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Filed for 1971
June 1986
Box of

96072760853

Robert J. [Signature]
STATE OF SOUTH DAKOTA

ARTICLES OF INCORPORATION
OF
HOW C-STORE, INC.

RECEIVED
JUN 19 1996
S.D. SEC. OF STATE

the undersigned, natural persons of the age of
eighteen (18) years or more, acting as incorporators under the
South Dakota Business Corporation Act, adopt the following Articles
of Incorporation for such corporation.

I

The name of the Corporation is HOW C-STORE, INC.

II

The period of its duration is perpetual.

III

The purpose or purposes for which the corporation is
organized are:

(1) To carry on a general mercantile or merchandise
business and to purchase, sell, and deal in goods, supplies, and
merchandise as are or may be sold in a general store.

(2) To conduct the business of a service station, which
business shall include dealing in gasoline and all other petroleum
products, all kinds of oils and products used for motor fuel or
lubrication, all manner of accessories and appliances to be used on
motor vehicles of every description, and other articles and items
useful to or desirable for patrons of such a service station; the
washing, polishing, and storing of motor vehicles, and such other
business as is usual, proper, and necessary in such enterprise.

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(3) To merchandise, sell, offer for sale, and distribute at wholesale and retail, foods and foodstuffs of all kinds and descriptions, whether in bulk, package, bottle, or can, including beverages of all kinds and for all purposes, and to generally deal in groceries and grocery products.

(4) To establish, purchase, lease as lessee, or otherwise acquire, own, operate, and maintain, sell, mortgage, deed in trust, lease as lessor, and otherwise dispose of retail stores or departments therein; to buy, sell, trade, manufacture, deal in and with goods, wares, and merchandise of every kind and nature, and to carry on such business as wholesalers, retailers, importers, and exporters; to acquire all such merchandise, supplies, materials, and other articles as shall be necessary or incidental to such business; and to have any and all powers to carry out the purposes above set forth as fully as natural persons, whether as principals, agents, trustees, or otherwise.

(5) To engage in the business of establishing, maintaining, and operating coin-operated, self-service, laundry and dry cleaning facilities in all of its phases, including, without being limited to, the buying, selling, leasing, renting, maintaining, using, operating, installing, and distributing of all materials, equipment, and personal property appurtenant or incident to and useful in laundering and drying cleaning businesses, together with the rights incident thereto of establishing and maintaining such equipment upon public or private property; and to purchase, own, hold, convey, and otherwise use and enjoy real and

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personal property of all kinds for the operation of the aforesaid business, and in connection therewith, to acquire, construct, maintain, and operate buildings and equipment deemed necessary or convenient in connection therewith.

(6) To incur obligations and debts and borrow money, either upon or without security, from any person, firm or corporation, for any purpose or object in or about its business or affairs or purposes, without limitation as to amount, and to cause the payment of money and of debts in any lawful manner, including, but not limited to, the issuance and sale or other disposition of bonds, obligations, negotiable and transferable instruments and evidence of indebtedness of all kinds whether secured by hypothecation of property or otherwise; to mortgage, pledge, make deeds of trust, create lien upon or otherwise alienate or hypothecate any or all of the real estate and personal property and things of value of the corporation as security for the payment of debts.

(7) To organize or cause to be organized under the laws of any state, district, territory, province or government, a corporation or corporations for the purpose of accomplishing any or all of the objects for which this corporation is organized and to dissolve, wind up, liquidate, merge or consolidate any such corporation or corporations or to cause the same to be dissolved, wound up, liquidated, merged or consolidated; to subscribe or to cause to be subscribed for and to purchase or otherwise acquire, hold, sell, assign, transfer, mortgage, pledge, exchange,

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distributed, and otherwise dispose of, the whole or any part of the shares of the capital stock, bonds, coupons, preferred stock, mortgages, deeds of trust, debentures, securities, obligations, evidences of indebtedness, notes, good will, rights, assets, and property of any and every kind, or any part thereof, of any other corporation or corporations, or associations, including but not limited to banking corporations now or hereafter existing, and whether or not created by the laws of the State of South Dakota; to operate, manage and control such properties, or any of them, either in the name of such corporation or corporations, or in the name of this corporation, and while owner of any of said shares of capital stock to exercise all the rights, powers and privileges of ownership of every kind and description, including the right to vote thereon with power to designate some persons for that purpose from time to time to the same extent as natural persons might or could do; to purchase, hold, acquire, sell, exchange, transfer, pledge, hypothecate or otherwise deal in shares of this corporation's own capital stock, bonds or other obligations from time to time to such an extent and in such manner and upon such terms as its Board of Directors shall determine at the delegation of such power to the Board of Directors by the shareholders.

(8) To issue capital stock of this corporation in payment for real or personal property, services actually performed for the corporation, or any other right, or thing of value, for the uses and purposes of the corporation, and when so issued such stock shall become and be fully paid, and the same as though paid for in

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cash at par and the Directors shall be the sole judges of the value of any property, services, rights or things acquired in exchange for capital stock.

(9) Without limitation or restriction either by or upon the foregoing specified powers and purposes, to own, buy, hold, acquire by conveyance, instruments of transfer, contract, lease, royalty arrangement, license, permit, option, franchise, grant, assignment, gift, devise, bequeath, or otherwise, by any lawful means any real or personal property or thing of value of any character, and to sell, convey, use, operate, trade, rent, pledge, mortgage, transfer, hypothecate, alienate, or dispose of the same, and to build, construct, install, erect and operate buildings, structures, terminals, garages, stations, stores, warehouses, improvements, and facilities, equipment and appliances, machinery and installations of any kind, to further the purposes of this corporation and as may be incidental, necessary or convenient in connection with its business, or to carry on any other business which may seem to this corporation capable of being conveniently carried on in connection with its business or calculated directly or indirectly to enhance the value of, or render possible any of the corporation's property or rights.

(10) To do each and every thing necessary, suitable, or proper for the accomplishment of any of the purposes or the attainment of any one or more of the objects herein enumerated, or which shall at any time be conducive to or expedient for the protection or benefit of this corporation. The purposes specified

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

IV

The amount of the total authorized capital stock of this corporation is five thousand (5,000) shares of common stock without nominal or par value, and which shall be all of the same class. Such stock may be issued from time to time without action by the Stockholders, for such consideration as may be fixed from time to time by the Board of Directors, and shares so issued, the full consideration for which has been paid or delivered, shall be deemed full paid stock and the holder of such shares shall not be liable for any further payment thereon.

V

The corporation will not commence business until there has been received for the issuance of shares consideration of the value of at least One Thousand Dollars (\$1,000).

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VI

The address of the initial registered office of the corporation is 510 E. Harney Peak Avenue, Hill City, South Dakota, and the name of the initial registered agent at such address is R. Victor Alexander who has consented to serve as registered agent as shown on the attached consent form.

VII

The number of Directors constituting the initial Board of Directors of the corporation is two (2), and the names and addresses of the persons who are to serve as Directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

<u>NAME</u>	<u>ADDRESS</u>
R. Victor Alexander	Box 184 Hill City, SD 57745
Sherryl A. Alexander	Box 184 Hill City, SD 57745

The number of Directors may hereafter be fixed by the Bylaws; however, in no event shall said number be less than one (1).

VIII

The name and address of each incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
R. Victor Alexander	Box 184 Hill City, SD 57745
Sherryl A. Alexander	Box 184 Hill City, SD 57745

2025

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IX

No shareholder shall be liable for the debts of the corporation in any amount greater than the amount remaining unpaid on the capital stock for which he/she has subscribed.

X

Without derogation from any other power to purchase shares of the corporation as permitted by law, the corporation by action of the Board of Directors may purchase outstanding shares to the extent of unreserved and unrestricted capital surplus available therefore.

IN TESTIMONY WHEREOF, we have hereunto set our hands and seals this 18th day of June, 1996.


R. Victor Alexander


Sherryl A. Alexander

STATE OF SOUTH DAKOTA)
) SS.
COUNTY OF PENNINGTON)

BE IT REMEMBERED, that on the 18th day of June, 1996, before me, the undersigned officer, a Notary Public, within and for the said County and State, personally appeared the above-named, R. VICTOR ALEXANDER and SHERRYL A. ALEXANDER, known to me to be the same persons described in and who executed the within and foregoing instrument and they duly acknowledged to me that they executed the same for the purposes therein contained.

96072760853

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at said County the day and year last above written.

Delana King

Notary Public

(SEAL) My Commission Expires: 1-31-2004

STATE OF SOUTH DAKOTA)
) SS.
COUNTY OF PENNINGTON)

R. VICTOR ALEXANDER and SHERRYL A. ALEXANDER, each for him/herself, deposes and says: That he/she is one of the persons described in and who signed the foregoing Articles of Incorporation therein; that he/she has read said Articles and knows the contents thereof; that the incorporators intend in good faith to form a corporation for the purpose of a promotion of a lawful business as set forth in said Articles and not for the purpose of enabling any corporation or corporations to avoid the provisions of Chapter 13.18 South Dakota Code of 1939, being SDCL 1967 37-1, relating to and laws amendatory thereto.

R. Victor Alexander

R. Victor Alexander

Sherryl A. Alexander

Sherryl A. Alexander

7277009

96072760853
7/10/96

SUBSCRIBED AND SWORN to before me this 18th day of

June, 1996.

Delana Gay
Notary Public

(SEAL)

My Commission Expires: 1-31-2004

71110000

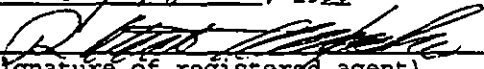
96072760253

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, R. Victor Alexander, hereby give my consent
(name of registered agent)

to serve as registered agent for _____
(corporate name)
HOW C-Store, Inc.

Dated 6/18, 1996


(signature of registered agent)

Receipt No.: 449915

96072760853
7/10/96

File Number: DB037355

ART OF INC

For

HOW C-STORE, INC.

File at the request of:

COSTELLO PORTER HILL ET AL
KENNETH HEISTERKAMP
PO BOX 290
RAPID CITY SD 57709

STATE OF SOUTH DAKOTA

SS.

OFFICE OF THE SECRETARY OF STATE

Filed in the office of Secretary of State on

Date June 19, 1996

Joyce Hazeltine
Secretary of State

Fee Recieved \$80 5,000 @ NO PAR

SOS CRP 491 10/93

DN011001-10011

1997

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 7-3-97
RECEIPT NO. 63872E

RECEIVED

JUL 03 1997

S.D. SEC. OF STATE
605-574-9000

1. Corporate Name, Registered Agent and Registered Address:

DB-037355
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARNEY PEAK AVE
HILL CITY, SD 57745

JUN/00

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 Conventional Store - retail

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP - 4
<u>Vic Alexander</u>	President	<u>PO Box 184</u>	<u>Hill City</u>	<u>SD</u>	<u>57745-0184</u>
<u>Vic Alexander</u>	Vice President	"	"	"	"
<u>Sherryl Alexander</u>	Secretary	<u>PO Box 184</u>	<u>Hill City</u>	<u>SD</u>	<u>57745-0184</u>
<u>Sherryl Alexander</u>	Treasurer	"	"	"	"

SD law requires at least one director.

Do the above listed officers serve also as directors? YES X 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
5,000 NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES
1,000

6. The amount of its stated capital is \$ 100,000 (Money received for issued shares)

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

Dated 7-1 19 97

By Sherryl Alexander
(Signature)
Its Sec - Treas
(Title)

STATE OF South Dakota
COUNTY OF Pennington **

I, Janet R. Greer, a notary public, do hereby certify that on this 1st day of July 1997,

personally appeared before me Sherryl Alexander who, being by me first duly sworn, declared that he/she is the Sec - Treas of HOW C-Store, Inc.

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

My Commission Expires 5-15-2000

Janet R. Greer
Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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.

- The name of the corporation is How C-Store, Inc
- The previous street address, or a statement that there is no street address, of its registered office mail will not be delivered to a street address in Hill City.
- 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. PO Box 184
Hill City SD ZIP + 4 57745-0184
- The name of its previous registered agent is R. Victor Alexander
- The name of its successor registered agent is R. Victor Alexander
* The Consent of Registered Agent below must be completed by the new agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- 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 7-1 19 97

Sherryl Alexander
(signature)
Sec - Treas
(title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Janet R. Greer, a notary public, do hereby certify that on this 1st day of July 1997, personally appeared before me Sherryl Alexander who, being by me first duly sworn, declared that he/she is the Sec. Treas of How C-Store, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 5-15-2000

Janet R. Greer
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)

1998

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
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 7-24-98
RECEIPT NO. 726466

RECEIVED
JUL 20 1998

S.D. SEC. OF STATE
574-9001

1. Corporate Name, Registered Agent and Registered Address:

DB-037355 JUN/97
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARNEY PEAK AVE
PO BOX 184
HILL CITY, SD 57745-0184

Telephone # _____
FAX # 605-574-9049
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 address, 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 July 23 1998

By Sheryl Alexander
(Signature)
its Sec. - Treas.
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Just R. Greer, a notary public, do hereby certify that on this 23rd day of July 1998, personally appeared before me Sheryl Alexander who, being by me first duly sworn, declared that he/she is the Sec./Treas. of How C-Store, Inc.

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

My Commission Expires 5-15-2000

Just R. Greer
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-5070
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)

1999

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 11-18-99
RECEIPT NO. 41021
RECEIVED
JUL 08 1999
S.D. SEC. OF STATE

9908198.1047
8117109

1. Corporate Name, Registered Agent and Registered Address:

DB-037355 JUN/98
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARVEY PEAK AVE
PO BOX 184
HILL CITY, SD 57745-0184

Telephone # 605-574-4297-office
FAX # 605-574-9049
Federal Taxpayer IC
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 7-6 1999 By Sherril Alexander
(Signature)
Its Sec-Treasurer
(Title)

STATE OF South Dakota ss
COUNTY OF Pennington

I, Luvia McLaughlin, a notary public, do hereby certify that on this 6th day of July 1999, personally appeared before me Sherril Alexander who, being by me first duly sworn, declared that she is the Sec-Treasurer of HOW C-Store, INC. the corporation

named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 1-31-2002 Luvia McLaughlin
Notary Public

(Notarial Seal)

SOS CRP 6/98

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 _____ 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

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 7-17-00
RECEIPT NO. 897569

RECEIVED

JUL 17 2000

S.D. SEC. OF STATE - STOVE
605-574-4297
605-574-4297
605-574-4297

1. Corporate Name, Registered Agent and Registered Address:

DB-037355 JUN/1999
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARNEY PEAK AVE
PO BOX 184
HILL CITY SD 57745-0184

Telephone # _____
FAX # 605-574-4297
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 7-14-00

By Sherryl A. Alexander
(Signature)

Its Sec - Treas
(Title)

STATE OF South Dakota
COUNTY OF Pennings ss

On this the 14th day of July, 2000, before me, Neil W. Holzwarth
personally appeared Sherryl A. Alexander, known to me, or proved to me,
to be the Secretary / Treasurer 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 December 1, 2002

(Notarial Seal)

NEIL W. HOLZWARTH
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

SOS CRP 11/99

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

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

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

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

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

ANN. 500-001

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 7-2-01
RECEIPT NO. 015744

RECEIVED
JUL 02 2001
S.D. SEC. OF STATE

0107209.2730
7716701

1. Corporate Name, Registered Agent and Registered Address:

DB-037355 JUN/2000
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARNEY PEAK AVE
PO BOX 184
HILL CITY SD 57745-0184

Telephone # 605-574-4297
FAX # 605-574-0110

Federal Taxpayer IC
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 6-29-01

By Sherryl Alexander
(Signature)

Its Sec - Treas.
(Title)

STATE OF State of South Dakota
COUNTY OF Pennington ss

On this the 29th day of June 2001 before me, Dwight Woodell
personally appeared Sherryl Alexander, known to me, or proved to me,

to be the Secretary - Treasurer 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 July 9, 2002

Dwight Woodell
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: \$10 In addition to annual report fee

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

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(signature)

2002

ANNUAL REPORT

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 7-1-02
RECEIPT NO. 14902
RECEIVED
JUL 1 2002

1. Corporate Name, Registered Agent and Registered Address:

DB-037355 JUN/2001
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARNEY PEAK AVE
PO BOX 184
HILL CITY SD 57745-0184

Telephone # 605-574-2629
FAX # 605-610-0110
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.

[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

Table with 7 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. 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 10-28-02 By Sherryl Alexander (Signature) Sec-Treasurer (Title)

STATE OF South Dakota COUNTY OF Pennington ss

On this the 20th day of June 2002, before me, Alice M. Kelley personally appeared Sherryl Alexander, known to me, or proved to me, to be the Secretary - Treasurer 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 10-2-07 Alice M. Kelley 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

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) _____

2003

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

0307222 0383 71-7-03

FILE DATE RECEIVED 6/30/03 RECEIPT NO. 1225738 JUN 30 03 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB-037355 JUN/2002 HOW C-STORE, INC. ALEXANDER, R. VICTOR 510 E HARNEY PEAK AVE PO BOX 184 HILL CITY SD 57745-0184

Telephone # 605-574-9001 FAX # 605-574-0110 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.

[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

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.

Table with 4 columns: 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 6/27/03 By Sherryl Alexander (Signature) Its Sec-Treas (Title)

STATE OF South Dakota COUNTY OF Pennington On this the 27th day of June 2003, before me, Alice Kelley personally appeared Sherryl Alexander, known to me, or proved to me, to be the Sec-Treas 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 10-2-07 Notary Public Alice M. Kelley

SECRETARY OF STATE
STATE CAPITOL
800 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)

**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.

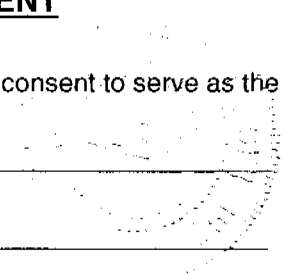
My Commission Expires _____

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)

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED

FILE DATE 7/10/06
RECEIPT NO. 573070

RECEIVED

JUL 10 '06

JUN 29 '06

S.D. SEC. OF STATE

S.D. SEC. OF STATE

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



* D B 0 3 7 3 5 5 *
DB037355 JUN/2005
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARNEY PEAK AVE
PO BOX 184
HILL CITY SD 57745-0184

Telephone # 605-574-9001

FAX # 605-574-9049

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 480 E. main, Po Box 184, Hill City, SD 57745

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>R. Victor Alexander</u>	<u>President</u>	<u>23940 Palmer Gulch Rd</u>	<u>Hill City</u>	<u>SD</u>	<u>57745-0184</u>
	<u>Vice President</u>				
<u>Sherryl A Alexander</u>	<u>Secretary</u>	<u>Same</u>			
	<u>Treasurer</u>				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____

Director _____

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>5000</u>		

6. NUMBER OF ISSUED SHARES

1000

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

Dated 6/28/06

Sherryl Alexander
Signature

Sherryl Alexander
Printed Name

Sec-Treas
Title

251 0469

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)

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

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



* DB037355 *
DB037355 JUN/2006
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARNEY PEAK AVE
PO BOX 184
HILL CITY SD 57745-0184

FILE DATE 06/26/07
RECEIPT NO. 1691274

RECEIVED

JUN 26 2007

S.D. SEC. OF STATE

Telephone # 605-574-4297
FAX # 605-574-9049

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 _____

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

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES

NUMBER OF ISSUED SHARES	CLASS	SERIES

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

Dated 6/25/07 _____

Sherryl Alexander
Signature

Sherryl Alexander
Printed Name

Sec Treas.
Title

264 1055

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

File Date _____

Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

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

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

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

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

2008

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 6/30/08
RECEIPT NO 1810709
RECEIVED
JUN 30 2008
S.D. SEC. OF STATE

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



DB037355 JUN/2007
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARNEY PEAK AVE
PO BOX 184
HILL CITY SD 57745-0184

Telephone # 605-574-9001
FAX # 605-574-9049

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

ATTENTION - FILING INSTRUCTIONS

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

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

2. The address of the principal office

3. The names and business addresses of its directors and principal officers:
NAME OFFICE STREET ADDRESS CITY STATE ZIP+4
President
Vice President
Secretary
Treasurer

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

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

5. The total number of authorized shares, itemized by class and series, if any, within each class:
NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 6/25/08

Sherryl Alexander
Signature

Sherryl Alexander
Printed Name

Sec-Treasurer
Title

**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)

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: \$30 Make check payable to SECRETARY OF STATE

RECEIVED stamp with FILE DATE 07/16/09, RECEIPT NO 1930310, JUN 24 2009, S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB037355 JUN/2008
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
510 E HARNEY PEAK AVE
PO BOX 184
HILL CITY SD 57745-0184

RECEIVED stamp with JUL 06 2009, S.D. SEC. OF STATE, JUL 16 2009, S.D. SEC. OF STATE

Stamp with Telephone # 605-574-4297, FAX # 605-574-9049, 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.

408 E main Street Hill City SD 57745-0184
Street Address City State ZIP+4
PO Box 184 Hill City SD 57745-0184
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

R. Victor Alexander
23940 Palmer Gulch Rd Hill City SD 57745-0184
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 184 Hill City SD 57745-0184
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.

Table with columns: Officer Name, Street Address, City, State, ZIP+4. Includes R. Victor Alexander (President) and Sherryl A. Alexander (Director).

Dated 6/22/09

Signature of Sherryl Alexander
(Printed Name) Sherryl Alexander
(Title) Sec-Treas

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 How C-Store, Inc

2. The name of the registered agent on file R. Victor Alexander

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

<u>510 E Harney Peak Ave</u>	<u>Hill City</u>	<u>SD</u>	<u>57745-0184</u>
Street Address (Required)	City	State	ZIP+4
<u>PO Box 184</u>	<u>Hill City</u>	<u>SD</u>	<u>57745-0184</u>
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

<u>23940 Palmer Gulch Rd</u>	<u>Hill City</u>	<u>SD</u>	<u>57745-0184</u>
(Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box 184</u>	<u>Hill City</u>	<u>SD</u>	<u>57745-0184</u>
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 6/22/09

Sherryl Alexander
(Signature of an authorized officer)

Sherryl Alexander
(Printed Name)

Sec - Treas
(Title)

2010

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

ANNUAL REPORT
DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 06/28/10
RECEIPT # **RECEIVED**
20103286
JUN 28 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



* DB037355 *
DB037355 JUN/2009
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
PO BOX 184
HILL CITY SD 57745-0184

Telephone # 605-574-4297
FAX # 605-574-9049
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.

408 E. Main Street Hill City SD 57745-0184
Street Address City State ZIP+4
PO Box 184 Hill City SD 57745-0184
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent R. Victor Alexander

23940 Palmer Gulch Rd Hill City SD 57745-0184
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 184 Hill City SD 57745-0184
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.

- R Victor Alexander 23940 Palmer Gulch Rd Hill City SD 57745-0184
President Street Address City State ZIP+4
- _____
Vice President Street Address City State ZIP+4
- Sherryl Alexander 23940 Palmer Gulch Rd Hill City SD 57745-0184
Secretary Street Address City State ZIP+4
- _____
Treasurer Street Address City State ZIP+4
- _____
Director Street Address City State ZIP+4
- _____
Director Street Address City State ZIP+4

Dated 6/25/10

Sherryl Alexander
(Signature of an authorized officer)
Sherryl Alexander
(Printed Name)
Sec - Treas
(Title)

307 2627

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)

321 3008 07/19/2011

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 6/27/11
RECEIPT NO 2166685
RECEIVED
JUN 27 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB037355 JUN/2010
HOW C-STORE, INC.
ALEXANDER, R. VICTOR
PO BOX 184
HILL CITY SD 57745-0184

Telephone # 605-574-4297

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.

408 E. Main Street Hill City SD 57745-0184
Street Address City State ZIP+4
PO Box 184 Hill City SD 57745-0184
Mailing Address City State ZIP+4
Email Address

4. The name of the South Dakota Registered Agent R. Victor Alexander

23940 Palmer Gulch Rd Hill City SD 57745-0184
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO Box 184 Hill City SD 57745-0184
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.

- President: R. Victor Alexander, 23940 Palmer Gulch Rd, Hill City, SD, 57745-0184
Vice President:
Secretary: Sherryl Alexander, 23940 Palmer Gulch Rd, Hill City, SD, 57745-0184
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 6/24/11
Signature of an Authorized Person: Sherryl Alexander
(Printed Name): Sherryl Alexander
Email

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 _____
(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 6/6/2012

RECEIPT NO 45859

1. Corporate ID and Name:

DB037355
HOW C-STORE, INC.
408 E MAIN STREET
HILL CITY, SD 57745

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

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

408 E MAIN STREET	HILL CITY	SD	57745
-------------------	-----------	----	-------

Street Address	City	State	ZIP+4
----------------	------	-------	-------

PO BOX 184	HILL CITY	SD	57745
------------	-----------	----	-------

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

4. The name of the South Dakota Registered Agent

Agent Name: R. VICTOR ALEXANDER

23940 PALMER GULCH RD	HILL CITY	SD	57745-6521
-----------------------	-----------	----	------------

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

PO BOX 184	HILL CITY	SD	57745-0184
------------	-----------	----	------------

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"/>	R. VICTOR ALEXANDER	23940 PALMER GULCH ROAD	HILL CITY	SD	57745
-------------------------------------	---------------------	-------------------------	-----------	----	-------

President	Street Address	City	State	ZIP+4
-----------	----------------	------	-------	-------

<input type="checkbox"/>					
Vice President	Street Address	City	State	ZIP+4	

<input checked="" type="checkbox"/>	SHERRYL A ALEXANDER	PO BOX 184	HILL CITY	SD	57745
-------------------------------------	---------------------	------------	-----------	----	-------

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 06/06/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

SHERRYL A ALEXANDER

(Printed Name)

2013

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 6/4/2013

RECEIPT NO 120761

1. Corporate ID and Name:

DB037355
HOW C-STORE, INC.
408 E MAIN STREET
HILL CITY, SD 57745

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

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

408 E MAIN STREET	HILL CITY	SD	57745
-------------------	-----------	----	-------

Street Address	City	State	ZIP+4
----------------	------	-------	-------

PO BOX 184	HILL CITY	SD	57745
------------	-----------	----	-------

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

4. The name of the South Dakota Registered Agent

Agent Name: R. VICTOR ALEXANDER

23940 PALMER GULCH RD	HILL CITY	SD	57745-6521
-----------------------	-----------	----	------------

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

PO BOX 184	HILL CITY	SD	57745-0184
------------	-----------	----	------------

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"/>	R. VICTOR ALEXANDER	23940 PALMER GULCH ROAD	HILL CITY	SD	57745
	President	Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	SHERRYL A ALEXANDER	PO BOX 184	HILL CITY	SD	57745
	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 06/04/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

SHERRYL A ALEXANDER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 8/20/2014

RECEIPT NO 225213

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:

DB037355
HOW C-STORE, INC.
408 E MAIN STREET
HILL CITY, SD 57745

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

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

408 E MAIN STREET HILL CITY SD 57745

Street Address City State ZIP+4

PO BOX 184 HILL CITY SD 57745

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: R. VICTOR ALEXANDER

23940 PALMER GULCH RD HILL CITY SD 57745-6521

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

PO BOX 184 HILL CITY SD 57745-0184

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.

R. VICTOR ALEXANDER 23940 PALMER GULCH ROAD HILL CITY SD 57745

President Street Address City State ZIP+4

Vice President 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

SHERRYL A ALEXANDER PO BOX 184 HILL CITY SD 57745

Secretary 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 08/20/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

SHERRYL ANN ALEXANDER

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 10/1/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 340098

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

Telephone #

1. Corporate ID and Name:

DB037355

HOW C-STORE, INC.

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

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

408 E MAIN STREET HILL CITY SD 57745
Actual Street Address or Rural Route Box Number City State ZIP+4
PO BOX 184 HILL CITY SD 57745
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: R. VICTOR ALEXANDER

23940 PALMER GULCH RD HILL CITY SD 57745-6521
Actual Street Address or Rural Route Box Number in This State City State ZIP+4
PO BOX 184 HILL CITY SD 57745-0184
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] R. VICTOR ALEXANDER PO BOX 184 HILL CITY SD 57745
President Actual Street Address City State ZIP+4

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

[X] SHERRYL A ALEXANDER PO BOX 184 HILL CITY SD 57745
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)

SHERRYL A ALEXANDER _____

(Printed Name)

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

10/1/2015 11:37:32 AM

2016

ANNUAL REPORT

FILE DATE 5/27/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 420804

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:

DB037355

Enter Corporate ID

HOW C-STORE, 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).

408 E MAIN STREET HILL CITY SD 57745

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

PO BOX 184 HILL CITY SD 57745

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

4. The name of the South Dakota Registered Agent

Agent Name: R. VICTOR ALEXANDER

23940 PALMER GULCH RD HILL CITY SD 57745-6521

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

PO BOX 184 HILL CITY SD 57745-0184

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] R. VICTOR ALEXANDER PO BOX 184 HILL CITY SD 57745
President Actual Street Address City State ZIP+4

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

[X] SHERRYL A ALEXANDER PO BOX 184 HILL CITY SD 57745
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)

SHERRYL A ALEXANDER

(Printed Name)

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

5/27/2016 10:38:13 AM