

1996

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

96021803644  
**NONPROFIT REPORT**

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 2-1-96  
RECEIPT NO. 578035

RECEIVED

FEB 1 1996

SECRETARY

1. Corporate Name, Registered Agent and Registered Address:

NS-006881 FEB/93  
SPLITROCK CLINIC ASSOCIATION  
KURTZ, JAMES N.  
RR 2 BOX 8  
GARRETSON, SD 57030-9403

Day Time Phone # 594-6932

Federal Identification #

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is non-profit corporation  
owning community clinic building and ambulance garage

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 103,418.00

\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

| NAME                  | OFFICE         | STREET ADDRESS       | CITY             | STATE     | ZIP          |
|-----------------------|----------------|----------------------|------------------|-----------|--------------|
| <u>Steve Larson</u>   | President      | <u>25316 487 Ave</u> | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |
| <u>Don Dorsman</u>    | Vice President | <u>913 Canyon St</u> | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |
| <u>Marietta Tubbs</u> | Secretary      | <u>25074 487 Ave</u> | <u>Sherman</u>   | <u>SD</u> | <u>57060</u> |
| <u>Don Wagner</u>     | Treasurer      | <u>1100 3rd</u>      | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

| NAME                   | OFFICE   | STREET ADDRESS     | CITY             | STATE     | ZIP          |
|------------------------|----------|--------------------|------------------|-----------|--------------|
| <u>Anne Engbertson</u> | Director | <u>20 606 B</u>    | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |
| <u>Barb Franka</u>     | Director | <u>312 Davis</u>   | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |
| <u>Peg Quamen</u>      | Director | <u>48579 25457</u> | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |
| <u>Cherie Storaug</u>  | Director | <u>324 Main St</u> | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |
| <u>Tom Szalaty</u>     | Director | <u>311 2nd Ave</u> | <u>Brandon</u>   | <u>SD</u> | <u>57005</u> |

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated Jan 29 1996

By Donald F. Wagner  
(Signature) must be signed in the presence of a notary

STATE OF South Dakota  
COUNTY OF Minnehaha ss

Its TREASURER  
(Title)

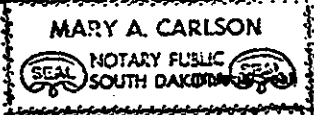
I, Mary A. Carlson, a notary public, do hereby certify that on this 29th day of JANUARY 1996

personally appeared before me Donald F. Wagner who, being by me first duly sworn, declared that he/she is the

TREASURER of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires April 27, 2003

Mary A. Carlson  
Notary Public



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

FILING FEE: \* \$6 in addition to annual report fee  
\* No fee for postal renumbering. (must be stated on the form)

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.

- The name of the corporation is Splitrock Clinic Association
- The previous registered office address: RR 2 Box 8  
GARRETSON SD 57030-9403 ZIP \_\_\_\_\_
- 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. 1100 3<sup>RD</sup> ST Box 39  
GARRETSON, SD ZIP 57030
- The name of its previous registered agent is JAMES N. KURTZ
- The name of its successor (current) registered agent is DONALD F. WAGNER  
\* The Consent of Registered Agent below must be completed by the new agent.
- The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

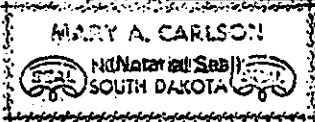
Date Jan 29 1996

Donald J. Dorsman  
(signature) must be signed in the presence of a notary  
VICE PRESIDENT  
(title)

STATE OF South Dakota  
COUNTY OF Minnehaha 58

I, MARY A. CARLSON, a notary public, do hereby certify that on this 29<sup>th</sup> day of JANUARY 1996, personally appeared before me Donald J. Dorsman who, being by me first duly sworn, declared that he/she is the Vice President of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires My Commission Expires April 27, 2003

Mary A. Carlson  
Notary Public



### CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Donald F. Wagner, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for Splitrock Clinic Association  
(corporate name)  
Dated Jan 29 1996  
Donald F. Wagner  
(signature)

1999

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

**NONPROFIT REPORT**

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 2-1-99  
RECEIPT NO. 745088

RECEIVED

JAN 21 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-006881 FEB/96  
SPLITROCK CLINIC ASSOCIATION  
WAGNER, DONALD F.  
1100 3RD ST  
BOX 39  
GARRETSON, SD 57030-0339

Day Time Phone # 605-594-7692/4

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is OWNERSHIP OF THE MEDICAL Clinic and Ambulance Garage Building in the Community

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 147,740.06  
\*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

| NAME                   | OFFICE         | STREET ADDRESS              | CITY             | STATE     | ZIP          |
|------------------------|----------------|-----------------------------|------------------|-----------|--------------|
| <u>DON DORSMAN</u>     | President      | <u>913 CANYON AV Box 75</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>BARB FRANKA</u>     | Vice President | <u>912 DOWS ST Box 133</u>  | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>MARIZTA DUBBINS</u> | Secretary      | <u>25034 487 AV</u>         | <u>SHEERMANN</u> | <u>SD</u> | <u>57060</u> |
| <u>DON WAGNER</u>      | Treasurer      | <u>1100 3RD Box 39</u>      | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

| NAME                   | OFFICE   | STREET ADDRESS             | CITY             | STATE     | ZIP          |
|------------------------|----------|----------------------------|------------------|-----------|--------------|
| <u>STEVE LAESON</u>    | Director | <u>25316 437 AV</u>        | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>PAUL ENGERBETAN</u> | Director | <u>PO Box R</u>            | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>PEGGY QUAMEN</u>    | Director | <u>48579 354 ST</u>        | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>CHERI STOTERAU</u>  | Director | <u>324 N. Main Box 225</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>RON LUKE</u>        | Director | <u>1018 3RD Box 350</u>    | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated January 19 19 99

By Donald Wagner  
(Signature) must be signed in the presence of a notary

Its Treasurer  
(Title)

STATE OF South Dakota ss  
COUNTY OF Minnichaha

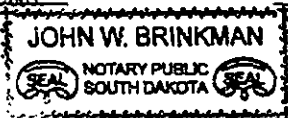
I, John W. Brinkman, a notary public, do hereby certify that on this 19th day of January 19 99, personally appeared before me Donald Wagner who, being by me first duly sworn, declared that he/she is the Treasurer of the corporation named above, and signed the foregoing document as officer of

the corporation, and the statements therein contained are true.

My Commission Expires July 2002

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 (old) registered office address \_\_\_\_\_  
\_\_\_\_\_ 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 (current) 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) must be signed in the presence of a notary)

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

# 2002 NONPROFIT REPORT

FILE DATE 2-1-02  
 RECEIPT NO. 1065215  
 RECEIVED  
 JAN 28 '02

PLEASE TYPE OR USE BLACK INK  
 FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

  
 NS-006881 FEB/1999  
 SPLITROCK CLINIC ASSOCIATION  
 WAGNER, DONALD F.  
 1100 3RD ST  
 BOX 39  
 GARRETSON SD 57030-0039

Day Time Phone # INCORPORATED  
 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.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Community Medical Center

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.  
 B. The amount of property presently held by the corporation is \$ 147,740.00  
 \* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

| NAME                | OFFICE         | STREET ADDRESS                 | CITY             | STATE     | ZIP          |
|---------------------|----------------|--------------------------------|------------------|-----------|--------------|
| <u>DON DORSMAN</u>  | President      | <u>813 CANYON AVE BOX 75</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>STOVE LARSON</u> | Vice President | <u>25316 487 AVE</u>           | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>BARB FRANKA</u>  | Secretary      | <u>912 DUNE ST BOX 183</u>     | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>DON WAGNER</u>   | Treasurer      | <u>1100 3<sup>RD</sup> ST.</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

| NAME                  | OFFICE   | STREET ADDRESS                        | CITY             | STATE     | ZIP          |
|-----------------------|----------|---------------------------------------|------------------|-----------|--------------|
| <u>RON LUKE</u>       | Director | <u>1018 3<sup>RD</sup> ST BOX 350</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Ann Engbretson</u> | Director | <u>48571 251 ST BOX B</u>             | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>DON DORSMAN</u>    | Director | <u>813 CANYON AVE BOX 75</u>          | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated Jan 24, 2002 By Donald F Wagner  
 (Signature)  
 its Treasurer  
 (Title)

STATE OF South Dakota  
 COUNTY OF Minnehaha ss  
 On this the 24<sup>th</sup> day of January, 2002 before me, RITA TORROW  
 personally appeared DONALD F WAGNER, known to me, or proved to me,  
 to be the Treasurer 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 Nov 21, 2003  
 (Notarial Seal) Rita Torrow  
 Notary Public

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

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

NON-PROFIT  
STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH

FILING FEE: \$5 In addition to corporate 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 SPLITROCK CLINIC ASSOCIATION
  2. The previous street address, or a statement that there is no street address, or its registered office 1100 3<sup>rd</sup> ST. Box 39 GARRETSON SD ZIP 57030
  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. 1100 3<sup>rd</sup> ST. Box 39 GARRETSON, SD ZIP 57030
  4. The name of its previous registered agent is DONALD F. WAGNER
  5. The name of its successor (current) registered agent is DONALD F. WAGNER
- 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 Jan 24, 2002

Donald F. Wagner  
(Signature) must be signed in the presence of a notary)  
Treasurer  
(Title)

STATE OF South Dakota ss  
COUNTY OF Minnehaha

I, RITA TORROW, a notary public, do hereby certify that on this 24<sup>th</sup> day of January 2002, personally appeared before me Donald F. Wagner who, being by me first duly sworn, declared that he/she is the Treasurer of Splitrock Clinic Association that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Nov. 21, 2002

Rita Jay Torrow  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the registered agent for \_\_\_\_\_ registered agent for \_\_\_\_\_ (name of registered agent) (corporate name)  
Dated \_\_\_\_\_ (signature of registered agent)

226 3380 03/12/2004

# 2004 NONPROFIT REPORT

FILE DATE 2/23/04  
 RECEIPT NO. 1247490  
**RECEIVED**  
**JAN 22 04**

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



\* NS006881 \*  
 NS006881 FEB/2002  
 SPLITROCK CLINIC ASSOCIATION  
 WAGNER, DONALD F.  
 1100 3RD ST  
 BOX 92  
 GARRETSON SD 57030-0092

RECEIVED  
 FEB 23 04  
 DAY TIME PHONE # 605-599-5100  
 FEDERAL TAX:  
 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is OWNERSHIP of the medical clinic and ambulance garage building in the community

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.  
 B. The amount of property presently held by the corporation is \$ 147,740.06  
 \* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

| NAME                | OFFICE         | STREET ADDRESS        | CITY             | STATE     | ZIP          |
|---------------------|----------------|-----------------------|------------------|-----------|--------------|
| <u>Don Doesman</u>  | President      | <u>813 Canyon Ave</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Steve Larson</u> | Vice President | <u>25316 487 Ave</u>  | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Barb Franka</u>  | Secretary      | <u>912 Dows</u>       | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Don Wagner</u>   | Treasurer      | <u>1100 3rd St.</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

| NAME                   | OFFICE   | STREET ADDRESS      | CITY             | STATE     | ZIP          |
|------------------------|----------|---------------------|------------------|-----------|--------------|
| <u>Ron Luke</u>        | Director | <u>1018 8th St.</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Ann Engebretson</u> | Director | <u>PO Box B</u>     | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Don Wagner</u>      | Director | <u>1100 3rd St.</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated 1-20-04  
 By Donald J. Doesman  
 (Signature)  
 Its Chairman  
 (Title)

STATE OF South Dakota  
 COUNTY OF Minnehaha ss

On this the 20th day of January, 2004, before me, Mary Ann Carlson  
 personally appeared Donald J. Doesman, known to me, or proved to me,  
 to be the Chairman 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 April 27, 2009  
 My Commission Expires \_\_\_\_\_  
Mary A Carlson  
 Notary Public

**MARY A. CARLSON**  
 NOTARY PUBLIC  
 STATE OF SOUTH DAKOTA  
 500 E. CAPITOL, PIERRE, S.D. 57501-5077  
 PHONE: 605-773-4845 FAX (605) 773-4550  
 www.sdsos.gov

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

**NON-PROFIT  
STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

**FILING FEE: \$5 In addition to corporate 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, or its registered office \_\_\_\_\_  
ZIP \_\_\_\_\_
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. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor (current) 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) must be signed in the presence of a notary)

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

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_, 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 \_\_\_\_\_

\_\_\_\_\_  
(signature of registered agent)

233 3330 02/11/2005

# 2005 NONPROFIT REPORT

FILE DATE 02/09/05  
RECEIPT NO. 1406986

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

RECEIVED  
FEB 9 '05  
RECEIVED  
JAN 28 '05

1. Corporate Name, Registered Agent and Registered Address:



NS006881 FEB/2004  
SPLITROCK CLINIC ASSOCIATION  
WAGNER, DONALD F.  
1100 3RD ST  
BOX 92  
GARRETSON SD 57030-0092

Day Time Phone # 605-594-3470  
Federal Tax#  
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  
S.D. SEC. OF STATE

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is OWNERSHIP OF THE MEDICAL CLINIC AND AMBULANCE GARAGE BUILDING IN THE COMMUNITY.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.  
B. The amount of property presently held by the corporation is \$ 147,740.06  
\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

| NAME                | OFFICE                | STREET ADDRESS        | CITY             | STATE     | ZIP          |
|---------------------|-----------------------|-----------------------|------------------|-----------|--------------|
| <u>DON DORSMAN</u>  | <u>President</u>      | <u>813 CANYON AVE</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>STEVE LARSON</u> | <u>Vice President</u> | <u>25316 487 AVE</u>  | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>BARB FRANKA</u>  | <u>Secretary</u>      | <u>912 DOWS ST.</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>DON WAGNER</u>   | <u>Treasurer</u>      | <u>1100 3RD ST.</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

| NAME                  | OFFICE          | STREET ADDRESS        | CITY             | STATE     | ZIP          |
|-----------------------|-----------------|-----------------------|------------------|-----------|--------------|
| <u>ANN ENGBRETSON</u> | <u>Director</u> | <u>P.O. Box B</u>     | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>RON LUKE</u>       | <u>Director</u> | <u>1018 3RD ST.</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>DON DORSMAN</u>    | <u>Director</u> | <u>813 CANYON AVE</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 1-22-05

Donald J. Dorsman  
(Signature)

president  
(Title)

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

**NON-PROFIT  
STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

**FILING FEE: \$5 In addition to corporate 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, or its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_
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. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor (current) 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 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 of registered agent)

245 2872 02/17/2006

# 2006 NONPROFIT REPORT

FILE DATE 2-1-06  
RECEIPT NO. 1524241  
REC'D  
FEB 02 2006  
S.D. SEC. of STATE

PLEASE TYPE OR USE BLACK INK  
FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NS006881 FEB/2005  
SPLITROCK CLINIC ASSOCIATION  
WAGNER, DONALD F.  
1100 3RD ST  
BOX 92  
GARRETSON SD 57030-0092

Day Time Phone # 605-594-3470  
Federal Taxpa \_\_\_\_\_  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is OWNERSHIP of the medical clinic and Ambulance garage building in the Community.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 147,740.06  
\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

| NAME               | OFFICE         | STREET ADDRESS        | CITY             | STATE     | ZIP          |
|--------------------|----------------|-----------------------|------------------|-----------|--------------|
| <u>Don Dorsman</u> | President      | <u>813 Canyon Ave</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Ron Luke</u>    | Vice President | <u>1018 3rd St.</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Barb Franka</u> | Secretary      | <u>912 Dows St.</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Don Wagner</u>  | Treasurer      | <u>1100 3rd St.</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

| NAME                   | OFFICE   | STREET ADDRESS      | CITY             | STATE     | ZIP          |
|------------------------|----------|---------------------|------------------|-----------|--------------|
| <u>Ann Engebretson</u> | Director | <u>PO Box B</u>     | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Karen Bonte</u>     | Director | <u>1101 4th St.</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |
| <u>Ron Luke</u>        | Director | <u>1018 3rd St.</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u> |

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated Jan 31, 2006

Donald Wagner  
(Signature)  
Treasurer  
(Title)

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

**NON-PROFIT  
STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

**FILING FEE: \$5 In addition to corporate 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, or its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_
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. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor (current) 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 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 of registered agent)

258 2933 02/27/2007

# 2007 NONPROFIT REPORT

FILE DATE 02/01/07  
RECEIPT NO. 7042691  
**RECEIVED**  
JAN 31 2007  
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

Corporate Name, Registered Agent and Registered Address:



NS006881 FEB/2006  
SPLITROCK CLINIC ASSOCIATION  
WAGNER, DONALD F.  
1100 3RD ST  
BOX 92  
GARRETSON SD 57030-0092

Day Time Phone # 605-594-3470  
Federal Tax# \_\_\_\_\_  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is OWNERSHIP of the medical clinic + ambulance garage building in the community

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.  
B. The amount of property presently held by the corporation is \$ 147,740.06  
\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

| NAME  | OFFICE         | STREET ADDRESS           | CITY      | STATE | ZIP   |
|---|----------------|--------------------------|-----------|-------|-------|
| <input checked="" type="checkbox"/> DON DORSMAN | President      | 813 CANYON AVE           | GARRETSON | SD    | 57030 |
| <input checked="" type="checkbox"/> RON LUKE    | Vice President | 1018 3 <sup>rd</sup> ST. | GARRETSON | SD    | 57030 |
| <input checked="" type="checkbox"/> BARB FRANKA | Secretary      | 912 DOWS ST.             | GARRETSON | SD    | 57030 |
| <input checked="" type="checkbox"/> DON WAGNER  | Treasurer      | 1100 3 <sup>rd</sup> ST. | GARRETSON | SD    | 57030 |

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

| NAME  | OFFICE   | STREET ADDRESS               | CITY        | STATE | ZIP   |
|---|----------|------------------------------|-------------|-------|-------|
| <input checked="" type="checkbox"/> Ann Engebretson | Director | 3435 W. 84 <sup>th</sup> PL. | SIoux FALLS | SD    | 57108 |
| <input checked="" type="checkbox"/> Karen Bantz     | Director | 1101 4 <sup>th</sup> ST.     | GARRETSON   | SD    | 57030 |
| <input checked="" type="checkbox"/> Don Dorsman     | Director | 813 Canyon Ave               | GARRETSON   | SD    | 57030 |

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 1-29-07

Donald F. Wagner  
(Signature)

Treasurer  
(Title)

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

**NON-PROFIT  
STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

**FILING FEE: \$5 In addition to corporate 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, or its registered office \_\_\_\_\_

ZIP \_\_\_\_\_

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. The name of its previous registered agent is \_\_\_\_\_

5. The name of its successor (current) 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 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 of registered agent)

272 3060 02/27/2008

# 2008 NONPROFIT REPORT

FILE DATE 02/04/08  
RECEIPT NO. 1765302

**RECEIVED**  
**FEB 04 2008**  
**S.D. SEC. OF STATE**

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



\*NS006881\*  
NS006881 FEB/2007  
SPLITROCK CLINIC ASSOCIATION  
WAGNER, DONALD F.  
1100 3RD ST  
BOX 92  
GARRETSON SD 57030-0092

Day Time Phone # 605-594-3470  
Federal Taxp:  
FILING DATE: Due during the month the Certificate  
of Incorporation was issued, and delinquent after  
the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is OWNERSHIP of the Medical clinic & ambulance garage building in the community.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 172,245.00  
\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

| NAME   | OFFICE         | STREET ADDRESS        | CITY             | STATE     | ZIP          |
|--|----------------|-----------------------|------------------|-----------|--------------|
| <input checked="" type="checkbox"/> <u>Don Dorsman</u> | President      | <u>813 Canyon Ave</u> | <u>Garretson</u> | <u>SD</u> | <u>57050</u> |
| <input checked="" type="checkbox"/> <u>Ron Luke</u>    | Vice President | <u>1018 3rd St</u>    | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |
| <input checked="" type="checkbox"/> <u>Baeb Franka</u> | Secretary      | <u>912 Dows St</u>    | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |
| <input checked="" type="checkbox"/> <u>Don Wagner</u>  | Treasurer      | <u>1100 3rd St</u>    | <u>Garretson</u> | <u>SD</u> | <u>57030</u> |

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

| NAME  | OFFICE   | STREET ADDRESS         | CITY               | STATE     | ZIP          |
|---|----------|------------------------|--------------------|-----------|--------------|
| <input type="checkbox"/> <u>Ann Engedretson</u> | Director | <u>3435 W. 84th St</u> | <u>Sioux Falls</u> | <u>SD</u> | <u>57108</u> |
| <input type="checkbox"/> <u>Karen Boote</u>     | Director | <u>1101 4th St</u>     | <u>Garretson</u>   | <u>SD</u> | <u>57050</u> |
| <input type="checkbox"/> <u>Don Dorsman</u>     | Director | <u>813 Canyon Ave</u>  | <u>Garretson</u>   | <u>SD</u> | <u>57030</u> |

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated Feb 1, 2008

Don Wagner  
(Signature)

Treasurer  
(Title)

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

**NON-PROFIT  
STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

**FILING FEE: \$5 In addition to corporate 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, or its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_
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. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor (current) 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 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 of registered agent)

2009

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

ANNUAL REPORT  
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

1. Corporate Name, Registered Agent Name and Address:



\* NS006881 \*  
NS006881 FEB/2008  
SPLITROCK CLINIC ASSOCIATION  
WAGNER, DONALD F.  
1100 3RD ST  
BOX 92  
GARRETSON SD 57030-0092

FILE DATE 2/1/09  
RECEIPT NO 1876941  
**RECEIVED**  
**JAN 26 2009**  
S.D. SEC. OF STATE

Telephone # 605-594-3470  
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.

980 4<sup>th</sup> ST. GARRETSON SD 57030  
Street Address City State ZIP+4  
P.O. Box 92 GARRETSON SD 57030-0092  
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent DONALD F. WAGNER

1100 3<sup>rd</sup> ST GARRETSON SD 57030  
Street Address (Required to be a South Dakota Address) City State ZIP+4  
1100 3<sup>rd</sup> ST Box 92 GARRETSON SD 57030  
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 three directors.

- Don Dorsman 813 Canyon Ave GARRETSON SD 57030 + 0075  
President Street Address City State ZIP+4
- Karen Bonte 1101 4<sup>th</sup> St GARRETSON SD 57030 + 2011  
Vice President Street Address City State ZIP+4
- BARB FRANKA 912 Dows St. GARRETSON SD 57030 + 0183  
Secretary Street Address City State ZIP+4
- DON Wagner 1100 3<sup>rd</sup> ST. GARRETSON SD 57030 + 3015  
Treasurer Street Address City State ZIP+4
- RON LUKE 1018 3<sup>rd</sup> ST GARRETSON SD 57030 + 0250  
Director Street Address City State ZIP+4
- Virginia Hillestad 412 Essex St GARRETSON SD 57030 + 0084  
Director Street Address City State ZIP+4
- DON Dorsman 813 Canyon Ave GARRETSON SD 57030 + 0075  
Director Street Address City State ZIP+4

Dated Jan 24, 2009

Donald F. Wagner  
(Signature of an authorized officer)  
Donald F. Wagner  
(Printed Name)  
Treasurer  
(Title)

286 0123

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)

2010

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

ANNUAL REPORT  
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 02/05/10  
RECEIPT NO 1996277  
**RECEIVED**  
**FEB 05 2010**

S.D. SEC. OF STATE  
Telephone # 605-594-3470  
FAX # \_\_\_\_\_  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

1. Corporate Name, Registered Agent Name and Address:



\*NS006881\*  
NS006881 FEB/2009  
SPLITROCK CLINIC ASSOCIATION  
WAGNER, DONALD F.  
PO BOX 92  
GARRETSON SD 57030-0092

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

980 4th ST GARRETSON SD 57030  
Street Address City State ZIP+4  
PO Box 92 GARRETSON SD 57030+0092  
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Donald F. Wagner

1100 3rd ST GARRETSON SD 57030  
Street Address (Required to be a South Dakota Address) City State ZIP+4  
~~1100 3rd ST~~ P.O. Box 92 GARRETSON SD 57030  
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 three directors.

|                                     |                           |                       |                  |           |                   |
|-------------------------------------|---------------------------|-----------------------|------------------|-----------|-------------------|
| <input checked="" type="checkbox"/> | <u>DON DORSMAN</u>        | <u>813 Canyon Ave</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0075</u> |
|                                     | President                 | Street Address        | City             | State     | ZIP+4             |
| <input checked="" type="checkbox"/> | <u>Karen Bonte</u>        | <u>1101 4th ST</u>    | <u>GARRETSON</u> | <u>SD</u> | <u>57030+2011</u> |
|                                     | Vice President            | Street Address        | City             | State     | ZIP+4             |
| <input checked="" type="checkbox"/> | <u>BARB Franka</u>        | <u>912 Dows St.</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0183</u> |
|                                     | Secretary                 | Street Address        | City             | State     | ZIP+4             |
| <input checked="" type="checkbox"/> | <u>Don Wagner</u>         | <u>1100 3rd ST.</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030+2015</u> |
|                                     | Treasurer                 | Street Address        | City             | State     | ZIP+4             |
| <input type="checkbox"/>            | <u>RON Lake</u>           | <u>1018 3rd ST</u>    | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0280</u> |
|                                     | Director                  | Street Address        | City             | State     | ZIP+4             |
| <input type="checkbox"/>            | <u>Virginia Willestad</u> | <u>412 ESSEX ST</u>   | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0089</u> |
|                                     | Director                  | Street Address        | City             | State     | ZIP+4             |
| <input type="checkbox"/>            | <u>DON DORSMAN</u>        | <u>813 Canyon Ave</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0075</u> |
|                                     | Director                  | Street Address        | City             | State     | ZIP+4             |

Dated Feb 2, 2010

Donald F. Wagner  
(Signature of an authorized officer)  
Donald F. Wagner  
(Printed Name)  
Treasurer  
(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)

316 0409 03/17/2011

2011

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

**ANNUAL REPORT  
DOMESTIC NONPROFIT**

Please Type or Print Clearly in Ink

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

FILE DATE 02/04/11  
RECEIPT NO 2121318  
**RECEIVED**  
**FEB 04 2011**  
**S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



NS006881 FEB/2010  
SPLITROCK CLINIC ASSOCIATION  
WAGNER, DONALD F.  
PO BOX 92  
GARRETSON SD 57030-0092

Telephone # 605-594-3470  
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>980 4<sup>th</sup> St.</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030</u>      |
| Street Address                | City             | State     | ZIP+4             |
| <u>P.O. Box 92</u>            | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0092</u> |
| Mailing Address (Optional)    | City             | State     | ZIP+4             |

4. The name of the South Dakota Registered Agent Donald F. Wagner

|   |                  |           |                   |
|---|------------------|-----------|-------------------|
| <u>1100 3<sup>rd</sup> St</u>                                   | <u>GARRETSON</u> | <u>SD</u> | <u>57030+2015</u> |
| Street Address or Rural Route Box Number in This State and      | City             | State     | ZIP+4             |
| <u>1100 3<sup>rd</sup> St</u>                                   | <u>GARRETSON</u> | <u>SD</u> | <u>57030+2015</u> |
| 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 three directors.

|                                     |                           |                                |                  |           |                   |
|-------------------------------------|---------------------------|--------------------------------|------------------|-----------|-------------------|
| <input checked="" type="checkbox"/> | <u>Don Dorsman</u>        | <u>813 Canyon Ave</u>          | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0075</u> |
| President                           | Street Address            | City                           | State            | ZIP+4     |                   |
| <input checked="" type="checkbox"/> | <u>KAREN Bonte</u>        | <u>1101 4<sup>th</sup> St.</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030+2011</u> |
| Vice President                      | Street Address            | City                           | State            | ZIP+4     |                   |
| <input checked="" type="checkbox"/> | <u>BARB FRANKA</u>        | <u>912 Dows St.</u>            | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0183</u> |
| Secretary                           | Street Address            | City                           | State            | ZIP+4     |                   |
| <input checked="" type="checkbox"/> | <u>Donald Wagner</u>      | <u>1100 3<sup>rd</sup> St.</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030+2015</u> |
| Treasurer                           | Street Address            | City                           | State            | ZIP+4     |                   |
| <input type="checkbox"/>            | <u>Ron Luke</u>           | <u>1018 3<sup>rd</sup> St.</u> | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0280</u> |
| Director                            | Street Address            | City                           | State            | ZIP+4     |                   |
| <input type="checkbox"/>            | <u>Virginia Nillestad</u> | <u>412 Essex St.</u>           | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0089</u> |
| Director                            | Street Address            | City                           | State            | ZIP+4     |                   |
| <input type="checkbox"/>            | <u>Don Dorsman</u>        | <u>813 Canyon Ave</u>          | <u>GARRETSON</u> | <u>SD</u> | <u>57030+0075</u> |
| 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 Feb 3, 2011

Donald F. Wagner  
(Signature of an Authorized Person)  
DONALD F. WAGNER  
(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 02/08/2012

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

## DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

RECEIPT NO 22516

## 1. Corporate Name and Address:

NS006881  
 SPLITROCK CLINIC ASSOCIATION  
 980 4TH ST  
 GARRETSON, SD 57030-2006

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

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

|                 |           |       |            |
|-----------------|-----------|-------|------------|
| 980 4TH ST      | GARRETSON | SD    | 57030-2006 |
| Street Address  | City      | State | ZIP+4      |
| PO BOX 92       | GARRETSON | SD    | 57030-0092 |
| Mailing Address | City      | State | ZIP+4      |

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

Agent Name: DONALD F. WAGNER

|   |           |       |            |
|---|-----------|-------|------------|
| 1100 3RD ST   | GARRETSON | SD    | 57030-2015 |
| Street Address or Rural Route Box Number in This State and      | City      | State | ZIP+4      |
| PO BOX 92   | GARRETSON | SD    | 57030-0092 |
| 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 three director.

|                                     |                    |                |           |       |            |
|-------------------------------------|--------------------|----------------|-----------|-------|------------|
| <input checked="" type="checkbox"/> | DON DORSMAN        | 813 CANYON AVE | GARRETSON | SD    | 57030-0075 |
|                                     | President          | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | KAREN BONTE        | 1101 4TH ST    | GARRETSON | SD    | 57030-2011 |
|                                     | Vice President     | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | BARB FRANKA        | 912 DOWS ST    | GARRETSON | SD    | 57030-0183 |
|                                     | Secretary          | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | DONALD WAGNER      | 1100 3RD ST    | GARRETSON | SD    | 57030-2015 |
|                                     | Treasurer          | Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | RON LUKE           | 1018 3RD ST    | GARRETSON | SD    | 57030-0250 |
|                                     | Director           | Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | VIRGINIA HILLESTAD | 412 ESSEX ST   | GARRETSON | SD    | 57030-0084 |
|                                     | 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 02/08/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

DONALD WAGNER

(Printed Name)

2013

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 1/19/2013

RECEIPT NO 89128

## 1. Corporate Name and Address:

NS006881  
SPLITROCK CLINIC ASSOCIATION  
980 4TH ST  
GARRETSON, SD 57030-2006

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

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

|                 |           |       |            |
|-----------------|-----------|-------|------------|
| 980 4TH ST      | GARRETSON | SD    | 57030-2006 |
| Street Address  | City      | State | ZIP+4      |
| PO BOX 92       | GARRETSON | SD    | 57030-0092 |
| Mailing Address | City      | State | ZIP+4      |

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

Agent Name: DONALD F. WAGNER

|   |           |       |            |
|---|-----------|-------|------------|
| 1100 3RD ST   | GARRETSON | SD    | 57030-2015 |
| Street Address or Rural Route Box Number in This State and      | City      | State | ZIP+4      |
| PO BOX 92   | GARRETSON | SD    | 57030-0092 |
| 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 three director.

|                                     |                    |                |           |       |            |
|-------------------------------------|--------------------|----------------|-----------|-------|------------|
| <input checked="" type="checkbox"/> | DON DORSMAN        | 813 CANYON AVE | GARRETSON | SD    | 57030-0075 |
|                                     | President          | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | KAREN BONTE        | 1101 4TH ST    | GARRETSON | SD    | 57030-2011 |
|                                     | Vice President     | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | BARB FRANKA        | 912 DOWS ST    | GARRETSON | SD    | 57030-0183 |
|                                     | Secretary          | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | DONALD WAGNER      | 1100 3RD ST    | GARRETSON | SD    | 57030-2015 |
|                                     | Treasurer          | Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | RON LUKE           | 1018 3RD ST    | GARRETSON | SD    | 57030-0250 |
|                                     | Director           | Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | VIRGINIA HILLESTAD | 412 ESSEX ST   | GARRETSON | SD    | 57030-0084 |
|                                     | 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 01/19/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

DONALD F WAGNER

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 2/5/2014

RECEIPT NO 175219

## 1. Corporate Name and Address:

NS006881  
SPLITROCK CLINIC ASSOCIATION  
980 4TH ST  
GARRETSON, SD 57030-2006

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

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

|                 |           |       |            |
|-----------------|-----------|-------|------------|
| 980 4TH ST      | GARRETSON | SD    | 57030-2006 |
| Street Address  | City      | State | ZIP+4      |
| PO BOX 92       | GARRETSON | SD    | 57030-0092 |
| Mailing Address | City      | State | ZIP+4      |

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

Agent Name: DONALD F. WAGNER

|   |           |       |            |
|---|-----------|-------|------------|
| 1100 3RD ST   | GARRETSON | SD    | 57030-2015 |
| Street Address or Rural Route Box Number in This State and      | City      | State | ZIP+4      |
| PO BOX 92   | GARRETSON | SD    | 57030-0092 |
| 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 three director.

|                                     |                    |                |           |       |            |
|-------------------------------------|--------------------|----------------|-----------|-------|------------|
| <input checked="" type="checkbox"/> | DON DORSMAN        | 813 CANYON AVE | GARRETSON | SD    | 57030-0075 |
|                                     | President          | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | KAREN BONTE        | 1101 4TH ST    | GARRETSON | SD    | 57030-2011 |
|                                     | Vice President     | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | BARB FRANKA        | 912 DOWS ST    | GARRETSON | SD    | 57030-0183 |
|                                     | Secretary          | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | DONALD WAGNER      | 1100 3RD ST    | GARRETSON | SD    | 57030-2015 |
|                                     | Treasurer          | Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | RON LUKE           | 1018 3RD ST    | GARRETSON | SD    | 57030-0250 |
|                                     | Director           | Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | VIRGINIA HILLESTAD | 412 ESSEX ST   | GARRETSON | SD    | 57030-0084 |
|                                     | 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 02/05/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

DONALD F WAGNER

(Printed Name)

2015

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE DATE 2/4/2015

RECEIPT NO 269665

## 1. Corporate Name and Address:

NS006881  
SPLITROCK CLINIC ASSOCIATION  
980 4TH ST  
GARRETSON, SD 57030-2006

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

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

|                 |           |       |            |
|-----------------|-----------|-------|------------|
| 980 4TH ST      | GARRETSON | SD    | 57030-2006 |
| Street Address  | City      | State | ZIP+4      |
| PO BOX 92       | GARRETSON | SD    | 57030-0092 |
| Mailing Address | City      | State | ZIP+4      |

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

Agent Name: DONALD F. WAGNER

|   |           |       |            |
|---|-----------|-------|------------|
| 1100 3RD ST   | GARRETSON | SD    | 57030-2015 |
| Street Address or Rural Route Box Number in This State and      | City      | State | ZIP+4      |
| PO BOX 92   | GARRETSON | SD    | 57030-0092 |
| 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 three director.

|                                     |                    |                |           |       |            |
|-------------------------------------|--------------------|----------------|-----------|-------|------------|
| <input checked="" type="checkbox"/> | DON DORSMAN        | 813 CANYON AVE | GARRETSON | SD    | 57030-0075 |
|                                     | President          | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | KAREN BONTE        | 1101 4TH ST    | GARRETSON | SD    | 57030-2011 |
|                                     | Vice President     | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | BARB FRANKA        | 912 DOWS ST    | GARRETSON | SD    | 57030-0183 |
|                                     | Secretary          | Street Address | City      | State | ZIP+4      |
| <input checked="" type="checkbox"/> | DONALD WAGNER      | 1100 3RD ST    | GARRETSON | SD    | 57030-2015 |
|                                     | Treasurer          | Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | RON LUKE           | 1018 3RD ST    | GARRETSON | SD    | 57030-0250 |
|                                     | Director           | Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | VIRGINIA HILLESTAD | 412 ESSEX ST   | GARRETSON | SD    | 57030-0084 |
|                                     | 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 02/04/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

DONALD WAGNER

(Printed Name)

2016

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

## ANNUAL REPORT

## DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

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

FILE DATE 1/30/2016

RECEIPT NO 376432

## 1. Corporate ID and Name:

NS006881

Enter Corporate ID

SPLITROCK CLINIC ASSOCIATION

Enter Corporate Name

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

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

|   |           |       |            |
|---|-----------|-------|------------|
| 980 4TH ST  | GARRETSON | SD    | 57030-2006 |
| Actual Street Address or Rural Route Box Number   | City      | State | ZIP+4      |
| PO BOX 92   | GARRETSON | SD    | 57030-0092 |
| Mailing Address, if Different from Street Address | City      | State | ZIP+4      |

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

Agent Name: DONALD F. WAGNER

|   |           |       |            |
|---|-----------|-------|------------|
| 1100 3RD ST   | GARRETSON | SD    | 57030-2015 |
| Actual Street Address or Rural Route Box Number in This State   | City      | State | ZIP+4      |
| PO BOX 92   | GARRETSON | SD    | 57030-0092 |
| 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 (governors). South Dakota Law requires at least three directors.

|                                     |             |                       |           |       |            |
|-------------------------------------|-------------|-----------------------|-----------|-------|------------|
| <input checked="" type="checkbox"/> | DON DORSMAN | 813 CANYON AVE        | GARRETSON | SD    | 57030-0075 |
|                                     | President   | Actual Street Address | City      | State | ZIP+4      |

|                                     |                |                       |           |       |            |
|-------------------------------------|----------------|-----------------------|-----------|-------|------------|
| <input checked="" type="checkbox"/> | KAREN BONTE    | 1101 4TH ST           | GARRETSON | SD    | 57030-2011 |
|                                     | Vice President | Actual Street Address | City      | State | ZIP+4      |

|                                     |             |                       |           |       |            |
|-------------------------------------|-------------|-----------------------|-----------|-------|------------|
| <input checked="" type="checkbox"/> | BARB FRANKA | 912 DOWS ST           | GARRETSON | SD    | 57030-0183 |
|                                     | Secretary   | Actual Street Address | City      | State | ZIP+4      |

|                                     |                    |                       |           |       |            |
|-------------------------------------|--------------------|-----------------------|-----------|-------|------------|
| <input checked="" type="checkbox"/> | DONALD WAGNER      | 1100 3RD ST           | GARRETSON | SD    | 57030-2015 |
|                                     | Treasurer          | Actual Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | RON LUKE           | 1018 3RD ST           | GARRETSON | SD    | 57030-0250 |
|                                     | Director           | Actual Street Address | City      | State | ZIP+4      |
| <input type="checkbox"/>            | VIRGINIA HILLESTAD | 412 ESSEX ST          | GARRETSON | SD    | 57030-0084 |
|                                     | Director           | Actual Street Address | City      | State | ZIP+4      |

6. Beneficial Interest (optional)

| Owner | Description of Ownership | Percentage/Value |
|-------|--------------------------|------------------|
|-------|--------------------------|------------------|

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

DONALD F WAGNER

(Printed Name)