*K99122999

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 **BARTI METAL PROCESSING, 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 22, 1999.

Joyce Hazeltine
Secretary of State

IncorpCertBusiness Merge.doc

RECEIVED
9912299 0201
12/22/99 DEC 22 1999
S.D. SEC. OF STATE

ARTICLES OF INCORPORATION OF

BARTI METAL PROCESSING, INC.

KNOW ALL MEN BY THESE PRESENTS: That we, the undersigned, Barry P. Mack and Theresa L. Mack for ourselves, our associates, and successors, have associated ourselves together for the purpose of forming a corporation under and by virtue of the statutes and laws of the State of South Dakota, and we do hereby certify and declare as follows, to-wit:

FIRST: The name of the corporation shall be Barti Metal Processing, Inc

SECOND: The purpose for which this corporation is formed is:

Scrap metal recycling, and new steel sales;

To engage in any commercial enterprise calculated or designed to be profitable to this corporation and in conformity with the laws of the State of South Dakota.

To purchase, improve, develop, exchange, sell, dispose of, and otherwise deal in and turn to account all things that are involved in the operation of said type of enterprise; to purchase, lease, build, construct, erect, occupy and manage property necessary for the operation and development of this corporation; to finance, purchase, improve, develop and construct buildings belonging to or to be acquired by this corporation, and to do all things allowed within the Statutes of the State of South Dakota;

The purposes specified herein shall be construed both as

purposes and powers and shall be in no ways limited or restricted by reference or inference from the terms of any clause in this or any other article, but the purposes and powers specified in each of the clauses herein shall be regarded independent purposes and powers and the enumeration of specific purposes and powers shall not be construed to limit or restrict in any manner the meaning of general terms or of the general powers of the corporation; nor shall the expression of one thing be deemed to exclude another, although it be of like nature not expressed.

THIRD: The place where the principal business of this corporation shall be transacted shall be 1969 Old Highway 14 West; Huron, SD 57350, and the registered office of this business shall be 1969 Old Highway 14 West; Huron, SD 57350. The name of the registered agent at such address shall be Barry P. Mack.

FOURTH: The term for which this corporation shall exist shall be perpetual.

FIFTH: The names and addresses of the incorporators of this corporation are as follows:

Barry P. Mack 885 Parkside Dr. SW Huron, SD 57350	Theresa L. Mack 885 Parkside Dr. SW Huron, SD 57350

SIXTH: The number of directors of this corporation shall be not less than one (1) nor more than seven (7), and the names and residences of such, who are to serve until the election of their successor, shall be as follows:

Barry P. Mack 885 Parkside Dr SW Huron, SD 57350	Theresa L. Mack 885 Parkside Dr. SW Huron, SD 57350

9912299.0201
12/22/99

SEVENTH: The amount of the capital stock of this corporation shall be $500,000.00 divided into 5,000 shares of the par value of $100.00 each, fully paid and non-assessable. Each stockholder shall be entitled to one (1) vote for each share of stock owned by him.

EIGHTH: The corporation will not commence to do business in the State of South Dakota or any other place until the corporation has deposited in the corporate account a sum in at least the amount of $1,000.00 paid to the corporation for the issuance of shares of stock of the corporation.

IN WITNESS WHEREOF, we have hereunto set our hands this 21st day of December, 1999.

Barry P. Mack

Theresa L. Mack

STATE OF SOUTH DAKOTA)
: ss
COUNTY OF BEADLE)

On this 21st day of December, 1999, before me, Ronald J. Wheeler, the undersigned officer, personally appeared Barry P. Mack and Theresa L. Mack, known to me or satisfactorily proven to the persons whose name are subscribed to the within instrument, and acknowledged to me that they executed the same for the purposes therein contained.

In Witness Whereof, I have hereunto set my hand and

991229 0201
12/22/99

official seal.

Ronald J. Wheeler, Notary Public
(SEAL) My commission expires: 09-21-03

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Barry P. Mack, hereby give my consent to serve as the registered agent for Barti Metal Processing, Inc.

Dated this 20th day of December, 1999.

Barry P. Mack

9912299.0201
12/22/99

Receipt Number: 843300

File Number DB042191

ART OF INC

For

BARTI METAL PROCESSING, INC.

Filed at the request of:

WHEELER LAW OFFICE
RONALD J. WHEELER
PO BOX 1363
HURON SD 57350

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: Wednesday, December 22, 1999

Joyce Hazeltine
Secretary of State

Fee Received $130 5,000 @ $100

2000

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

ANNUAL REPORT 1085

DOMESTIC 7/18/01

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 5/29/01
RECEIPT NO. 906059

RECEIVED RECEIVED RECEIVED
9 '01 FEB 13 MAY 29 '01
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-042191 DEC/0000
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST

HURON SD 57350-5063

Telephone # 605-352-2072
FAX # 605-352-[illegible]
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 Scrap Recycling & Steel Sales

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Barry Mack	President	885 Parkside Dr	Huron	SD	57350-5063
	Vice President				
Theresa Mack	Secretary	885 Parkside Dr	Huron	SD	57350-5063
"	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: 5000
NUMBER OF SHARES CAN ISSUE (authorized) CLASS common SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE $100

5. NUMBER OF SHARES ACTUALLY ISSUED 1000 CLASS common SERIES

6. The amount of its stated capital is $ 100,000 . (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 2-12-01

By Barry P. Mack
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Beadle ss

On this the 12th day of February, 2001, before me, Peggy Tschetter, personally appeared Barry P. Mack, 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 2-27-2004

[signature]
Notary Public

(Notarial Seal)

SOS CRP 11/99

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

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

File Date_____
Receipt No._____

FILING FEE: $10 In addition to annual report fee

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

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

   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

_____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____ personally appeared _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

_____
(signature)

0203213 2121

2001

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

020321302121
3/19/02

FILE DATE 2-1-02
RECEIPT NO. 1066540

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

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

1. Corporate Name, Registered Agent and Registered Address:

DB-042191 DEC/2000
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

Telephone #______
FAX #______
Federal Taxpayer ID______

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

* * * * ATTENTION - FILING INSTRUCTIONS * * * *

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

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

* *

2. The character of the business in which it is actually engaged in South Dakota______

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

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

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

	Director	
	Director	

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

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is $______. (Money received for issued shares)

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

Dated______

By [signature]
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Beadle ss

On this the 31st day of January, 20 02, before me, ~~Barry Mack~~ Emily Davis personally appeared Barry Mack, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 8-8-06

[signature]
Notary Public

(Notarial Seal)

SOS CRP 11/00

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

File Date _____
Receipt No. _____

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

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)

2002 ANNUAL REPORT

0303219.3944
3/20/03

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 1/23/02
RECEIPT NO. 118477
RECEIVED
JAN 29 '03

1. Corporate Name, Registered Agent and Registered Address:

-DB-042191-
DB-042191 DEC/2001
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

Telephone # S.D. SEC. OF STATE
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.

★ ★ ★ ★

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

Dated _____

_____
(signature)

2003 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 5/25/04
RECEIPT NO. 1327111
RECEIVED
MAY 25 '04
S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-042191
DB-042191 DEC/2002
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

Telephone # 605-352-2072
FAX # 605-352-0817
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 5-24-04

By [signature] (Signature)

Its President (Title)

STATE OF South Dakota
COUNTY OF Beadle ss

On this the 24th day of May, 2004, before me, Orville Chenoweth personally appeared Barry Mack, 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 7-5-09

[signature] Notary Public

(Notarial Seal)

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)

236 1039 04/27/2005

2004 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 04/21/05
RECEIPT NO. 1431295
RECEIVED
APR 2_ '05
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB042191
DB042191 DEC/2003
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

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.**

☑ 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 4-18-05

(Signature) Barry P. Mack

(Title) President

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

246 0696 03/02/2006

2005 ANNUAL REPORT

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

FILE DATE 2/3/06
RECEIPT NO. 1525547
RECEIVED RECEIVED
FEB 3 '06 NOV 18 '05
S.D. SEC. OF STATE S.D. SEC. of STATE

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

DB042191
DB042191 DEC/2004
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

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 1969 Old Hwy 14 Huron SD 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Barry Mack	President	885 Parkside Dr	Huron	SD	57350-5063
Theresa Mack	Vice President	885 Parkside Dr	Huron	SD	57350-5063
	Secretary				
	Treasurer				

4. Provide a brief description of the nature of the business Scrap Metal recycling

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 ________

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

NUMBER OF AUTHORIZED SHARES 5000 100 CLASS SERIES

6. NUMBER OF ISSUED AND OUTSTANDING SHARES 160 CLASS SERIES

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

Dated [signature]

Signature [signature]

Printed Name Barry P Mack

Title President

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)

256 2358 12/21/2006

2006 ANNUAL REPORT

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

FILE DATE 12/13/06
RECEIPT NO. 1624569

RECEIVED
DEC 13 2006
S.D. SEC. OF STATE

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

DB042191
DB042191 DEC/2005
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

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 ____________________

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

6. NUMBER OF ISSUED SHARES — CLASS — SERIES

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

Dated 12-11-6

Signature: [signature]

Printed Name: Barry P. Mack

Title: President

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)

269 3648 12/18/2007

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/01/07
RECEIPT NO. 1739042

RECEIVED
NOV 28 2007
S.D. SEC. OF STATE

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

DB042191

DB042191 DEC/2006
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

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 ____________________

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

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 11-27-7

Signature: B P Mack

Printed Name: Barry P Mack

Title: President

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)

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 12/31/08
RECEIPT NO 1066629

RECEIVED
DEC 31 2008
S.D. SEC. OF STATE

284 3342

1. Corporate Name, Registered Agent Name and Address:

DB042191
DB042191 DEC/2007
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

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.

1969 Old Hwy 14 | Huron | SD | 57350
Street Address | City | State | ZIP+4

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

3. The name of the South Dakota Registered Agent Barry P. Mack

1969 Old Hwy 14 | Huron | SD | 57350
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

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

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

☐ Barry P. Mack | 885 Parkside | Huron | SD | 57350
President | Street Address | City | State | ZIP+4

☐ _____
Vice President | Street Address | City | State | ZIP+4

☐ Theresa L Mack | 885 Parkside N | Huron | SD | 57350
Secretary | Street Address | City | State | ZIP+4

☐ _____
Treasurer | Street Address | City | State | ZIP+4

☐ _____
Director | Street Address | City | State | ZIP+4

☐ _____
Director | Street Address | City | State | ZIP+4

Dated 12-1-8

B P Mack
(Signature of an authorized officer)

Barry P Mack
(Printed Name)

Pres. LL
(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)

300 2308 01/21/2010

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 1-19-10
RECEIPT NO 1988667
RECEIVED
JAN 19 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB042191
DB042191 DEC/2008
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

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
BARTI METAL PROCESSING INC. 1969 OLD HIGHWAY 14 NW HURON, SD 57350			
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent BARRY P. MACK

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
1969 OLD HIGHWAY 14 NW 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.

☑	Barry Mack	885 Marksland	Huron	SD	57350-5063
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☐	Theresa Mack	885 Marksland	Huron	SD	57350-5063
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated 1-11-10

Barry Mack
(Signature of an authorized officer)

Barry Mack
(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)

2010 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 02-23-2011
RECEIPT NO 2128978

RECEIVED
FEB 03 2011
S.D. SEC. OF STATE

RECEIVED
FEB 23 2011
S.D. SEC. OF STATE

316 3631

1. Corporate Name, Registered Agent Name and Address:

DB042191

DB042191 DEC/2009
BARTI METAL PROCESSING, INC.
MACK, BARRY P.
1969 OLD HIGHWAY 14 WEST
HURON SD 57350-5063

Telephone # _____

FAX # _____

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

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

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

Street Address	City	State	ZIP+4
BARTI METAL PROCESSING INC. 1969 OLD HIGHWAY 14 NW HURON, SD 57350			
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Barry P Mack

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
885 Park St. Dr	Huron	SD	57350
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
1969 Old Hwy 14	Huron	SD	57350

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

	Name	Street Address	City	State	ZIP+4
☑	President Barry Mack	885 Park St	Huron	SD	57350
☐	Vice President Theresa Mack				
☐	Secretary				
☐	Treasurer				
☐	Director				
☐	Director				

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

Dated 1-22-11

(Signature of an Authorized Person)

Barry Mack
(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 age[illegible] 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.

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)

2011 Enter Filing Year

ANNUAL REPORT

FILE DATE 12/08/2011

RECEIPT NO 10380

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

DOMESTIC

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:
DB042191
BARTI METAL PROCESSING, INC.
1969 OLD HWY 14 NW
HURON, SD57350-5063

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

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

1969 OLD HWY 14 NW	HURON	SD	57350-5063
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BARRY P. MACK

1969 OLD HIGHWAY 14 WEST	HURON	SD	57350-5063
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	BARRY P MACK	885 PARKSIDE DR	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☐	THERESA L MACK	885 PARKSIDE DR	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☐					
	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.

Dated 12/08/2011

Signature Accepted Electronically
(Signature of an Authorized Person)

BARRY P MACK
(Printed Name)

12/8/2011 8:57:09AM

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 4/17/2013
RECEIPT NO 110569

1. Corporate ID and Name:
DB042191
BARTI METAL PROCESSING, INC.
1969 OLD HWY 14 NW
HURON, SD 57350-5063

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

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

1969 OLD HWY 14 NW	HURON	SD	57350-5063
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BARRY P. MACK

1969 OLD HIGHWAY 14 WEST	HURON	SD	57350-5063
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]	BARRY P MACK	885 PARKSIDE DR	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
[ ]					
	Vice President	Street Address	City	State	ZIP+4
[ ]	THERESA L MACK	885 PARKSIDE DR	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
[ ]					
	Treasurer	Street Address	City	State	ZIP+4
[ ]					
	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 04/17/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
BARRY P MACK
(Printed Name)

4/17/2013 3:02:09 PM

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 11/19/2013
RECEIPT NO 153695

1. Corporate ID and Name:
DB042191
BARTI METAL PROCESSING, INC.
1969 OLD HWY 14 NW
HURON, SD 57350-5063

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

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

1969 OLD HWY 14 NW	HURON	SD	57350-5063
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BARRY P. MACK

1969 OLD HIGHWAY 14 WEST	HURON	SD	57350-5063
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]	BARRY P MACK	885 PARKSIDE DR	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
[ ]					
	Vice President	Street Address	City	State	ZIP+4
[ ]	THERESA L MACK	885 PARKSIDE DR	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
[ ]					
	Treasurer	Street Address	City	State	ZIP+4
[ ]					
	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 11/19/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
BARRY P MACK
(Printed Name)

11/19/2013 11:24:51 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 11/26/2014

RECEIPT NO 249513

1. Corporate ID and Name:
DB042191
BARTI METAL PROCESSING, INC.
1969 OLD HWY 14 NW
HURON, SD 57350-5063

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

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

1969 OLD HWY 14 NW	HURON	SD	57350-5063
Street Address	City	State	ZIP+4
		SD	57350
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BARRY P. MACK

1969 OLD HIGHWAY 14 WEST	HURON	SD	57350-5063
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	BARRY P MACK	885 PARKSIDE DR	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
	Vice President	Street Address	City	State	ZIP+4
	THERESA L MACK	885 PARKSIDE DR	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	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.

Dated 11/26/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

BARRY P MACK

(Printed Name)

11/26/2014 12:48:19 PM

2015

Enter Filing Year

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 11/21/2015

RECEIPT NO 353231

1. Corporate ID and Name:

DB042191

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4. The name of the South Dakota Registered Agent

Agent Name: BARRY P. MACK

1969 OLD HIGHWAY 14 WEST	HURON	SD	57350-5063
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

X	BARRY P MACK	885 PARKSIDE DR	HURON	SD	57350
	President	Actual Street Address	City	State	ZIP+4
	Vice President	Actual Street Address	City	State	ZIP+4
	THERESA L MACK	885 PARKSIDE DR	HURON	SD	57350
	Secretary	Actual Street Address	City	State	ZIP+4
	Treasurer	Actual Street Address	City	State	ZIP+4

Director	Actual Street Address	City	State	ZIP+4

Director	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 11/21/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

BARRY P MACK

(Printed Name)

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

11/21/2015 10:05:42 AM