

Receipt Number: 1628137

File Number DL012815



ARTICLES\_OF\_ORGANIZATION

For

MaSco. 4, LLC

Filed at the request of:

STEVEN R PFEIFFER PROFESSIONAL LLC  
300 N DAKOTA AVE STE 502  
SIOUX FALLS SD 57104

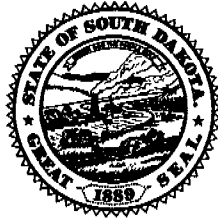
*State of South Dakota  
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Thursday, December 28, 2006**

Secretary of State

Fee Received: \$125.00

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

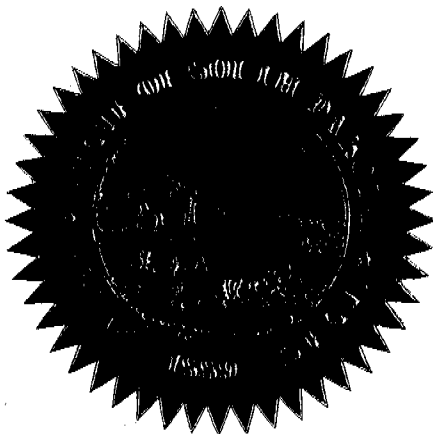
### Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL012815

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **MaSco. 4, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this December 28, 2006.



*Chris Nelson*

Chris Nelson  
Secretary of State

349 2378

Filed this 24th day of Dec, 2006  
*Chris Nelson*  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION  
OF  
MaSco. 4, LLC**

RECEIVED  
DEC 18 2006  
S.D. SEC. OF STATE

The undersigned hereby forms a Limited Liability Company under SDCL Ch. 47-34A and adopts as the Articles of Organization for such company the following:

**Article One  
Name**

RECEIVED  
DEC 28 2006  
S.D. SEC. OF STATE

The name of the Limited Liability Company is MaSco. 4, LLC.

**Article Two  
Address of Initial Designated Office**

The address of the initial designated office of the Limited Liability Company is 401 W. Hiway 46, Wagner, SD 57380.

**Article Three  
Name and Address of Initial Agent for Service of Process**

The name of the initial agent located at the initial designated office of the Limited Liability Company is RF Buche.

**Article Four  
Name and Address of Organizers**

The name and address of the organizer is:

RF Buche  
401 W. Hiway 46  
Wagner, SD 57380

**Article Five  
Duration**

The period of duration is perpetual from the date of filing of these Articles of Organization with the Secretary of State of South Dakota.

*2012/15*

**Article Six  
Management**

The management of the Limited Liability Company is reserved to the members.

**Article Seven  
Liability for Debts and Obligations**

No Member of the Limited Liability Company shall be personally liable for the debt, obligation, and liabilities of the Limited Liability Company.

Dated this 15<sup>th</sup> day of December 2006.

RF Buche  
RF Buche, Organizer

STATE OF SOUTH DAKOTA )  
  :SS  
COUNTY OF Minnehaha )

I, Michelle Millette, a notary public, do hereby certify that on this 15<sup>th</sup> day of December 2006 personally appeared before me RF Buche who, being by me first duly sworn, declared that he is an organizer named in the Articles of Organization that he signed the foregoing document as an Organizer of the Limited Liability Company and the statements contained are true.

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



Michelle Millette  
Notary Public, South Dakota  
My commission expires:

My Commission Expires  
December 23, 2010

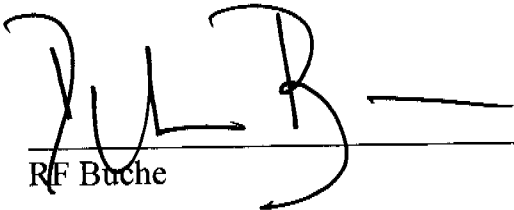
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

RECEIVED  
DEC 28 2006  
S.D. SEC. OF STATE

**Consent of Appointment by Registered Agent**  
**For**  
**MaSco. 4, LLC**

I, RF Buche, hereby give my consent to serve as the registered agent for MaSco. 4, LLC .

Dated this 24<sup>th</sup> day of December 2006.

  
RF Buche

270 3273 01/07/2008

# 2007 ANNUAL REPORT

FILE DATE 12/20/07  
RECEIPT NO. 1746209

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

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

RECEIVED RECEIVED  
DEC 20 2007 DEC 06 2007  
S.D. SEC. OF STATE S.D. SEC. OF STATE

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



\*DL012815\*  
DL012815 DEC/0000  
MASCO. 4, LLC  
BUCHE, RF  
401 W HIWAY 46  
WAGNER SD 57380-9322

Telephone # 605-384-4300  
FAX # " " 4333

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

2. The state or country under whose law it is organized is:

South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

102 S. Main St.  
Wagner SD 57380

4. The address of its principal office is:

(same)

5. The names and business addresses of any managers:

R.F. Buche  
102 ~~Am~~ Main St.  
Wagner, SD 57380

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated

11/28/07

[Signature]  
Signature

R.F. Buche  
Printed Name

Member  
Title

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

**LIMITED LIABILITY  
STATEMENT OF CHANGE OF REGISTERED OFFICE,  
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is MASCO 4, LLC
2. The previous address of its registered office 401 West Hwy 46 Wagner  
SD ZIP 57380
3. The address to which the registered office is to be changed (including street address) is 102 South  
Main Ave. Wagner SD ZIP 57380
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \_\_\_\_\_

**\*The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date 12/13/07

[Signature]  
(Signature)  
RF Buchte  
(Printed Name)  
Member  
(Title)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

(limited liability company name)  
Dated \_\_\_\_\_ (signature)

2008

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

ANNUAL REPORT  
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 12/11/08  
RECEIVED RECEIVED 1862072  
DEC 11 2008  
S.D. SEC. OF STATE

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



\*DL012815\*  
DL012815 DEC/2007  
MASCO. 4, LLC  
BUCHE, RF  
102 SOUTH MAIN AVE  
WAGNER SD 57380-9322

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
FILING DATE: Due during the month  
the Certificate of Organization was  
issued, and delinquent after the last  
day of the following month.

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

102 South Main Ave Wagner SD 57380  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

RF Buche  
102 South Main Ave Wagner SD 57380  
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 managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

RF Buche 102 South Main Ave Wagner SD 57380  
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 12/4/08

(Signature of an Authorized Manager or Member)  
RF Buche  
(Printed Name)  
Mgr. / Pres.  
(Title)

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

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

Please Type or Print Clearly in Ink

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

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

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

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

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

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

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

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

5. If the address has changed, its new address

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

298 1342 12/01/2009

2009

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

ANNUAL REPORT  
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 12/01/09  
RECEIPT NO 1971027  
**RECEIVED**  
NOV 25 2009  
S.D. SEC. OF STATE

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



\*DL012815\*  
DL012815 DEC/2008  
MASCO. 4, LLC  
BUCHE, RF  
102 SOUTH MAIN AVE  
WAGNER SD 57380-9322

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
FILING DATE: Due during the month  
the Certificate of Organization was  
issued, and delinquent after the last  
day of the following month.

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

102 South Main Ave Wagner SD 57380  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

RF Buche  
102 South Main Ave Wagner SD 57380  
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 managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

RF Buche 102 South Main Ave Wagner SD 57380  
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 11/24/09

(Signature of an Authorized Manager or Member)  
RF Buche  
(Printed Name)  
Member  
(Title)

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

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

Please Type or Print Clearly in Ink

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

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

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

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

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

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

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

Street Address (Required)	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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5. If the address has changed, its new address

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

315 1277 02/10/2011

2010

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

ANNUAL REPORT  
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 01/18/11  
RECEIPT NO 2110778  
**RECEIVED**  
**DEC 27 2010**  
**S.D. SEC. OF STATE**

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



\*DL012815\*  
DL012815 DEC/2009  
MASCO. 4, LLC  
BUCHE, RF  
102 SOUTH MAIN AVE  
WAGNER SD 57380-9322

**RECEIVED**  
**JAN 18 2011**  
**S.D. SEC. OF STATE**

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
FILING DATE: Due during the month  
the Certificate of Organization was  
issued, and delinquent after the last  
day of the following month.

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

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

103 South Main Ave Wagner SD 57380  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent RF Buche

102 South Main Ave Wagner SD 57380  
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

5. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

RF Buche 102 South main Ave Wagner SD 57380  
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

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

Dated 12/22/10

[Signature]  
(Signature of an Authorized Person)

RF Buche  
(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 (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 12/09/2011

RECEIPT NO 10691

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

## DOMESTIC LLC

**FILING FEE: \$50.00** Please Type or Print Clearly In Ink  
Make check payable to SECRETARY OF STATE

1. L.L.C. ID and Name:  
DL012815  
MASCO. 4, LLC  
102 SOUTH MAIN AVE  
WAGNER, SD57380-2000

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

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

102 SOUTH MAIN AVE	WAGNER	SD	57380-2000
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE

102 SOUTH MAIN AVE	WAGNER	SD	57380-9322
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 business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
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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 12/09/2011

Signature Accepted Electronically  
(Signature of an Authorized Person)

RF BUCHE  
(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 12/14/2012

RECEIPT NO 81331

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL012815
MASCO. 4, LLC
102 SOUTH MAIN AVE
WAGNER, SD 57380-2000

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

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

102 SOUTH MAIN AVE WAGNER SD 57380-2000
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE

102 SOUTH MAIN AVE WAGNER SD 57380-9322
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 business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

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

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

Date 12/14/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

JODY O KOTAB

(Printed Name)

2013

Enter Filing Year

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 11/18/2013

RECEIPT NO 153198

1. L.L.C. ID and Name:  
DL012815  
MASCO. 4, LLC  
102 SOUTH MAIN AVE  
WAGNER, SD 57380-2000

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

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

Agent Name: RF BUCHE

102 SOUTH MAIN AVE	WAGNER	SD	57380-9322
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

New Agent Name: RF BUCHE

102 S MAIN AVE	WAGNER	SD	57380
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
5709 S REMINGTON PLACE #107	SIOUX FALLS	SD	57108

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

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

Date 11/18/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

MICHAL TAYLOR PELTIER

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 11/18/2013

RECEIPT NO 153198

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL012815
MASCO. 4, LLC
102 SOUTH MAIN AVE
WAGNER, SD 57380-2000

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

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

102 SOUTH MAIN AVE WAGNER SD 57380-2000

Street Address City State ZIP+4

5709 S REMINGTON PL #107 SIOUX FALLS SD 57108

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE

102 S MAIN AVE WAGNER SD 57380

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

5709 S REMINGTON PLACE #107 SIOUX FALLS SD 57108

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

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three rows of manager information, each starting with an empty box.

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 11/18/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

MICHAL TAYLOR PELTIER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 10/10/2014

RECEIPT NO 237922

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL012815
MASCO. 4, LLC
102 SOUTH MAIN AVE
WAGNER, SD 57380-2000

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

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

102 SOUTH MAIN AVE WAGNER SD 57380-2000
Street Address City State ZIP+4
5709 S REMINGTON PL #107 SIOUX FALLS SD 57108
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE
102 S MAIN AVE WAGNER SD 57380
Street Address or Rural Route Box Number in This State and City State ZIP+4
5709 S REMINGTON PLACE #107 SIOUX FALLS SD 57108
Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4
Manager Street Address City State ZIP+4
Manager Street Address City State ZIP+4

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

Dated 10/10/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
MICHAL TAYLOR PELTIER
(Printed Name)

2015

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

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

Please Type or Print Clearly In Ink

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

FILE DATE 10/2/2015

RECEIPT NO 340407

Telephone #

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

DL012815

MASCO. 4, LLC

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

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

102 SOUTH MAIN AVE WAGNER SD 57380-2000

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

5709 S REMINGTON PL #107 SIOUX FALLS SD 57108

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

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE

102 S MAIN AVE WAGNER SD 57380

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

5709 S REMINGTON PLACE #107 SIOUX FALLS SD 57108

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

Email Address (Optional)

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

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

Dated 10/02/2015

Email (Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

MICHAL T PELTIER

(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.

2016

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 10/7/2016

RECEIPT NO 462613

1. LLC ID and Name:

DL012815

Enter LLC ID

MASCO. 4, LLC

Enter LLC Name

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

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

102 SOUTH MAIN AVE	WAGNER	SD	57380-2000
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
5709 S REMINGTON PL #107	SIOUX FALLS	SD	57108
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE

102 S MAIN AVE	WAGNER	SD	57380
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
5709 S REMINGTON PLACE #107	SIOUX FALLS	SD	57108
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 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
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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)

MICHAL T PELTIER

(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.

10/7/2016 9:44:11 AM