

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

1993 ANNUAL REPORT

FILE DATE: 9-17-93
RECEIPT NO. 377459

RECEIVED
SEP 17 1993
Secretary of State

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

1. Corporate Name, Registered Agent and Registered Address:

DB-013836 SEP/92
STAN'S FEED & GRAIN, INC.
KOPFMANN, STANLEY C.
PO BOX 96
ALPENA, SD 57312-0096
849-3252

Telephone # _____

FAX # _____

Federal Taxpayer I

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 September 16 19 93

By Michael Kopfmann
(Signature)
Its Vice-President
(Title)

STATE OF South Dakota
COUNTY OF Jerauld as

I, Cindy Peterson, a notary public, do hereby certify that on this 16 day of September 1993, personally appeared before me, Michael Kopfmann who, being by me first duly sworn, declared that he/she is the Vice-President of Stan's Feed & Grain, Inc.

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

My Commission Expires 10/19/94

Cindy Peterson
Notary Public

(Notarial Seal)

SOS CRP 410 10/89

SECRETARY OF STATE
STATE CAPITOL
600 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)

1994

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

9 4 0 9 1 7 4 3 0 1 5

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 9-15-94
RECEIPT NO. 412974

RECEIVED

SEP 15 1994

1. Corporate Name, Registered Agent and Registered Address:

DB-013836 SEP/93
STAN'S FEED & GRAIN, INC.
KOPFMANN, STANLEY C.
PO BOX 96
ALPENA, SD 57312-0096

Telephone # 605-849-3252
FAX # 605-849-3200

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 *****

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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 September 14 19 94

By Stan Kopfmann
(Signature)
his Pres
(Title)

STATE OF South Dakota
COUNTY OF Jerauld ss

I Cindy Peterson a notary public, do hereby certify that on this 14th day of September 19 94, personally appeared before me Stanley Kopfmann who, being by me first duly sworn, declared that he/she is the President of Stan's Feed & Grain, Inc

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

My Commission Expires 10/19/02

Cindy Peterson
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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

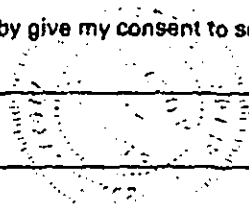
(Notarial Seal)

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)



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 9-1-95
RECEIPT NO. 1941 3800
RECEIVED
SEP 24 1995

1. Corporate Name, Registered Agent and Registered Address

DB-010806 SEP 94
STAN'S FEED & GRAIN, INC.
KOPFMANN, STANLEY C.
PO BOX 90
ALPENA, SD 57001-0090

S.D. SEC. OF STATE
Telephone # (605) 649-3250

FAX # (605) 949-3200

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

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
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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 8/22 19 95

By [Signature]
(Signature)

Its _____
(Title)

STATE OF South Dakota
COUNTY OF Jerrald ss

I, Jeff Kelsey, a notary public, do hereby certify that on this 22nd day of Aug 1995, personally appeared before me Stan Kopfmann who, being by me first duly sworn, declared that he/she is the President of Stan's Feed & Grain, Inc.

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

My Comm. Expiration Date 8/22/98
NOTARY PUBLIC
SOUTH DAKOTA

[Signature]
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 ANNUAL REPORT

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 9-16-96
RECEIPT NO. RECEIVED
569571
SEP 20 1996
SEC. OF STATE

1 Corporate Name, Registered Agent and Registered Address

DB-013836 SFP/95
STAN'S FEED & GRAIN, INC.
KOPFMANN, STANLEY C.
PO BOX 96
ALPENA, SD 57312-0096

Telephone # 605-849-3252
FAX # 605-849-3800 (3200)

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 CLASS ISSUED 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 9/9 19 96

By Stanley Kopfmann
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Jerrald SS

I, Jeff Kelsy, a notary public, do hereby certify that on this 9th day of September 19 96, personally appeared before me Stanley Kopfmann who, being by me first duly sworn, declared that he/she is the President of STAN'S FEED & GRAIN, INC.

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

My Commission Expires 12/31/98

Jeff Kelsy
Notary Public

(Notarial Seal)

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: \$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

9709284.0790
 9709284.0790
ANNUAL REPORT
 DOMESTIC
 PLEASE TYPE OR USE BLACK INK

FILE DATE 9-15-97
 RECEIPT NO. 658706
RECEIVED RECEIVED
 SEP 15 1997 SEP 10 1997
 S.D. SEC. OF STATE S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent and Registeren Address:

DB-013836 SEP/96
 STAN'S FEED & GRAIN, INC.
 KOPFMANN, STANLEY C.
 PO BOX 96
 ALPENA, SD 57312-0096

Telephone # 605-849-3252
 FAX # 605-849-3200
 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 offices, 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 9-8 1997
 By Stanley Koppmann
 (Signature)
 Its Pres
 (Title)

STATE OF South Dakota
 COUNTY OF DeWitt ss

I, Andi Dekramer, a notary public, do hereby certify that on this 8 day of Sept 1996
 personally appeared before me Stanley Koppmann who, being by me first duly sworn, declared that he/she is the
President of Stan's Feed & Grain, Inc
 that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true
 My Commission Expires 8/1/98
Andi Dekramer
 Notary Public

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4846

**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)

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 9-1-98
RECEIPT NO. 732062

RECEIVED
AUG 17 1998
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-013836	SEP/97
STAN'S FEED & GRAIN, INC.	
KOPFMANN, STANLEY C.	
PO BOX 96	
ALPENA, SD 57312-0096	

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 8/14 1998

By Stan Kopfmann
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF DeRiault ss

I, Shelley Orth a notary public, do hereby certify that on this 14th day of August 1998, personally appeared before me Stan Kopfmann who, being by me first duly sworn, declared that he/she is the President of Stan's Feed & Grain Inc.

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

My Commission Expires 4-26-2003

Shelley Orth
Notary Public

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-6070
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 _____ §8

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)

<u>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</u>	
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

991019 90080

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 9-1-99
RECEIPT NO. 823590
RECEIVED
AUG 24 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-013836 SEP/98
STAN'S FEED & GRAIN, INC.
KOPFMANN, STANLEY C.
PO BOX 36
ALPENA, SD 57312-0096

Telephone # 605-849-3353
FAX # (605) 849-3353
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 August 23, 1999

By Stan Kopfmann
(Signature)

Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Sioux Falls

I, Shelley Outh, a notary public, do hereby certify that on this 23rd day of August, 19 99, personally appeared before me Stanley Kopfmann who, being by me first duly sworn, declared that he/she is the President of Stan's Feed & Grain, 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 11-22-2003

Shelley Outh
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 _____ 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)

STATE OF SOUTH DAKOTA

10/19/99

10/19/99

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Amendment

I, **JOYCE HAZELTINE**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **STAN'S FEED & GRAIN CO., INC.** changing its name to **STAN'S, INC.** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this September 20, 1999.



Joyce Hazeltine
Secretary of State

21 1999 / K
20
Sept. 19 99
Stan Kopfmann
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION OF
STAN'S FEED & GRAIN CO., INC.

RECEIVED
0991029 0138
107197 99
SEP 20 1999

S.D. SEC. OF STATE

Stan Kopfmann, President of Stan's feed & Gain Co., Inc. hereby makes and adopts the following Articles of Amendment to the Articles of Incorporation:

I

The name of the corporation is STAN'S FEED & GRAIN CO., INC.

II

The amendment so adopted is as follows:

That the name of the corporation shall be changed from STAN'S FEED & GRAIN CO., INC. to STAN'S, INC..

III

That the date of the adoption of the amendment by the shareholders of the corporation was September 15, 1999.

IV

That the number of common shares of the corporation outstanding on September 15, 1999 was 300 shares, and all of said common shares of stock outstanding were entitled to vote upon said amendment.

V

That all 300 shares of common stock entitled to vote upon the amendment voted in favor of said amendment and there were no other shares of stock of the corporation issued and outstanding in any manner entitled to vote upon said resolution.

VI

That the officers of the corporation were specifically authorized to execute these Articles of Amendment and bind the corporation thereby and forward the same for filing to the Secretary of State of the State of South Dakota.

Dated this 16 day of September, 1999.

(Corporate Seal)

Stan Kopfmann
President

DUPLICATE ORIGINALS

012013936

100101-98

STATE OF SOUTH DAKOTA)
)ss.
COUNTY OF JERAULD)

9910297 0132
10/19/99

9910297 0138
10/19/99

On this, the 17th day of September, 1999, before me, the undersigned officer, personally appeared , who acknowledged to be the President of Stan's Feed & Grain Co., Inc., a corporation, and that as such President, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such President.

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

Shirley C. [Signature]
Notary Public, South Dakota
My Commission Expires: 11 Dec 2003

(Notarial Seal)

DUPLICATE ORIGINALS

9910297.0132
10/19/99

0991029.0138
10/19/99

Receipt Number: 823397
File Number DB013836

ARTICLES OF AMENDMENT

For

STAN'S FEED & GRAIN CO., INC. changing its name to STAN'S, INC.

Filed at the request of:

**SIEGEL BARNETT & SCHUTZ
RORY KING
PO BOX 498
ABERDEEN SD 57402**

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

Filed in the office of the Secretary of State on: **Monday, September 20, 1999**


Secretary of State

Fee Received \$20

2000

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

ANNUAL REPORT 2004.3429

DOMESTIC
PLEASE TYPE OR USE BLOCK LETTERS

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

FILE DATE 9-1-00
RECEIPT NO. 907667

RECEIVED

SEP 30 2000

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-013836 Sep-99
STAN'S, INC.
KOPFMANN, STANLEY C.
PO BOX 96

ALPENA SD 57312-0096

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 8-23-00

By Stan Kopfmann
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Jerauld ss

On this the 23 day of August 2000, before me, Brian E. Whitmore
personally appeared Stan Kopfmann, 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 12-13-05

Brian E. Whitmore
Notary Public

(Notarial 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) _____

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.

- The name of the corporation is Star's, Inc.
- The previous street address, or a statement that there is no street address, of its registered office _____
ZIP + 4 _____
- 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 _____
- The name of its previous registered agent is _____
- The name of its successor registered agent is * _____
*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 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)

2002-10-16 11:54

2002

ANNUAL REPORT 0210216.4517 RECEIVED 10/9/02

FILE DATE 9/29/02
RECEIPT NO. 11413/2
RECEIVED
SEP 17 '02

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE SEP 1 '02
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

DB-013836 SEP/2001
STAN'S, INC.
KOPFMANN, STANLEY C.
PO BOX 96
ALPENA SD 57312-0096

S.D. SEC. OF STATE
Telephone # 1-800-735-3004
FAX # 1-605-842-3000
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:

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 _____ By Stan Kopfmann (Signature) *
Its Pres. (Title)

STATE OF South Dakota ss
COUNTY OF Beadle

On this the 24th day of September, 2002, before me, Dean F. Toman personally appeared Stan Kopfmann, 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 March 22, 2003 Dean F. Toman Notary Public

(Notarial Seal)

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
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, _____, known to me, or proved to me, personally appeared _____, 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)

**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)

Receipt Number: 155/226

File Number **DB013836**



ARTICLES_OF_AMENDMENT

For

STAN'S, INC.

Filed at the request of:

**MORGAN THEELER WHEELER ET AL
DON E. PETERSEN
PO BOX 1025
MITCHELL SD 57301**

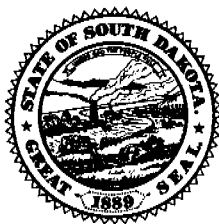
*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **May 01, 2006**

Secretary of State

Fee Received: \$50

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

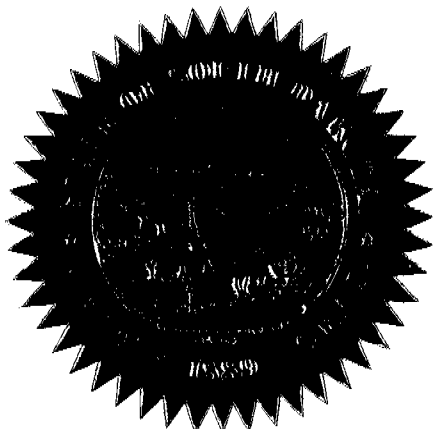
Certificate of Amendment

ORGANIZATIONAL ID #: DB013836

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **STAN'S, INC.** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this May 1, 2006.



Chris Nelson

Chris Nelson
Secretary of State

344 7120 05/08/2006



Secretary of State, Corporations Division
500 E. Capitol Avenue, Pierre SD 57501
Phone 605-773-4845, Fax 605-773-4550

FILED
MAY 1 2006
S.D. OFF. OF STATE

Amendment of Articles of Incorporation

FILING FEE: \$50

FILING INSTRUCTIONS:

1. Please list EXACT corporate name in number one.
2. Complete signature and title of the officer signing for the corporation.

An ORIGINAL and ONE EXACT COPY of the Articles of Amendment must be submitted.

1. The name of the corporation is Stan's, Inc.

Filed this 1st day of May 2006
Nelson
SECRETARY OF STATE

2. The following amendment of the Articles of Incorporation was adopted by the shareholders of the corporation on January 12, 2006, in the manner prescribed by the South Dakota Corporation Act;

OR

No shares have been issued and the following amendment was adopted by the Board of Directors on _____, 20____.

Article Seventh of the Articles of Incorporation of this corporation shall be amended in the following particulars: That the amount and number of shares of authorized stock of this corporation shall be 4000 shares of common stock, fully paid and non-assessable, divided as follows: 2000 voting common shares with a par value of \$100 each and 2000 non-voting common shares with a par value of \$100 each. Each class of shares shall be identical in all respects except that the non-voting shares shall carry no right to vote for the election of directors for the corporation and no right to vote on any matter presented to the shareholders for their vote or approval except only as the laws of this State require that voting rights be granted to such non-voting shares. Additionally, the non-voting shares shall be issued only in exchange for voting shares on a basis of one-to-one.

3. The number of shares of the corporation outstanding at the time of such amendment was 300; and the number of shares entitled to vote thereon was 300.

4. The designation and number of outstanding shares of each class entitled to vote thereon as a class were as follows:

Class: common Number of shares: 300

5. The number of shares voted for such amendment was 300

The number of shares voted against such amendment was -0-

The number of shares of each class entitled to vote thereon as a class voted for and against such amendment was:

Class: common Number of shares:
For: 300 Against: -0-

26013834

6. The manner, if not set forth in such amendment, in which any exchange, reclassification or cancellation of issued shares provided for in the amendment shall be effected, is as follows:

7. The manner in which such amendment effects a change in the amount of stated capital and a statement expressed in dollars, of the amount of stated capital as changed by such amendment.

Application may be signed by any authorized officer of the corporation.

Dated 4-26-06

Stan Kopfmann
Signature

Stan Kopfmann
Printed Name

President
Title

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED

FILE DATE 09/01/06
RECEIPT NO. 1286317

AUG 21 06

RECEIVED

AUG 17 '06

S.D. SEC. OF STATE

S.D. SEC. OF STATE

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



DB013836 SEP/2005
STAN'S, INC.
KOPFMANN, STANLEY C.
PO BOX 96
ALPENA SD 57312-0096

Telephone # 605-849-3582
FAX # 605-849-3470

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.

The address of the principal office 1008 Railway Ave.

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Stan Kopfmann (President), Michael Kopfmann (Vice President), and Calagean Kopfmann (Secretary).

SD law requires at least one director.

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

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:

Table with columns: NUMBER OF AUTHORIZED SHARES, CLASS, SERIES. Row: 2000, Common Shares.

6. NUMBER OF ISSUED SHARES

Table with columns: NUMBER OF ISSUED SHARES, CLASS, SERIES. Row: 300, Common Shares.

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

Dated 8-16-06

Signature: Stan Kopfmann

Printed Name: Stan Kopfmann

Title: President

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

RECEIVED

**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)

2007

ANNUAL REPORT

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:



DB013836 SEP/2006
STAN'S, INC.
KOPFMANN, STANLEY C.
PO BOX 96
ALPENA SD 57312-0096

RECEIVED
SEP 27 2007

S.D. SEC. OF STATE

RECEIVED RECEIVED
SEP 20 2007 SEP 11 2007
S.D. SEC. OF STATE 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.

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: 1008 RAYWAY AVE ALPENA SD 57312

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Stanley Kopfmann (President), Sara Kopfmann (Vice President), and Michael Kopfmann (Secretary).

SD law requires at least one director.

Do the above listed officers serve also as directors? YES [checked] NO

4. Provide a brief description of the nature of the business: TRUCKING, BUCK & COMMERCIAL FEED SALES

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES

2000

6. NUMBER OF ISSUED SHARES CLASS SERIES

300

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

Dated 8/30/07

Signature [Handwritten Signature]

MIKE KOPFMANN
Printed Name

Vice-President
Title

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

SOS CRP 07/05

**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)

285 1900 01/30/2009

2008

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

ANNUAL REPORT DOMESTIC

20634

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to SECRETARY OF STATE

FILE DATE	01/14/09
RECEIPT NO	1872574
RECEIVED	
SEP 1 2008	
S.D. SEC. OF STATE	

1. Corporate Name, Registered Agent Name and Address:



DB013836 SEP/2007
STAN'S, INC.
KOPFMANN, STANLEY C.
PO BOX 96
ALPENA SD 57312-0096

RECEIVED
OCT 01 2008

S.D. SEC. OF STATE
RECEIVED
JAN 14 2009
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	1008 Railway Ave.,	Alpena,	SD	57312
Mailing Address (Optional)	PO Box 100	Alpena	SD	57312

3. The name of the South Dakota Registered Agent Stanley C. Kopfmann

Street Address (Required to be a South Dakota Address)	1008 Railway Ave	Alpena	SD	57312-0096
Mailing Address (Optional - Required to be a South Dakota Address)	PO Box 100	Alpena	SD	573120096

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.

<input checked="" type="checkbox"/>	Stanley Kopfmann	PO Box 100	Alpena	SD	57312
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Calagean Kopfmann	PO Box 100	Alpena	SD	57312
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Mike Kopfmann	3889 Lincoln Ave SW	Huron	SD	57350
	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

Dated 8-26-08

Stan Kopfmann
(Signature of an authorized officer)

Stanley C. Kopfmann
(Printed Name)

President
(Title)

296 0528 09/29/2009

2009

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 09/23/09
RECEIPT NO 1951307
RECEIVED
SEP 14 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB013836 SEP/2008
STAN'S, INC.
KOPFMANN, STANLEY C.
1008 RAILWAY AVE
ALPENA SD 57312

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.

1008 Railway Ave., Alpena, SD 57312
Street Address City State ZIP+4

PO Box 100 Alpena, SD 57312
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Stanley C. Kopfmann

1008 Railway Ave Alpena SD 57312
Street Address (Required to be a South Dakota Address) City State ZIP+4

Alpena SD 57312
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.

Stanley Kopfmann PO Box 100 Alpena SD 57312
President Street Address City State ZIP+4

Calajeon Kopfmann PO Box 100 Alpena SD 57312
Vice President Street Address City State ZIP+4

Mike Kopfmann 3889 Lincoln Ave SW Heron SD 57312
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 8-7-09

(Signature of an authorized officer)

Mike K Kopfmann
(Printed Name)

Vice President
(Title)

Ref# 3068

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 12/20/10
RECEIVED RECEIVED
AUG 27 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB013836 SEP/2009
STAN'S, INC.
KOPFMANN, STANLEY C.
1008 RAILWAY AVE
ALPENA SD 57312

RECEIVED
DEC 20 2010
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 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

1008 Railway Ave., Alpena SD 57312
Street Address City State ZIP+4
P.O. Box 100, Alpena SD 57312
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Stanley C. Kopfmann

1008 RAILWAY AVE, ALPENA SD 57312
Street Address (Required to be a South Dakota Address) City State ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

5. The names and business addresses of its 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.

- Stanley Kopfmann PO Box 100 Alpena SD 57312
President Street Address City State ZIP+4
Cale Kopfmann 259 Elliot Dr Huron SD 57350
Vice President Street Address City State ZIP+4
Mike Kopfmann 3809 Lincoln Ave SW Huron SD 57350
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 8-25-10

(Signature of an Authorized Person)
Mike Kopfmann
(Printed Name)

314 0898

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number _____

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

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

Mailing Address (Optional) _____ City _____ State _____ ZIP+4 _____

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2011

Enter Filing Year

ANNUAL REPORT

FILE DATE 11/17/2011

RECEIPT NO 7652

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

DOMESTIC

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

1. Corporate ID and Name:
DB013836
STAN'S, INC.
1008 RAILWAY AVE
ALPENA, SD57312

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

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

1008 RAILWAY AVE	ALPENA	SD	57312
Street Address	City	State	ZIP+4
PO BOX 100	ALPENA	SD	57312-0100
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: STANLEY C. KOPFMANN

1008 RAILWAY AVE	ALPENA	SD	57312
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and 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"/>	STANLEY C KOPFMANN	PO BOX 100	ALPENA	SD	57312
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MIKE A KOPFMANN	3889 LINCOLN AVE SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CALA KOPFMANN	259 ELLIOT DR	HURON	SD	57350
	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.

Dated 11/17/2011

Signature Accepted Electronically
(Signature of an Authorized Person)
BRANDON R TELKAMP
(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 9/10/2012

RECEIPT NO 62735

1. Corporate ID and Name:

DB013836
STAN'S, INC.
1008 RAILWAY AVE
ALPENA, SD 57312

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

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

1008 RAILWAY AVE	ALPENA	SD	57312
Street Address	City	State	ZIP+4
PO BOX 100	ALPENA	SD	57312-0100
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: STANLEY C. KOPFMANN

1008 RAILWAY AVE	ALPENA	SD	57312
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and 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"/>	STANLEY C KOPFMANN	PO BOX 100	ALPENA	SD	57312
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MIKE A KOPFMANN	3889 LINCOLN AVE SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CALA KOPFMANN	259 ELLIOT DR	HURON	SD	57350
	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 09/10/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

BRANDON R TELKAMP

(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 9/3/2013

RECEIPT NO 138420

1. Corporate ID and Name:

DB013836
STAN'S, INC.
1008 RAILWAY AVE
ALPENA, SD 57312

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

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

1008 RAILWAY AVE	ALPENA	SD	57312
Street Address	City	State	ZIP+4
PO BOX 100	ALPENA	SD	57312-0100
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: STANLEY C. KOPFMANN

1008 RAILWAY AVE	ALPENA	SD	57312
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and 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"/>	STANLEY C KOPFMANN	PO BOX 100	ALPENA	SD	57312
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MIKE A KOPFMANN	3889 LINCOLN AVE SW	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CALA KOPFMANN	259 ELLIOT DR	HURON	SD	57350
	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 09/03/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

BRANDON R TELKAMP

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 9/17/2014

RECEIPT NO 232519

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:

DB013836
STAN'S, INC.
1008 RAILWAY AVE
ALPENA, SD 57312

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

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

1008 RAILWAY AVE	ALPENA	SD	57312
Street Address	City	State	ZIP+4
PO BOX 100	ALPENA	SD	57312-0100
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: STANLEY C. KOPFMANN

1008 RAILWAY AVE	ALPENA	SD	57312
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and 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"/>	STANLEY C KOPFMANN	PO BOX 100	ALPENA	SD	57312
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MIKE A KOPFMANN	3889 LINCOLN AVE SW	HURON	SD	57350
	President	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
<input checked="" type="checkbox"/>	CALA KOPFMANN	259 ELLIOT DR	HURON	SD	57350
	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 09/17/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

BRANDON R TELKAMP

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 8/25/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 330451

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:

DB013836

STAN'S, INC.

Telephone #

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

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

1008 RAILWAY AVE ALPENA SD 57312
Actual Street Address or Rural Route Box Number City State ZIP+4
PO BOX 100 ALPENA SD 57312-0100
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: STANLEY C. KOPFMANN

1008 RAILWAY AVE ALPENA SD 57312
Actual Street Address or Rural Route Box Number in This State City State ZIP+4
Mailing Address in This State, if Different from Street Address City State ZIP+4
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] STANLEY C KOPFMANN PO BOX 100 ALPENA SD 57312
Vice President Actual Street Address City State ZIP+4

[X] MIKE A KOPFMANN 3889 LINCOLN AVE SW HURON SD 57350
President Actual Street Address City State ZIP+4

[X] CALA KOPFMANN 259 ELLIOT DR HURON SD 57350
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

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

(Optional)

BRANDON R TELKAMP

(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.

8/25/2015 2:01:34 PM

2016

STATEMENT OF CHANGE OF REGISTERED OFFICE

FILE DATE 8/29/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 450315

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: \$10.00 Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:

DB013836

Enter Corporate ID

STAN'S, INC.

Enter Corporate Name

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

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

Agent Name: STANLEY C. KOPFMANN

1008 RAILWAY AVE ALPENA SD 57312
Actual Street Address or Rural Route Box Number City State ZIP+4

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

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

New Agent Name: MICHAEL K KOPFMANN

1008 RAILWAY AVE ALPENA SD 57312
Actual Street Address or Rural Route Box Number in This State City State ZIP+4

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

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 08/29/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

BRANDON R TELKAMP

(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.

8/29/2016 1:50:05 PM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 8/29/2016

RECEIPT NO 450315

1. Corporate ID and Name:

DB013836

Enter Corporate ID

STAN'S, 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).

1008 RAILWAY AVE	ALPENA	SD	57312
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 100	ALPENA	SD	57312-0100
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MICHAEL K KOPFMANN

1008 RAILWAY AVE	ALPENA	SD	57312
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
		SD	
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.

<input checked="" type="checkbox"/>	STANLEY C KOPFMANN	PO BOX 100	ALPENA	SD	57312
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	MIKE A KOPFMANN	3889 LINCOLN AVE SW	HURON	SD	57350
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	CALA KOPFMANN	259 ELLIOT DR	HURON	SD	57350
	Secretary	Actual Street Address	City	State	ZIP+4

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

<input type="checkbox"/>					
	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)

BRANDON R TELKAMP

(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.

8/29/2016 1:50:05 PM