Street Address	City	State	ZIP+4
PO BOX 54	HURON	SD	57350-0054
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RAY MCDANIEL

101 THIRD ST SE	HURON	SD	57350-2016
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.

X	BOB RIETEMA	921 4TH AVE. NE	SIOUX CENTER	IA	51250
	President	Street Address	City	State	ZIP+4
X	KURT VAN BEEK	907 GREENWAY DR.	ROCK VALLEY	IA	51247
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
X	RAY MCDANIEL	1010 ILLINOIS AVE. SW	HURON	SD	51247
	Director	Street Address	City	State	ZIP+4
	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 10/22/2012

Signature Accepted Electronically
(Signature of an Authorized Person)
BOB RIETEMA
(Printed Name)

10/22/2012 11:49:29 AM

2012 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 12/20/2012

RECEIPT NO 82848

1. Corporate ID and Name:
DB043462
SWINE STATISTICS, INC.
101 3RD ST SE
HURON, SD 57350-2016

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

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

101 3RD ST SE	HURON	SD	57350-2016
Street Address	City	State	ZIP+4
PO BOX 54	HURON	SD	57350-0054
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RAY MCDANIEL

101 THIRD ST SE	HURON	SD	57350-2016
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.

X	BOB RIETEMA	921 4TH AVE. NE	SIOUX CENTER	IA	51250
	President	Street Address	City	State	ZIP+4
X	KURT VAN BEEK	907 GREENWAY DR.	ROCK VALLEY	IA	51247
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
X	RAY MCDANIEL	1010 ILLINOIS AVE. SW	HURON	SD	51247
	Director	Street Address	City	State	ZIP+4
	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 12/20/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

ROBERT J RIETEMA

(Printed Name)

12/20/2012 12:59:54 PM

2013 Enter Filing Year

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

DOMESTIC

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE 12/6/2013

RECEIPT NO 157887

1. Corporate ID and Name:
DB043462
SWINE STATISTICS, INC.
101 3RD ST SE
HURON, SD 57350-2016

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

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

Agent Name: RAY MCDANIEL

101 THIRD ST SE	HURON	SD	57350-2016
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

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

New Agent Name: REBECCA ROTH

1901 US HIGHWAY 14 EAST	HURON	SD	57350
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
101 3RD ST SE PO BOX 54	HURON	SD	57350
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

Date 12/06/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

BOB J RIETEMA

(Printed Name)

12/6/2013 7:09:15 AM

2013 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 12/6/2013

RECEIPT NO 157887

1. Corporate ID and Name:
DB043462
SWINE STATISTICS, INC.
101 3RD ST SE
HURON, SD 57350-2016

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

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

101 3RD ST SE	HURON	SD	57350-2016
Street Address	City	State	ZIP+4
PO BOX 54	HURON	SD	57350-0054
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: REBECCA ROTH

1901 US HIGHWAY 14 EAST	HURON	SD	57350
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
101 3RD ST SE PO BOX 54	HURON	SD	57350
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.

X	BOB RIETEMA	921 4TH AVE. NE	SIOUX CENTER	IA	51250
	President	Street Address	City	State	ZIP+4
	JASON ROLFES	12253 K-18 N	AKRON	IA	51001
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	PAT MINIHAN	47696 284TH ST.	CANTON	SD	57013
	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 12/06/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

BOB J RIETEMA

(Printed Name)

12/6/2013 7:09:15 AM

2014 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 12/15/2014

RECEIPT NO 253915

1. Corporate ID and Name:
DB043462
SWINE STATISTICS, INC.
101 3RD ST SE
HURON, SD 57350-2016

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

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

101 3RD ST SE	HURON	SD	57350-2016
Street Address	City	State	ZIP+4
PO BOX 54	HURON	SD	57350-0054
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: REBECCA ROTH

1901 US HIGHWAY 14 EAST	HURON	SD	57350
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
101 3RD ST SE PO BOX 54	HURON	SD	57350
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.

X	BOB RIETEMA	921 4TH AVE. NE	SIOUX CENTER	IA	51250
	President	Street Address	City	State	ZIP+4
	JASON ROLFES	12253 K-18 N	AKRON	IA	51001
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	PAT MINIHAN	47696 284TH ST.	CANTON	SD	57013
	Director	Street Address	City	State	ZIP+4
	Vice President	Street Address	City	State	ZIP+4

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

Dated 12/15/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

BOB J RIETEMA

(Printed Name)

12/15/2014 10:31:39 AM

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

ANNUAL REPORT

DOMESTIC

SDCL 47-27-18, 59-11-24

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FILE DATE 11/19/2015

RECEIPT NO 352831

1. Corporate ID and Name:

DB043462

SWINE STATISTICS, INC.

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

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

101 3RD ST SE	HURON	SD	57350-2016
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 54	HURON	SD	57350-0054
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: REBECCA ROTH

1901 US HIGHWAY 14 EAST	HURON	SD	57350
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
101 3RD ST SE PO BOX 54	HURON	SD	57350
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.

X	BOB RIETEMA	921 4TH AVE. NE	SIOUX CENTER	IA	51250
	President	Actual Street Address	City	State	ZIP+4
X	JASON ROLFES	12253 K-18 N	AKRON	IA	51001
	Secretary	Actual Street Address	City	State	ZIP+4
	Treasurer	Actual Street Address	City	State	ZIP+4
X	PAT MINIHAN	47696 284TH ST.	CANTON	SD	57013
	Director	Actual Street Address	City	State	ZIP+4

Vice President	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 11/19/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

BOB J RIETEMA

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. 11/19/2015 3:21:44 PM
A fee of up to $40 will be assessed for returned payments.