

329 0020 01/09/2004

Receipt Number: 1277347

File Number DL006762



ARTICLES_OF_ORGANIZATION

For

ROCKY TOP RANCH, LLC

Filed at the request of:

**A 2 Z BUSINESS & TAX SERVICES
402 MAPLE AVENUE
RAPID CITY SD 57701**

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

Filed in the office of the Secretary of State on: **Tuesday, January 06, 2004**



Secretary of State

Fee Received: \$100.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

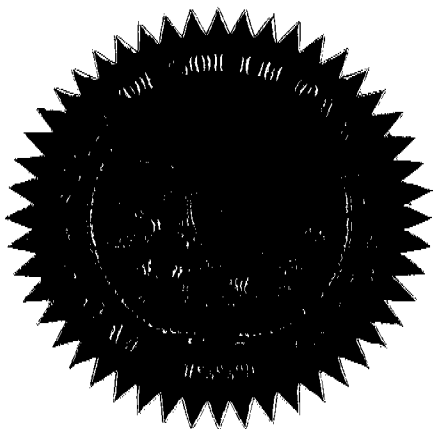
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL006762

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **ROCKY TOP RANCH, 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 January 6, 2004.



Chris Nelson
Chris Nelson
Secretary of State

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

**ARTICLES OF ORGANIZATION
OF A
DOMESTIC LIMITED LIABILITY COMPANY**

RECEIVED

JAN 6 '04

S.D. SEC. OF STATE

329 0022

1. The name of the Limited Liability Company is: Rocky Top Ranch, LLC
Filed this 6th day of Jan 2004

2. The duration of the company if other than perpetual is: Perpetual

3. The address of the initial designated office is: 13117 North Creekview Road
Rapid City, SD 57702

4. The name and street address of the initial agent for service of process is: Carol Ann Rae
13117 North Creekview Road
Rapid City, SD 57702

5. The name and address of each organizer:
Carol Ann Rae
13117 North Creekview Drive
Rapid City, SD 57702
Jeffrey W. Barnes
13010 Bogus Jim Road
Rapid City, SD 57702

6. If the company is to be a manager-managed company rather than a member-managed company, the name and address of each initial manager is:
Carol Ann Rae

7. Whether one or more of the members of the company are to be liable for its debts and obligations under SDCL 47-34A-303 (c).
None

8. Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization.
None

The Articles of Organization must be signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date: December 30, 2003

Carol Ann Rae, Operating Mgr.
(Signature and Title)

Jeffrey W. Barnes, Member
(Signature and Title)

(Signature and Title)

FILING INSTRUCTIONS:

- One or more persons may organize a Limited Liability Company
- The articles must be accompanied by the first Annual Report
- One original and one exact or conformed copy must be submitted

artorg.pdf

AL 6762

329 0023

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

FIRST ANNUAL REPORT OF A LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is:
Rocky Top Ranch, LLC

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:
13117 North Creekview Road
Rapid City, SD 57702

4. The address of its principal office is:
13117 North Creekview Road
Rapid City, SD 57702

5. The names and business addresses of any managers:
Carol Ann Rae
13117 North Creekview Road
Rapid City, SD 57702

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ \$1,000.00 *

Date:

Carol A. Rae, Operating Mgr
(Signature and Title)

*** FILING FEE:**

Filing the first annual report if the total agreed contributions of the limited liability company are:

Contribution of:	25,000	or less	\$100
Over \$25,000 and not exceeding	100,000		125
Over \$100,000 and not exceeding	500,000		200
Over \$500,000 and not exceeding	1,000,000		300
Over \$1,000,000 and not exceeding	1,500,000		400
Over \$1,500,000 and not exceeding	2,000,000		500
Over \$2,000,000 and not exceeding	2,500,000		600
Over \$2,500,000 and not exceeding	3,000,000		700
Over \$3,000,000 and not exceeding	3,500,000		800
Over \$3,500,000 and not exceeding	4,000,000		900
Over \$4,000,000 and not exceeding	4,500,000		1,000
Over \$4,500,000 and not exceeding	5,000,000		1,100

For each additional \$500,000, \$250 in addition to \$1,100

The maximum amount charged under this subsection together with any subsequent payments may not exceed sixteen thousand dollars

233 3925 02/16/2005

2005 ANNUAL REPORT

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

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

FILE DATE 2/14/05
RECEIPT NO. 1407961
RECEIVED
FEB 14 2005
S.D. SEC. OF STATE

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



DL006762
DL006762 JAN/0000
ROCKY TOP RANCH, LLC
RAE, CAROL ANN
13117 N CREEKVIEW ROAD
RAPID CITY SD 57702-8504

Telephone # 605-348-4220
FAX # _____
Federal Taxpa _____
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:

Carol Anne Rae
13117 Creekview Road
Rapid City, SD 57702

4. The address of its principal office is: 13117 Creekview Road

Rapid City, SD 57702

5. The names and business addresses of any managers:

Carol Ann Rae
13117 Creekview Road
Rapid City, SD 57702

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 1,000.00

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 Jan. 26, 2004

(Signature)

Operating Manager
(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 _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

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 _____

(Signature)

(Title)

2006

ANNUAL REPORT

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

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

FILE DATE 03/13/06
RECEIPT NO. 1538709

RECEIVED

RECEIVED

FEB 15 '06

FEB 21 '06

S.D. SEC. OF STATE

S.D. SEC. OF STATE

247 0756

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



DL006762
DL006762 JAN/2005
ROCKY TOP RANCH, LLC
RAE, CAROL ANN
13117 N CREEKVIEW ROAD
RAPID CITY SD 57702-8504

Telephone # 605-348-4220
FAX # 605-348-0717

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:

CAROL ANN RAE
13117 CREEKVIEW ROAD
RAPID CITY, SD 57702

4. The address of its principal office is: 13117 CREEKVIEW ROAD, RAPID CITY, SD 57702

5. The names and business addresses of any managers:

CAROL ANNRAE
13117 CREEKVIEW ROAD
RAPID CITY, SD 57702

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 FEB. 14, 2006

Carol Ann Rae
Carol Ann Rae

Signature

CAROL ANN RAE

Printed Name

OPERATING MANAGER

Title

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

Revised 7/05 DBLLCAR.DOC

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 _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
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 _____

(Signature)

(Title)

259 2656 03/16/2007

2007

ANNUAL REPORT

DOMESTIC L.L.C.

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 03/01/07
 RECEIPT NO. 1652717
RECEIVED
MAR 01 2007
 S.D. SEC. OF STATE

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



DL006762
 DL006762 JAN/2006
 ROCKY TOP RANCH, LLC
 RAE, CAROL ANN
 13117 N CREEKVIEW ROAD
 RAPID CITY SD 57702-8504

Telephone # 605-348-4220
 FAX # 605-348-0717

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:

CAROL ANN RAE
13117 N CREEK VIEW ROAD
RAPID CITY, SD 5702-8504

4. The address of its principal office is: 13117 N CREEKVIEW ROAD
RAPID CITY, SD 57702-8504

5. The names and business addresses of any managers:

CAROL ANN RAE
13117 N CREEKVIEW ROAD
RAPID CITY, SD 57702-8504

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 FEB. 27, 2007

Signature

CAROL ANN RAE
 Printed Name

MANAGER
 Title

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

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 _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
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 _____

(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 _____
(limited liability company name)

Dated _____

(signature)

2008

ANNUAL REPORT

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

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

FILE DATE 03/03/08
RECEIPT NO. 1773694

RECEIVED

MAR 03 2008

S.D. SEC. OF STATE

273 3523

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



DL006762
DL006762 JAN/2007
ROCKY TOP RANCH, LLC
RAE, CAROL ANN
13117 N CREEKVIEW ROAD
RAPID CITY SD 57702-8504

Telephone # 605-348-4220
FAX # 605-348-0717

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:
CAROL ANN RAE
13117 N CREEK VIEW ROAD
RAPID CITY, SD 557702-8504

4. The address of its principal office is: 13117 N CREEK VIEW ROAD
RAPID CITY, SD 57702-8504

5. The names and business addresses of any managers:

CAROL ANN RAE
13117 N CREEK VIEW ROAD
RAPID CITY, SD 57702-8504

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 FEB. 27, 2008

Carol Ann Rae
Signature

CAROL ANN RAE
Printed Name

MANAGER
Title

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

Revised 7/05 DBLLCAR.DOC

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 _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
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 _____

(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 _____

(limited liability company name)

Dated _____

(signature)

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 03/20/09
RECEIPT NO 1009094
RECEIVED
MAR 20 2009
S.D. SEC. OF STATE

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



DL006762
DL006762 JAN/2008
ROCKY TOP RANCH, LLC
RAE, CAROL ANN
13117 N CREEKVIEW ROAD
RAPID CITY SD 57702-8504

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.

13117 N Creekview Rd Rapid City SD 57702
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Carol Ann Rae
13117 N Creekview Rd Rapid City SD 57702
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.

Carol Ann Rae 13117 N creekview Rd Rapid City SD 57702
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 3/18/09

Carol Ann Rae
(Signature of an Authorized Manager or Member)

Carol Ann Rae
(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

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 L.L.C.

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	03/02/10
RECEIPT NO	2003957
RECEIVED	
MAR 02 2010	
S.D. SEC. OF STATE	

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



DL006762
DL006762 JAN/2009
ROCKY TOP RANCH, LLC
RAE, CAROL ANN
13117 N CREEKVIEW ROAD
RAPID CITY SD 57702-8504

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.

~~13117 N Creekview Rd Rapid City SD 57702-8504~~
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Carol Rae

13117 N Creekview Rd Rapid City SD 57702-8504
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.

Carol Rae 13117 N Creekview Rd Rapid City SD 57702-8504
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 2/28/10

Carol A Rae
(Signature of an Authorized Manager or Member)

Carol Rae
(Printed Name)

manager member
(Title)

302 2568

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)

324 0231 08/02/2011

2011

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	7/27/11
RECEIPT NO	2172060
RECEIVED	
JUL 27 2011	
S.D. SEC. OF STATE	

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



DL006762
DL006762 JAN/2010
ROCKY TOP RANCH, LLC
RAE, CAROL ANN
13117 N CREEKVIEW ROAD
RAPID CITY SD 57702-8504

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.

13117 N Creekview Rd Rapid City SD 57702-8504
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Carol A Rae

13117 N Creekview Rd Rapid City SD 57702-8504
Street Address of 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.

Carol A Rae 13117 N Creekview Rd Rapid City SD 57702
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 7/15/11

Carol A Rae
(Signature of an Authorized Person)
Carol A Rae
(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

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

FILE DATE 9/29/2014

RECEIPT NO 235006

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

DL006762
ROCKY TOP RANCH, LLC
13117 N CREEKVIEW RD
RAPID CITY, SD 57702-8504

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

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

13117 N CREEKVIEW RD RAPID CITY SD 57702-8504

Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CAROL ANN RAE

13117 N CREEKVIEW ROAD RAPID CITY SD 57702-8504

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 checked="" type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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 09/29/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

CAROL A RAE

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE DATE 11/24/2014

RECEIPT NO 245710

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:

DL006762
ROCKY TOP RANCH, LLC
13117 N CREEKVIEW RD
RAPID CITY, SD 57702-8504

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

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

13117 N CREEKVIEW RD RAPID CITY SD 57702-8504
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CAROL ANN RAE

13117 N CREEKVIEW ROAD RAPID CITY SD 57702-8504
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.

CAROL RAE OLSEN 13117 N CREEK DRIVE RAPID CITY SD 57702-8504
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 11/24/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

CAROL A RAE OLSEN

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

FILE DATE 6/3/2015

RECEIPT NO 306502

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

DL006762
ROCKY TOP RANCH, LLC
13117 N CREEKVIEW RD
RAPID CITY, SD 57702-8504

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

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

13117 N CREEKVIEW RD RAPID CITY SD 57702-8504

Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CAROL ANN RAE

13117 N CREEKVIEW ROAD RAPID CITY SD 57702-8504

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.

CAROL RAE OLSEN 13117 N CREEK DRIVE RAPID CITY SD 57702-8504

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 06/03/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

CAROL A RAE

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

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

FILE DATE 6/11/2015

RECEIPT NO 309702

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

DL006762
ROCKY TOP RANCH, LLC
13117 N CREEKVIEW RD
RAPID CITY, SD 57702-8504

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

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

13117 N CREEKVIEW RD RAPID CITY SD 57702-8504

Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CAROL ANN RAE

13117 N CREEKVIEW ROAD RAPID CITY SD 57702-8504

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.

CAROL RAE OLSEN 13117 N CREEK DRIVE RAPID CITY SD 57702-8504

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 06/11/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

CAROL A RAE

(Printed Name)

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 5/11/2016

RECEIPT NO 413468

1. LLC ID and Name:

DL006762

Enter LLC ID

ROCKY TOP RANCH, 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).

13117 N CREEKVIEW RD RAPID CITY SD 57702-8504

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

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

4. The name of the South Dakota Registered Agent

Agent Name: CAROL ANN RAE

13117 N CREEKVIEW ROAD RAPID CITY SD 57702-8504

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 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

CAROL RAE OLSEN 13117 N CREEK DRIVE RAPID CITY SD 57702-8504

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 (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)
CAROL A RAE

(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.

5/11/2016 11:19:17 AM