

Receipt Number: _____

2245754

File Number

DP002393



DP002393



STATEMENT_OF_QUALIFICATION

For

CROSSED SABERS, LLLP

Filed at the request of:

GUNDERSON PALMER NELSON & ASHMORE LLP
QUENTIN L RIGGINS
PO BOX 8045
RAPID CITY SD 57709

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Thursday, August 09, 2012**

Secretary of State

Fee Received: \$125.00

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

STATEMENT OF QUALIFICATION OF A DOMESTIC LIMITED LIABILITY LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$125 payable to SECRETARY OF STATE

RECEIVED
AUG 09 2012
S.D. SEC. OF STATE

Telephone # (605) 342-1078
FAX # (605) 342-9503

390 5872

Filed this 9th day of Aug, 2012
Jason Jant
SECRETARY OF STATE

1. The name of the partnership is Crossed Sabers, LLLP

The name shall contain the words "Registered Limited Liability Limited Partnership", or "L.L.L.P.", or "LLLP" as the last words of the name.

2. The street address of the partnership's chief executive office.

| | | | |
|----------------------------|-----------|-------|------------|
| 24048 Highway 385 | Hill City | SD | 57745 |
| Street Address | City | State | ZIP+4 |
| P.O. Box 238 | Hill City | SD | 57745-0238 |
| Mailing Address (Optional) | City | State | ZIP+4 |

3. If the address listed in number 2 is not a South Dakota street address question number 4 must be completed.

4. The South Dakota Registered Agent name Norma J. Henderson

| | | | |
|---|-----------|-------|------------|
| 24048 Highway 385 | Hill City | SD | 57745 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| P.O. Box 238 | Hill City | SD | 57745-0238 |
| Mailing Address in This State, if Different from Street Address | City | State | ZIP+4 |

When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent.

5. The partnership elects to be a limited liability limited partnership.

6. The deferred effective date of the registration if it is not to be effective upon filing of the registration

I declare under penalty of perjury that the contents of the above statement are accurate. Statement must be signed by at least two partners.

Dated August 7, 2012

Norma J. Henderson
(Signature of a partner)

Norma J. Henderson
(Printed Name)

Dated August 7, 2012

Norma Henderson
(Signature of a partner)

Norma Henderson, Guardian/Conservator for Frank Henderson
(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.

Receipt Number: _____

2245154

File Number

DP002393



LIMITED_PARTNERSHIP

For

CROSSED SABERS, LIMITED PARTNERSHIP

Filed at the request of:

GUNDERSON PALMER NELSON & ASHMORE LLP
QUENTIN L RIGGINS
PO BOX 8045
RAPID CITY SD 57709

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Thursday, August 09, 2012**

A handwritten signature in cursive script, appearing to read 'Jason Sant'.

Secretary of State

Fee Received: \$125.00

390 5869

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

CERTIFICATE OF LIMITED PARTNERSHIP DOMESTIC LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**
FILING FEE: \$125 payable to SECRETARY OF STATE

RECEIVED
AUG 09 2012
S.D. SEC. OF STATE

Telephone # (605) 342-1078
FAX # (605) 342-9503

Filed this 9th day of Aug. 2012
Jason J. Hart
SECRETARY OF STATE

1. The name of the limited partnership is Crossed Sabers, LIMITED PARTNERSHIP

The name shall contain without abbreviation the words "limited partnership".

2. The address of the office required to be maintained in the State of South Dakota.

| | | | |
|----------------------------|-----------|-------|------------|
| 24048 Highway 385 | Hill City | SD | 57745 |
| Street Address | City | State | ZIP+4 |
| P.O. Box 238 | Hill City | SD | 57745-0238 |
| Mailing Address (Optional) | City | State | ZIP+4 |

3. The South Dakota Registered Agent name Norma J. Henderson

| | | | |
|---|-----------|-------|------------|
| 24048 Highway 385 | Hill City | SD | 57745 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| P.O. Box 238 | Hill City | SD | 57745-0238 |
| Mailing Address in This State, if Different from Street Address | City | State | ZIP+4 |

When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent.

4. The name and business address of each general partner is

| | | | | |
|--------------------|----------------|-----------|-------|-------|
| Norma J. Henderson | P.O. Box 238 | Hill City | SD | 57745 |
| General Partner | Street Address | City | State | ZIP+4 |
| Frank E. Henderson | P.O. Box 238 | Hill City | SD | 57745 |
| General Partner | Street Address | City | State | ZIP+4 |
| General Partner | Street Address | City | State | ZIP+4 |

5. The latest date upon which the limited partnership is to dissolve is December 31, 2062

6. Any other matters the general partners determine to include

The certificate of limited partnership must be signed by each of the general partners.

Dated August 7, 2013

Norma J. Henderson
(Signature of a general partner)

Norma J. Henderson
(Printed Name)

Dated August 7, 2013

Norma Henderson
(Signature of a general partner)

Norma Henderson, Guardian/Conservator for Frank Henderson
(Printed Name)

Dated _____

(Signature of a general partner)

(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.