

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

1993 0713  
**ANNUAL REPORT**

FILE DATE 7-28-93  
RECEIPT NO. 327934

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

...EIVED

JUL 28 1993

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DB-018951 AUG/92  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
SALE BARN ROAD  
FT. PIERRE, SD 57522-0400

Telephone # 605-223-2576  
FAX # 605-223-7135

Federal Taxpayer ID

FILING DATE: Due during the month the  
Certificate of Incorporation was issued,  
and delinquent 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 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: (Both officers and directors must be listed in the spaces provided).

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

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 CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ISSUED CLASS SERIES

6. The amount of its stated capital is \$ \_\_\_\_\_

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 7-28 19 93

By Mark D. Hanson  
(Signature)  
Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Dakota ss

I, Judith Bouche, a notary public, do hereby certify that on this 28th day of July 19 93 personally appeared before me Mark D. Hanson who, being by me first duly sworn, declared that he/she is the President of Ft Pierre Livestock Auction, Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires: \_\_\_\_\_  
Judith Bouche  
Notary Public

JUDITH BOUCHE, Notary Public  
My Commission Expires February 17, 2000  
SOS CRP 410 10/92

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-6077  
605-773-4845

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

FILING FEE: \$5 in addition to annual report fee

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

1. The name of the corporation is \_\_\_\_\_  
\_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is \_\_\_\_\_  
\_\_\_\_\_ 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ that he/she signed the foregoing document as officer of the  
corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)

9 1993 1 6 5 4 2

FILE DATE 7-28-93  
RECEIPT NO. 327911

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

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

RECEIVED  
JUL 28 1993

1. Corporate Name, Registered Agent and Registered Address:

DB-009683  
RE/SPEC INC. JUN/92  
ZELLER, THOMAS J.  
PO BOX 725  
3824 JET DRIVE  
RAPID CITY, SD 57709-0725

Telephone # 394-6400  
FAX # 394-6456

Federal Taxpayer ID \_\_\_\_\_  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent the last day of the following month.

Secretary of State

### \*\*\*\*\* 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 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 Engineering Research and Development

3. The names and addresses of its directors and officers. (Both officers and directors must be listed in the spaces provided).

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

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
2,500,000	Common		\$.20

5. NUMBER OF SHARES ISSUED	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
383,600	Common		\$.20

6. The amount of its stated capital is \$ 196,980.97

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 July 26 19 93

By Thomas J. Zeller  
(Signature)  
its Treasurer  
(Title)

STATE OF South Dakota  
COUNTY OF Pennington ss

I, Julie S. Annicchiarico, a notary public, do hereby certify that on this 26th day of July 19 93, personally appeared before me Thomas J. Zeller who, being by me first duly sworn, declared that he/she is the Treasurer of RE/SPEC Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires June 23, 1999

Julie S. Annicchiarico  
Notary Public  
JULIE S. ANNICCHIARICO, Notary Public  
Pennington County, South Dakota  
My Commission Expires June 23, 1999

(Notarial Seal)

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

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

FILING FEE: \$5 In addition to annual report fee

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

1. The name of the corporation is \_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is \_\_\_\_\_  
\_\_\_\_\_ 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ that he/she signed the foregoing document as officer of the  
corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

### CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)

Notary Public  
Commission Expires June 30, 1999  
Notary Public  
Commission Expires June 30, 1999

Name	Office	Address	
William E. Coons	President & Director	4010 Avenida Las Campanas	Albuquerque, NM 87107
Gary D. Callahan	Vice-President & Director	4715 Edgewood	Rapid City, SD 57702
Arlo F. Fossum	Vice-President & Director	305 San Marco	Rapid City, SD 57702
Joe L. Ratigan	Vice-President	327 San Marco	Rapid City, SD 57702
Critz H. George	Vice-President	1218 Countryside Lane NW	Albuquerque, NM 87114
Harry T. Webster	Vice-President	P.O. Box 712	Cedar Crest, NM 87008
Thomas J. Zeller	Treasurer	4523 Bellewood Dr.	Rapid City, SD 57702
Julie S. Annicchiarico	Secretary	5021 W. Chicago	Rapid City, SD 57702
Leo L. Van Sambeek	Director	RR 1, Box 17	Hermosa, SD 57744
Joseph T. Simmons	Director	1407 E. Main	Vermillion, SD 57069
Douglas D. Rogers	Director	1138 Lookout Lane	Rapid City, SD 57701
Earl R. Hoskins	Director	3517 Spring Lane	Bryan, TX 77801
David J. D'Appolonia	Director	5140 Pembroke Place	Pittsburgh, PA 15232
Michael R. Wigley	Director	13110 35th Ave. N.	Plymouth, MN 55441-2200

6 0 7 1 6 3 1 0 1

1994

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

# ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

7 4 0 0 1 7 1 0 0 5831-94

FILE DATE 8/31/94  
RECEIPT NO. 404510

RECEIVED

AUG 01 1994

Secretary of State

Corporate Name, Registered Agent and Registered Address:

DB-018951 AUG/93  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
SALE BARN ROAD  
FT. PIERRE, SD 57532-0400

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

Federal Taxpayer ID # \_\_\_\_\_

FILING DATE: Due during the month the  
Certificate of Incorporation was issued,  
and delinquent 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 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: (Both officers and directors must be listed in the spaces provided).

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

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

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

5. NUMBER OF SHARES ISSUED CLASS SERIES

6. The amount of its stated capital is \$ \_\_\_\_\_

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 July 29 1994

By Mark A. Hanson  
(Signature)  
its President  
(Title)

STATE OF South Dakota  
COUNTY OF Blanda ss

I, Janece Bouchie, a notary public, do hereby certify that on this 29<sup>th</sup> day of July 1994 personally appeared before me Mark A. Hanson who, being by me first duly sworn, declared that he/she is the President of Fort Pierre Livestock Auction, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires February 11, 2000 My Commission Expires \_\_\_\_\_  
Janece Bouchie Notary Public

(Notarial Seal)

SOS CRP 410 10/82

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

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

File Date: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

**FILING FEE: \$5** In addition to annual report fee

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

1. The name of the corporation is \_\_\_\_\_  
\_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is \_\_\_\_\_  
\_\_\_\_\_ 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_

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

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

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ \*\*

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_

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

OPTIONAL FORM NO. 10

1995

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

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK.

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-18-95  
RECEIPT NO. 477721  
RECEIVED  
JUL 18 1995  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DE-014951 AUG 94  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
SALE BARN ROAD  
FT. PIERRE, SD 57501-0400

Telephone # 605-223-2546  
FAX # 605-223-2635

Federal Taxpayer ID [REDACTED]

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. (Both officers and directors must be listed in the spaces provided).

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

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

5. NUMBER OF SHARES ISSUED CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

6. The amount of its stated capital is \$ \_\_\_\_\_

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 July 17 19 95

By Mark A. Hanson  
(Signature)  
Its President  
(Title)

STATE OF South Dak.  
COUNTY OF Stanley ss

I, Judith S. Bruch, a notary public, do hereby certify that on this 17 day of July 19 95 personally appeared before me Mark A. Hanson who, being by me first duly sworn, declared that he/she is the President of Fort Pierre Livestock Auction, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires \_\_\_\_\_  
Judith S. Bruch  
Notary Public

(Notarial Seal)

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

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

File Date: \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$5** In addition to annual report fee

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

1. The name of the corporation is \_\_\_\_\_  
\_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is \_\_\_\_\_  
\_\_\_\_\_ 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_

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

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

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

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_

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

1996-2000

1996  
RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 9-17-96  
RECEIPT NO. 526,395

1 Corporate Name, Registered Agent and Registered Address

DB- AUG/95  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
SALE BARN ROAD  
FT. PIERRE, SD 57532-8400

Telephone # 605-223-2576  
FAX # 605-223-7635

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 \*\*\*\*\*

11 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.

Date 9.11.96  
By Mark L. Hanson  
(Signature)  
President  
(Title)

STATE OF South Dakota  
COUNTY OF Stanley SS

I, Judith Bouchie, a notary public, do hereby certify that on this 11<sup>th</sup> day of September 1996  
personally appeared before me Mark L. Hanson who, being by me first duly sworn, declared that he/she is the  
President of Fort Pierre Livestock Auction, Inc.

that he/she signed the foregoing document as officer of the corporation and the statements therein contained are true.  
My Commission Expires JUDITH BOUCHIE, Notary Public  
My Commission Expires Judith Bouchie  
Notary Public  
(Notarial Seal) February 11, 2000

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

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

File Date: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

**FILING FEE: \$5** In addition to annual report fee

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

1. The name of the corporation is \_\_\_\_\_  
\_\_\_\_\_
2. The previous 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_

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

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

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

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_

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

1997

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

9709284.0870  
ANNUAL REPORT  
DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILE DATE 9-10-97  
RECEIPT NO 65112

RECEIVED

SEP 10 1997

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DD 010951 AUG/97  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
SALE BARN ROAD  
FT. PIERRE, SD 57532-0400

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 9-2 1997

By Mark A. Hanson  
(Signature)  
Its pres.  
(Title)

STATE OF South Dakota  
COUNTY OF Hughes

I, Susan Kay Thorson, a notary public, do hereby certify that on this 2<sup>nd</sup> day of September 1997 personally appeared before me Mark A. Hanson who, being by me first duly sworn, declared that he/she is the President of Fort Pierre Livestock Auction, Inc.

that he/she signed the foregoing report of the corporation, and the statements therein contained are true

My Commission Expires My Commission Expires August 30, 2004

Susan Kay Thorson  
Notary Public

(Notarial Seal)

SOS CRF 6/97

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

Date \_\_\_\_\_ 19\_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for \_\_\_\_\_  
(corporate name)  
Dated \_\_\_\_\_ 19\_\_\_\_\_  
\_\_\_\_\_  
(signature)



SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-6070  
805-773-4845

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

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for \_\_\_\_\_  
(corporate name)  
Dated \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)



SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
805-773-4845

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 \_\_\_\_\_ 19 \_\_\_\_\_

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

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

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

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19\_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ that he/she signed the foregoing document as officer of  
the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19\_\_\_\_

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

2000

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

**ANNUAL REPORT** 0827

DOMESTIC 8/10/00  
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 8-1-00  
RECEIPT NO. 249791  
**RECEIVED**  
**JUL 18 '00**  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-018951 Aug-99  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
SALE BARN ROAD  
FT. PIERRE SD 57532-0400

Telephone # 223-2576  
FAX # 223-2125  
Federal Taxpayer ( )  
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 7-17-00

By Mark D. Hanson  
(Signature)

Its Pres  
(Title)

STATE OF South Dakota ss  
COUNTY OF Aurora

On this the 17th day of July, 2000, before me, Duane Bouchie

personally appeared Mark D. Hanson, 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 \_\_\_\_\_  
My Commission Expires  
February 11, 2008

Duane Bouchie  
Notary Public

(Notarial Seal)

SECRETARY OF STATE  
STATE CAPITOL  
503 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 street address, or a statement that there is no street address, to which the registered office is to be changed is \_\_\_\_\_  
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 officer.

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)

2001

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

**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

FILE DATE 8-1-01  
RECEIPT NO. 998312

RECEIVED

AUG 10 2001

1. Corporate Name, Registered Agent and Registered Address:

DB-018951 AUG/2000  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
SALE BARN ROAD  
FT. PIERRE SD 57532-0400

Telephone # 605-772-7122  
FAX # 605-772-7122

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 7-9-01  
By Mark Dennis  
(Signature)  
its President  
(Title)

STATE OF South Dakota  
COUNTY OF Stanley SS  
On this the 9th day of July, 2001, before me, Judith Bouchie  
personally appeared Mark D. Hanson, 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 \_\_\_\_\_  
Judith Bouchie  
Notary Public

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

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

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)

20110817-01

2002

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

0210217.0091 10/9/02

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

FILE DATE 7-28-02 RECEIPT NO. 2713203 RECEIVED AUG 28 '02 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB-018951 AUG/2001 FORT PIERRE LIVESTOCK AUCTION, INC. HANSON, MARK DENNIS PO BOX 400 SALE BARN ROAD FT. PIERRE SD 57532-0400

Telephone # (605) 223-2575 FAX # (605) 223-2636

Federal Taxpayer I 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.

[X] 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:

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for 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 8-27-02

By Mark D. Hanson (Signature)

Its President (Title)

STATE OF South Dakota COUNTY OF Hughes ss

On this the 27th day of August 2002, before me, Susan Kay Thorson personally appeared Mark D. Hanson, 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 SUSAN KAY THORSON My Commission Expires (Notary Seal) 30, 2004

Susan Kay Thorson Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077 PHONE: 605-773-4845 FAX (605) 773-4550 www.state.sd.us/sos/sos.htm

SOS CRP 11/01

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
805-773-4845

**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) \_\_\_\_\_

223 1564 10/21/2003

# 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 9-9-03  
**RECEIVED** 12/4/06  
AUG 15 '03

S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:



\*DB-018951\*  
DB-018951 AUG/2002  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
SALE BARN ROAD  
FT. PIERRE SD 57532-0400

Telephone # 605-223-2575  
FAX # 605-223-2635

Federal Taxp:  
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

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 8-14-03

By Mark Dennis Hanson  
(Signature)  
Its Pres.  
(Title)

STATE OF South Dakota  
COUNTY OF Hughes ss

On this the 14th day of August, 2003, before me, Charles M. Thompson, personally appeared Mark Dennis Hanson, 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 October 10, 2007

Charles M. Thompson  
Notary Public

(Notarial Seal)

**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) \_\_\_\_\_



**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) \_\_\_\_\_

241 1219 09/15/2005

# 2005

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 09/14/05  
**RECEIVED** RECEIPT NO. 1474832  
 SEP 14 '05 RECEIVED  
 S.D. SEC. OF STATE AUG 12 '05  
 S.D. SEC. OF STATE

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



\*DB018951\*  
 DB018951 AUG/2004  
 FORT PIERRE LIVESTOCK AUCTION, INC.  
 HANSON, MARK DENNIS  
 PO BOX 400  
 SALE BARN ROAD  
 FT. PIERRE SD 57532-0400

Telephone # 605-223-2576  
 FAX # 605-223-2635

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 802 Salebarn Rd Ft. Pierre SD 57532

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Mark D. Hanson</u>	<u>President</u>	<u>2810 Duhes Drive</u>	<u>Ft. Pierre</u>	<u>SD</u>	<u>57532</u>
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

4. Provide a brief description of the nature of the business Livestock Auction

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	CLASS	SERIES
<u>500,000</u>		

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
<u>60,000</u>		

The statement may be signed by any authorized officer of the Corporation.  
 Dated 8-11-05

Mark D. Hanson  
 Signature

Mark D. Hanson  
 Printed Name

Pres.  
 Title

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)

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 08/01/06
RECEIPT NO 1575116
RECEIVED
JUL 18 '06
S.D. SEC. of STATE

251 1544

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



DB018951 AUG/2005
FORT PIERRE LIVESTOCK AUCTION, INC.
HANSON, MARK DENNIS
PO BOX 400
SALE BARN ROAD
FT. PIERRE SD 57532-0400

Telephone # 605-223-2576
FAX # 605-223-2635

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.

[X] 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

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for 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.

4. Provide a brief description of the nature of the business

Table with 3 columns: NUMBER OF AUTHORIZED SHARES, CLASS, SERIES

Table with 3 columns: NUMBER OF ISSUED SHARES, CLASS, SERIES

The statement may be signed by any authorized officer of the Corporation. Dated 7-13-06 Signature Mark D Hanson

Printed Name MARK D HANSON

Title President

**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)



**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)

280 0703 09/10/2008

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 08/27/08  
RECEIPT NO 1828900  
**RECEIVED**  
AUG 07 2008  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



\* DB018951 \*  
DB018951 AUG/2007  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
SALE BARN ROAD  
FT. PIERRE SD 57532-0400

**RECEIVED**  
AUG 27 2008

S.D. SEC. OF STATE

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: 802 Salebarn Road, Ft. Pierre, SD 57532-0400  
Mailing Address (Optional): Box 400, Ft. Pierre, SD 57532-0400

3. The name of the South Dakota Registered Agent

MARK D HANSON  
Street Address (Required to be a South Dakota Address): ~~Salebarn Rd 1013~~ Ft. Pierre, SD 57502  
Mailing Address (Optional - Required to be a South Dakota Address): Box 400, Ft. Pierre, SD 57532-0400

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.

- Mark D Hanson, 1013 Fairway Dr, Pierre, SD 57502 (President)
- (Vice President)
- (Secretary)
- (Treasurer)
- (Director)
- (Director)

Dated \_\_\_\_\_

*Mark D Hanson*  
(Signature of an authorized officer)  
Mark D. Hanson  
(Printed Name)  
Pres.  
(Title)

## 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)

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 09/16/09
RECEIPT NO 1949575
RECEIVED
SEP 16 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB018951 AUG/2008
FORT PIERRE LIVESTOCK AUCTION, INC.
HANSON, MARK DENNIS
PO BOX 400
FT. PIERRE SD 57532-0400

Telephone # 605-223-2576
FAX # 605-223-2635
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.

802 Salebarn Rd Ft. Pierre SD 57532
Street Address City State ZIP+4
Box 400 Ft. Pierre SD 57532
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent MARK Dennis Hanson

802 Salebarn Rd Ft. Pierre SD 57532
Street Address (Required to be a South Dakota Address) City State ZIP+4
Box 400 Ft. Pierre SD 57532
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.

- President: Mark Dennis Hanson, 802 Salebarn Rd, Ft. Pierre, SD 57532
Vice President
Secretary
Treasurer
Director

Dated 9-15-09

Signature of Mark D. Hanson
(Printed Name) Mark D. Hanson
(Title) President

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 9/22/10
RECEIPT NO
RECEIVED
SEP 14 2010
SEP 22 2010
S.D. SEC. OF STATE
S.D. SEC. OF STATE
2010175

1. Corporate Name, Registered Agent Name and Address:



\*DB018951\*
DB018951 AUG/2009
FORT PIERRE LIVESTOCK AUCTION, INC.
HANSON, MARK DENNIS
PO BOX 400
FORT PIERRE SD 57532-0400

Telephone # 605-223-2516
FAX # 605-223-2635
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.

802 Salebarn Road Ft. Pierre SD 57532
Street Address City State ZIP+4
Box 400 Ft. Pierre SD 57532
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent

Mark Dennis Hanson
Salebarn Rd Ft. Pierre SD 57532
Street Address (Required to be a South Dakota Address) City State ZIP+4
Box 400 Ft. Pierre SD 57532
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

- President: Mark Dennis Hanson, 802 Salebarn Rd, Ft. Pierre, SD 57532
Vice President
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 9-13-10

Signature of an Authorized Person
Mark D Hanson Pres
(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)

323 1183  
323 1183 07/28/2011

2011

# 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

1. Corporate Name, Registered Agent Name and Address:



DB018951  
FORT PIERRE LIVESTOCK AUCTION, INC.  
HANSON, MARK DENNIS  
PO BOX 400  
FORT PIERRE SD 57532-0400

FILE DATE 7/25/11  
RECEIPT NO 2170971  
**RECEIVED**  
**JUL 25 2011**  
S.D. SEC. OF STATE

Telephone # 605-223-2576

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.

802 Salebarn Road H. Pierre SD 57532  
Street Address City State ZIP+4  
Box 400 H. Pierre SD 57532  
Mailing Address City State ZIP+4  
Email Address \_\_\_\_\_

4. The name of the South Dakota Registered Agent Mark Dennis Hanson

802 Salebarn Road H. Pierre SD 57532  
Street Address or Rural Route Box Number in This State and City State ZIP+4  
Box 400 802 Salebarn Road H. Pierre SD 57532  
Mailing Address in This State, if Different from Street Address City State ZIP+4  
Email Address \_\_\_\_\_

5. The names and 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.

- MARK DENNIS HANSON 802 Salebarn Rd H. Pierre SD 57532  
President Street Address City State ZIP+4
- \_\_\_\_\_  
Vice President Street Address City State ZIP+4
- \_\_\_\_\_  
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 respect. Any violation is subject to a civil penalty.

Dated 7-25-2011

\_\_\_\_\_  
(Signature of an Authorized Person)

Email \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

# 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 \_\_\_\_\_  
(Old Registered Agent)

The name of the successor registered agent \_\_\_\_\_  
(New 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 (Old Registered Agent Address)

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

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

5. If the address has changed, list the new registered agent 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
---	------	-------	-------

Email Address \_\_\_\_\_

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)

Email \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

323 1183 07/28/2011

2011

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 7/25/11
RECEIPT NO 2170971
RECEIVED
JUL 25 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB018951
FORT PIERRE LIVESTOCK AUCTION, INC.
HANSON, MARK DENNIS
PO BOX 400
FORT PIERRE SD 57532-0400

Telephone # 605-223-2576

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.

802 Salebarn Road Ft. Pierre SD 57532
Street Address City State ZIP+4
Box 400 Ft. Pierre SD 57532
Mailing Address City State ZIP+4
Email Address

4. The name of the South Dakota Registered Agent

MARK DENNIS HANSON
802 Salebarn Road Ft. Pierre SD 57532
Street Address or Rural Route Box Number in This State and City State ZIP+4
Box 400 802 Salebarn Road Ft. Pierre SD 57532
Mailing Address in This State, if Different from Street Address City State ZIP+4
Email Address

5. The names and 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.

[X] MARK DENNIS HANSON 802 Salebarn Rd Ft. Pierre SD 57532
President Street Address City State ZIP+4
[ ] Vice President Street Address City State ZIP+4
[ ] 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 respect. Any violation is subject to a civil penalty.

Dated 7-25-2011

(Signature of an Authorized Person)

Email

(Printed Name)

# 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 \_\_\_\_\_  
(Old Registered Agent)

The name of the successor registered agent \_\_\_\_\_  
(New 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 (Old Registered Agent Address)

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

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

5. If the address has changed, list the new registered agent 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
---	------	-------	-------

Email Address \_\_\_\_\_

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)

Email \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

2012

Enter Filing Year

## ANNUAL REPORT

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

FILE 8/10/2012

RECEIPT NO 56375

## 1. Corporate ID and Name:

DB018951  
FORT PIERRE LIVESTOCK AUCTION, INC.  
802 SALEBARN ROAD  
FT PIERRE, SD 57532

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

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

802 SALEBARN ROAD	FT PIERRE	SD	57532
Street Address	City	State	ZIP+4
PO BOX 400	FORT PIERRE	SD	57532-0400
Mailing Address	City	State	ZIP+4

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

Agent Name: MARK DENNIS HANSON

802 SALEBARN ROAD	FT. PIERRE	SD	57532-0400
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 400	FORT PIERRE	SD	57532-0400
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.

<input checked="" type="checkbox"/>	MARK D HANSON	802 SALEBARN RD	FT PIERRE	SD	57532
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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 08/10/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

MARK D HANSON

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 8/13/2013

RECEIPT NO 134416

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:

DB018951
FORT PIERRE LIVESTOCK AUCTION, INC.
802 SALEBARN ROAD
FT PIERRE, SD 57532

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

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

802 SALEBARN ROAD FT PIERRE SD 57532
Street Address City State ZIP+4
PO BOX 400 FORT PIERRE SD 57532-0400
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MARK DENNIS HANSON
802 SALEBARN ROAD FT. PIERRE SD 57532-0400
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 400 FORT PIERRE SD 57532-0400
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.

Table with 5 columns: Name, Street Address, City, State, ZIP+4. Includes entries for President (MARK D HANSON), Vice President, Secretary, Treasurer, and Director.

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 08/13/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
MARK D HANSON
(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 8/19/2014

RECEIPT NO 225252

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:

DB018951
FORT PIERRE LIVESTOCK AUCTION, INC.
802 SALEBARN ROAD
FT PIERRE, SD 57532

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

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

802 SALEBARN ROAD FT PIERRE SD 57532
Street Address City State ZIP+4
PO BOX 400 FORT PIERRE SD 57532-0400
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MARK DENNIS HANSON
802 SALEBARN ROAD FT. PIERRE SD 57532-0400
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 400 FORT PIERRE SD 57532-0400
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] MARK D HANSON 802 SALEBARN RD FT PIERRE SD 57532
President Street Address City State ZIP+4
[ ] Vice President Street Address City State ZIP+4
[ ] 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 08/19/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
MARK D HANSON
(Printed Name)

2015

ANNUAL REPORT

FILE DATE 9/28/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 336984

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

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB018951

FORT PIERRE LIVESTOCK AUCTION, INC.

Telephone #

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

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

802 SALEBARN ROAD FT PIERRE SD 57532
Actual Street Address or Rural Route Box Number City State ZIP+4
PO BOX 400 FORT PIERRE SD 57532-0400
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: MARK DENNIS HANSON

802 SALEBARN ROAD FT. PIERRE SD 57532-0400
Actual Street Address or Rural Route Box Number in This State City State ZIP+4
PO BOX 400 FORT PIERRE SD 57532-0400
Mailing Address in This State, if Different from Street Address City State ZIP+4
Email Address (Optional)

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] MARK D HANSON 802 SALEBARN RD FT PIERRE SD 57532
President Actual Street Address City State ZIP+4

[ ] Vice President Actual Street Address City State ZIP+4

[ ] 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

Email \_\_\_\_\_  
(Optional)

Signature Accepted Electronically \_\_\_\_\_

(Signature of an Authorized Person)

**SHERRI D REITZ** \_\_\_\_\_

(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.

9/28/2015 2:42:42 PM

2016

ANNUAL REPORT

FILE DATE 8/23/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 448977

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

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB018951

Enter Corporate ID

FORT PIERRE LIVESTOCK AUCTION, INC.

Enter Corporate Name

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

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

802 SALEBARN ROAD FT PIERRE SD 57532
Actual Street Address or Rural Route Box Number City State ZIP+4
PO BOX 400 FORT PIERRE SD 57532-0400
Mailing Address, if Different from Street Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MARK DENNIS HANSON

802 SALEBARN ROAD FT. PIERRE SD 57532-0400
Actual Street Address or Rural Route Box Number in This State City State ZIP+4
PO BOX 400 FORT PIERRE SD 57532-0400
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] MARK D HANSON 802 SALEBARN RD FT PIERRE SD 57532
President Actual Street Address City State ZIP+4

[ ] Vice President Actual Street Address City State ZIP+4

[ ] 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 (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

**MARK D HANSON**

(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.

8/23/2016 3:20:48 PM