

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

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 12-3-93
RECEIPT NO. 352852
RECEIVED

DEC 03 1993

1. Corporate Name, Registered Agent and Registered Address:

DB-003451
MURDO MOTOR COMPANY, INC. DEC/92
GEISLER, DAVID A.
(BOX 76)
503 J 5TH
MURDO, SD 57559-0076

Telephone # 605-669-2691

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 12-01-19 93

By [Signature]
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Jones ss

I, Karen I. Royer, a notary public, do hereby certify that on this 2nd day of December 19 93, personally appeared before me David A. Geisler who, being by me first duly sworn, declared that he/she is the President of Murdo Motor Company, Inc.

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

My Commission Expires _____

[Signature]
Notary Public

(Notarial Seal)

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 5 0 1 1 7 5 2 5 1 2
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 12-1-94
RECEIPT NO. 428907

RECEIVED

NOV 30 1994

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DB-003451 DEC/93
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
(BOX 76)
503 3 5TH
MURDO, SD 57559-0076

Telephone # _____
FAX # _____
Federal Taxpayer ID _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent the last day of the following month.

***** ATTENTION - FILING INSTRUCTIONS *****

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

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

2. The character of the business in which it is actually engaged in South Dakota _____

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

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

4. The aggregate number of shares which it has authority to issue, itemized by classes, 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

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 11-29-94 1994
By [Signature]
(Signature)
Its PRCS-
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BRADY
I, C. D. KELL a notary public, do hereby certify that on this 29 day of November 1994

personally appeared before me DAVID A. GEISLER who, being by me first duly sworn, declared that he/she is the President of MURDO MOTOR CO. and that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 12/31/99
[Signature]
Notary Public

(Notarial Seal)

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**

File Date: _____
Receipt No.: _____

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

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

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Date _____ 19_____

(signature)

(title)

STATE OF _____
COUNTY OF _____

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

My Commission Expires _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19_____

(signature)

04-08-1995

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 12-1-95
RECEIPT NO. 503636
RECEIVED
NOV 28 1995
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-003451 DEC/94
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
(BOX 76)
503 3 5TH
MURDO, SD 57559-0076

Telephone # 605-669-2691
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: (Both officers and directors must be listed in the spaces provided).

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

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

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

| 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 November 27 19 95

By [Signature]
(Signature)
Its President
(Title)
605-669-2691

STATE OF SOUTH DAKOTA
COUNTY OF JONES ss

I, Lois Jaide, a notary public, do hereby certify that on this 27th day of November, 1995,

personally appeared before me David A. Geisler who, being by me first duly sworn, declared that he/she is the President of Murdo Motor Company, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires November 13, 1997

[Signature]
Notary Public/

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57601-6077
605-773-4846

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

File Date: _____

Receipt No.: _____

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

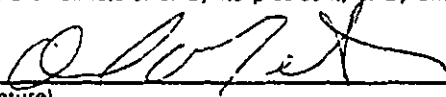
Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

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) Pres - 605-669-2691

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

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 12-19-96
RECEIPT NO. 590101
DEC 19 1996

1. Corporate Name, Registered Agent and Registered Address:

DB-003451 DEC/95
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
(BOX 76)
503 3 5TH
MURDO, SD 57559-0076

Telephone # _____
FAX # _____
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 CARs - Rentals

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

5. 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 Dec. 19, 1996

By [Signature]
(Signature)
Its President
(Title)

STATE OF SD
COUNTY OF minn. ss

I, Denise Anderson, a notary public, do hereby certify that on this 17 day of Dec 19 96 personally appeared before me David Geisler who, being by me first duly sworn, declared that he/she is the President of Murdo Motor Co. Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true
My Commission Expires 3-11-99
[Signature]
Notary Public

(Notarial Seal)

SQS CRP 410 10/95

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
606-773-4845

**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 _____
- 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 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 11-23 1996

[Signature]
(signature)
[Title]
(title)

STATE OF South Dakota
COUNTY OF JONES ss

I, DAVID MERTENS, a notary public, do hereby certify that on this 27th day of November 1996, personally appeared before me DAVID A. WEISER who, being by me first duly sworn, declared that he/she is the President of Murdo Mcton Company, INC. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 9-17-2000

[Signature]
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) |

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

FILE DATE 12/22/97
RECEIPT NO. 176123

RECEIVED

DEC 22 1997

1. Corporate Name, Registered Agent and Registered Address

DB-003451
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
(BOX 76)
503 3 5TH
MURDO, SD 57559-0076

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

S.D. SEC. OF STATE

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the 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 12-19- 19 97-

By [Signature]
Signature: _____
Its [Title]
Title: _____

STATE OF South Dakota
COUNTY OF Jones ss

I, Karen I. Rover a notary public, do hereby certify that on this 19 day of December 19 97,
personally appeared before me David S. Geisler who, being by me first duly sworn, declared that he/she is the
President of Murdo Motor Co, Inc.

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

My Commission Expires _____

[Signature]
Notary Public

(Notarial Seal)

SCS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
505-773-4845

**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)

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 12-1-98
RECEIPT NO. 754236
RECEIVED
NOV 30 1998

1. Corporate Name, Registered Agent and Registered Address:

DB-003451
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
503 E 5TH
BOX 76
MURDO, SD 57559-0076

DEC/97

Telephone # _____
FAX # _____
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.

S.D. SEC. OF STATE
605-667-2691

***** 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 _____ 19 _____

By [Signature]
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Woods SS

I, Kevin T. Kage, a notary public, do hereby certify that on this 25th day of November 1998, personally appeared before me David A. Geisler who, being by me first duly sworn, declared that he/she is the President of Murdo Motor Company, Inc.

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

My Commission Expires 11/3/03

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
806-773-4846

**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)

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

0002200.4138

FILE DATE 12-3-99
RECEIPT NO. 846200
RECEIVED

DEC 03 '99

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-003451 DEC/98
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
503 E 5TH
BOX 76
MURDO SD 57559 0076

Telephone # _____
FAX # _____
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 December 1 19 99

By [Signature]
(Signature)

Its [Signature]

STATE OF South Dakota ss

COUNTY OF Vermilion

I, Karen T. Royer a notary public, do hereby certify that on this 1st day of December 19 99, personally appeared before me David A. Geisler who, being by me first duly sworn, declared that he/she is the President of Murdo Motor Company, 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 10-8-2003

Karen T. Royer
Notary Public

(Notarial Seal)

SOS CRP 6/98

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

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

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 11/11/00
RECEIPT NO. 420215
0101205.5691
11/9/00
RECEIVED
NOV 08 '00

1. Corporate Name, Registered Agent and Registered Address:

DB-003451 DEC/1999
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
503 E 5TH
BOX 76
MURDO SD 57559-0076

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.

S.D. SEC. OF STATE

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the 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 11-07-2000

By [Signature]
(Signature)

Its [Signature]
(Title)

STATE OF SD
COUNTY OF Pierre ss

On this the 7 day of Nov, 2000, before me James D Butt personally appeared David A Geisler, 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 1-24-03

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 11/89

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

registered agent for _____ (corporate name)

Dated _____

(signature)

2001

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

0201211.3112
176102

FILE DATE 12-1-01
RECEIPT NO. 1082935

RECEIVED

NOV 5 '01

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-003451 DEC/2000
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
503 E 5TH
BOX 76
MURDO SD 57559-0076

Telephone # _____

FAX # _____

Federal Taxpayer II

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 [Signature]
(Signature)

Its Pres
(Title)

STATE OF S.D. ss

COUNTY OF James ss

On this the 12 day of Nov, 2001, before me, Beverly Anderson

personally appeared David A. Geisler, 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 3-11-2004

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 11/00

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

0301218.1430
1/30/03

FILE DATE 12-1-02
RECEIPT NO: 158129

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

1. Corporate Name, Registered Agent and Registered Address:



DB-003451 DEC/2001
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
503 E 5TH
BOX 76
MURDO SD 57559-0076

S.D. SEC. OF STATE
Telephone # 605-669-2691
FAX # 605-773-7517
Federal Taxpayer I
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

***** ATTENTION - FILING INSTRUCTIONS *****

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

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 11-11-2002 By [Signature]
(Signature)
Its Pres.
(Title)

STATE OF SD COUNTY OF James ss
On this the 11 day of Nov, 2002 before me, James D Beth
personally appeared David A Geisler, 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 1-24-03 [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: \$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) _____

224 3353 12/11/2003

2003

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE RECEIVED 12/03
RECEIPT NO. 200399
SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB-003451 DEC/2002
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
503 E 5TH
BOX 76
MURDO SD 57559-0076

Telephone # 605-669-3291
FAX # 605-669-3217

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

***** ATTENTION - FILING INSTRUCTIONS *****

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

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

2. The character of the business in which it is actually engaged in South Dakota _____

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

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

SD law requires at least one director.

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

| | | |
|-------|----------|-------|
| _____ | Director | _____ |
| _____ | Director | _____ |

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

| NUMBER OF SHARES CAN ISSUE (authorized) | CLASS | SERIES | PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE |
|---|-------|--------|---|
|---|-------|--------|---|

5. NUMBER OF SHARES ACTUALLY ISSUED 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 11/17/03

By [Signature]
(Signature)
Its President
(Title)

STATE OF SD.
COUNTY OF JONES ss

On this the 17 day of NOV, 20 03, before me, JOHN BRUNSKILL personally appeared DAVID A. GEISLER, 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 3/2007

[Signature]
Notary Public

(Notarial Seal)

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

SOS CRP 07/03

**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) _____

243 0448 11/21/2005

2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/01/05
RECEIPT NO. 1495584
RECEIVED
NOV 14 '05
S.D. SEC. OF STATE

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



* DB003451 *
DB003451 DEC/2004
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
503 E 5TH
BOX 76
MURDO SD 57559-0076

(Handwritten: \$30)

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 503 East 5th Murdo SD 57559

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

| NAME | OFFICE | STREET ADDRESS | CITY | STATE | ZIP+4 |
|----------------------|----------------|----------------------------|--------------|-----------|--------------|
| <u>David Geisler</u> | President | <u>503 E. 5th</u> | <u>Murdo</u> | <u>SD</u> | <u>57559</u> |
| <u>C. A. Kothe</u> | Vice President | <u>1026 Woodbine Drive</u> | <u>Rego</u> | <u>SD</u> | <u>57704</u> |
| _____ | Secretary | _____ | _____ | _____ | _____ |
| _____ | Treasurer | _____ | _____ | _____ | _____ |

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

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

Director _____

Director _____

5. The total number of authorized shares, itemized by class and series, if any, within each class:
NUMBER OF AUTHORIZED SHARES 2000 CLASS Common SERIES _____

6. NUMBER OF ISSUED AND OUTSTANDING SHARES 100 CLASS Common SERIES _____

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

Dated 11-10-05

(Signature)
Signature

David A Geisler
Printed Name

(Signature)
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)

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 01/25/07
RECEIPT NO. 1038186

RECEIVED

JAN 25 2007

S.D. SEC. OF STATE

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



DB003451 DEC/2005
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
503 E 5TH
BOX 76
MURDO SD 57559-0076

Telephone # 605-669-2691
FAX # 605-669-3217

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

ATTENTION - FILING INSTRUCTIONS

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

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

2. The address of the principal office

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

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

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

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

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

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

Dated 1-15-07

Signature (Handwritten)

Printed Name David A Geisler

Title (Handwritten)

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

File Date _____
Receipt No. _____

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

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

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

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

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

File Date _____

Receipt No. _____

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

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

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

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

282 3674 11/25/2008

2008

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 12/01/08
RECEIPT NO 051920
RECEIVED
NOV 05 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB003451 DEC/2007
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
503 E 5TH
BOX 76
MURDO SD 57559-0076

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.

503 EAST 5th ST - MURDO SD 57559
Street Address City State ZIP+4
PO Box 76 MURDO SD 57559
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

DAVID A. GEISLER
503 EAST 5th ST MURDO SD 57559
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 76 MURDO SD 57559
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.

David A. Geisler PO. Box 76 MURDO SD 57559 -
President Street Address City State ZIP+4
C.A. Kothe 1026 Woodridge Drive Rapid City SD 57701
Vice President Street Address City State ZIP+4
Secretary Street Address City State ZIP+4
Treasurer Street Address City State ZIP+4
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4

Dated 11-04-08

Signature of an authorized officer
DAVID A. GEISLER
(Printed Name)

(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

| Mailing Address (Optional) | City | State | ZIP+4 |
|----------------------------|------|-------|-------|
|----------------------------|------|-------|-------|

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 12/01/09
RECEIPT NO 1970207

RECEIVED RECEIVED
NOV 20 2009 NOV 17 2009
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB003451 DEC/2008
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
PO BOX 76
MURDO SD 57559-0076

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.

Murdo Motor Co Murdo SD 57559
503 E 5th Murdo SD 57559
Mailing Address (Optional) Murdo SD 57559

3. The name of the South Dakota Registered Agent

David A Geisler
503 East 5th Murdo SD 57559
PO Box 76 Murdo SD 57559
Mailing Address (Optional - Required to be a South Dakota Address) Murdo SD 57559

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.

- David A Geisler President Po Box 76 Murdo SD 57559
C.H. Kothe Vice President 1026 Woodbridge Drive Rapid City SD 57701
Secretary
Treasurer
Director
Director

Dated 11-12-09

Signature of an authorized officer: David A Geisler
(Printed Name)
Title: Pres

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)

313 1658 12/08/2010

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 11/19/10
RECEIPT NO 2090739
RECEIVED
NOV 19 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB003451
DB003451 DEC/2009
MURDO MOTOR COMPANY, INC.
GEISLER, DAVID A.
PO BOX 76
MURDO SD 57559-0076

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.

Murdo Motor Co Murdo, S.D. 57559
Street Address City State ZIP+4
503 E. 5th Murdo S.D. 57559
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent David A Geisler 503 E Fifth St
Murdo, S.D. 57559

Street Address (Required to be a South Dakota Address) City State ZIP+4
David A Geisler P.O. Box 76 Murdo S.D. 57559
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.

- David A Geisler P.O. Box 76 Murdo S.D. 57559
President Street Address City State ZIP+4
- C.H. Kothe 1026 Woodruff Drive Rapid City, S.D. 57701
Vice President Street Address City State ZIP+4
- _____ Street Address City State ZIP+4
Secretary
- _____ Street Address City State ZIP+4
Treasurer
- _____ Street Address City State ZIP+4
Director
- _____ Street Address City State ZIP+4
Director

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

Dated 11-18th 2010

[Signature]
(Signature of an Authorized Person)
David A Geisler
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

| Mailing Address (Optional) | City | State | ZIP+4 |
|----------------------------|------|-------|-------|
|----------------------------|------|-------|-------|

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2011

Enter Filing Year

ANNUAL REPORT

FILE DATE 01/03/2012

RECEIPT NO 14434

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:
DB003451
MURDO MOTOR COMPANY, INC.
503 EAST 5TH ST
MURDO, SD57559

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

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

| | | | |
|-----------------|-------|-------|-------|
| 503 EAST 5TH ST | MURDO | SD | 57559 |
| Street Address | City | State | ZIP+4 |
| PO BOX 76 | MURDO | SD | 57559 |
| Mailing Address | City | State | ZIP+4 |

4. The name of the South Dakota Registered Agent

Agent Name: DAVID A. GEISLER

| | | | |
|---|-------|-------|------------|
| 503 E 5TH | MURDO | SD | 57559 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| PO BOX 76 | MURDO | SD | 57559-0076 |
| 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"/> | DAVID A GEISLER | 503 E 5TH | MURDO | SD | 57559 |
| | President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | C.H. KUTHE | 1026 WOODRIDGE | RAPID CITY | SD | 57701 |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | C.H. KUTHE | 1026 WOODRIDGE | RAPID CITY | SD | 57701 |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | C.H. KUTHE | 1026 WOODRIDGE | RAPID CITY | SD | 57701 |
| | 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 01/03/2012

Signature Accepted Electronically
(Signature of an Authorized Person)
DAVID A GEISLER
(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 1/8/2013

RECEIPT NO 86566

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:

DB003451
MURDO MOTOR COMPANY, INC.
503 EAST 5TH ST
MURDO, SD 57559

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

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

| | | | |
|-----------------|-------|-------|-------|
| 503 EAST 5TH ST | MURDO | SD | 57559 |
| Street Address | City | State | ZIP+4 |

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

4. The name of the South Dakota Registered Agent

Agent Name: DAVID A. GEISLER

| | | | |
|--|-------|-------|------------|
| 503 E 5TH | MURDO | SD | 57559 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| PO BOX 76 | MURDO | SD | 57559-0076 |

| | | | |
|---|------|-------|-------|
| 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"/> | DAVID A GEISLER | 503 E 5TH | MURDO | SD | 57559 |
| | President | 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 01/08/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID A GEISLER

(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 10/28/2013

RECEIPT NO 149089

1. Corporate ID and Name:
DB003451
MURDO MOTOR COMPANY, INC.
503 EAST 5TH ST
MURDO, SD 57559

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

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

| | | | |
|-----------------|-------|-------|-------|
| 503 EAST 5TH ST | MURDO | SD | 57559 |
| Street Address | City | State | ZIP+4 |

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

4. The name of the South Dakota Registered Agent

Agent Name: DAVID A. GEISLER

| | | | |
|--|-------|-------|------------|
| 503 E 5TH | MURDO | SD | 57559 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| PO BOX 76 | MURDO | SD | 57559-0076 |

| | | | |
|---|------|-------|-------|
| 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"/> | DAVID A GEISLER | 503 E 5TH | MURDO | SD | 57559 |
| | President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | | Street Address | City | State | ZIP+4 |
| | Director | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | | Street Address | City | State | ZIP+4 |
| | Director | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | | Street Address | City | State | ZIP+4 |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | | Street Address | City | State | ZIP+4 |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | | Street Address | City | State | ZIP+4 |
| | Treasurer | 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 10/28/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID A GEISLER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 11/18/2014

RECEIPT NO 247506

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:

DB003451
MURDO MOTOR COMPANY, INC.
503 EAST 5TH ST
MURDO, SD 57559

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

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

| | | | |
|-----------------|-------|-------|-------|
| 503 EAST 5TH ST | MURDO | SD | 57559 |
| Street Address | City | State | ZIP+4 |

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

4. The name of the South Dakota Registered Agent

Agent Name: DAVID A. GEISLER

| | | | |
|---|-------|-------|------------|
| 503 E 5TH | MURDO | SD | 57559 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| PO BOX 76 | MURDO | SD | 57559-0076 |
| 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"/> | DAVID A GEISLER | 503 E 5TH | MURDO | SD | 57559 |
| | President | 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 type="checkbox"/> | | | | | |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | | | | | |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | | | | | |
| | Treasurer | Street Address | City | State | ZIP+4 |

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 11/18/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID M GEISLER

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 10/14/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 343097

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:

DB003451

MURDO MOTOR COMPANY, INC.

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

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

503 EAST 5TH ST MURDO SD 57559

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

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: DAVID A. GEISLER

503 E 5TH MURDO SD 57559

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

PO BOX 76 MURDO SD 57559-0076

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] DAVID A GEISLER 503 E 5TH MURDO SD 57559
President Actual Street Address City State ZIP+4

[] Director Actual Street Address City State ZIP+4

[] Director Actual Street Address City State ZIP+4

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

Secretary

Actual Street Address

City

State

ZIP+4

Treasurer

Actual Street Address

City

State

ZIP+4

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 _____

DAVID A GEISLER

(Optional)

(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.

10/14/2015 9:14:17 AM

2016

ANNUAL REPORT

FILE DATE 10/4/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 461315

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:

DB003451

Enter Corporate ID

MURDO MOTOR COMPANY, 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).

503 EAST 5TH ST MURDO SD 57559
Actual Street Address or Rural Route Box Number City State ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: DAVID A. GEISLER

503 E 5TH MURDO SD 57559
Actual Street Address or Rural Route Box Number in This State City State ZIP+4

PO BOX 76 MURDO SD 57559-0076
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] DAVID A GEISLER 503 E 5TH MURDO SD 57559
President Actual Street Address City State ZIP+4

[] Director Actual Street Address City State ZIP+4

[] Director Actual Street Address City State ZIP+4

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

[] Secretary Actual Street Address City State ZIP+4



Treasurer

Actual Street Address

City

State

ZIP+4

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)

DAVID A GEISLER

(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.

10/4/2016 10:29:43 AM