

9900298.0000  
8/25/99

# State of South Dakota



OFFICE OF THE SECRETARY OF STATE

## Certificate of Incorporation Business Corporation

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **KIRBY HOFER CONSTRUCTION COMPANY, INC.** duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law

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

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 July 30, 1999.



Joyce Hazeltine  
Secretary of State

00000000

Filed this \_\_\_\_\_ day of \_\_\_\_\_ 1999

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8/25/99

RECEIVED  
JUL 30 1999  
S.D. SEC. OF STATE

*Joseph J. [Signature]*  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
OF  
KIRBY HOFER CONSTRUCTION COMPANY, INC.

ARTICLE I

The name of the corporation is Kirby Hofer Construction Company, Inc.

ARTICLE II

The corporation is primarily in the business of constructing, remodeling, repairing and tearing down improvements on real estate, of every kind and nature. The corporation shall have the power to engage in any lawful activity for which corporations may be organized under the laws of the State of South Dakota and, where in not in conflict with such laws, the provisions of the Revised Model Business Corporation Act. In addition, the following listed activities are hereby authorized:

- (1) To borrow money, to make and issue promissory notes, bills of exchange, bonds, debentures, and obligations and evidences of indebtedness of all kinds, without limit as to amount, and to secure the same by mortgage, security interest, or pledge of corporate property or otherwise, provided the same be permitted by law.
- (2) To enter into, make, perform and carry out contracts of every sort and kind which may be necessary or convenient for the business of this corporation or business of a similar nature, with any person, corporation, private, public or municipal, body politic under the government of the United States or any state, territory, or possession thereof, or any foreign government so far as and to the extent that the same may be done and performed by corporations organized under the laws of the State of South Dakota.
- (3) To purchase or otherwise acquire and to hold, create security interests in, pledge, sell, exchange or otherwise dispose of securities, including stocks, bonds, debentures, notes, mortgages, or other obligations created or issued by any persons, firms, associations, corporations or governments or subdivisions thereof and to make payment therefor in any lawful manner and to exercise as owner or holder of any securities any and all rights, powers and privileges in respect thereof and to purchase, hold, cancel, reissue, sell, exchange, transfer or otherwise deal in its own shares and its own debt obligations.
- (4) The foregoing clauses shall be construed as both purposes and powers and it is hereby expressly provided that the foregoing enumeration of specific powers shall not be held to limit or restrict in any manner the powers of this corporation.

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### ARTICLE III

The duration of the corporation shall be perpetual.

### ARTICLE IV

The Authorized Shares of Stock of this corporation shall be One Hundred Thousand Dollars (\$100,000.00) divided into One Thousand (1000) shares of Common Stock with a par value of One Hundred Dollars (\$100.00) per share.

This corporation is authorized to issue one class of Common Stock. Such Common Stock has a "plurality of classes" and is divided equally into 500 shares of "Voting Common Stock" and 500 shares of "Non-Voting Common Stock." The rightful holder of corporate voting common stock (corporate shares numbered 1-500) has exclusive voting rights on all matters requiring a vote of the shareholders, including election of the directors, except as otherwise provided for by law. The rightful holder of corporate non-voting stock (corporate shares numbered 501- 1000), has no voting rights.

All of the initial subscription of stock shall be open immediately by the corporation, and stock shall be issued for cash or for full value of property purchased or received by the corporation or specified services rendered for and on behalf of the corporation, as well as any possible unreimbursed expense incurred by the incorporators; all such stocks, whether from the initial subscription list or thereafter shall only be sold and issued by the corporation to such persons and in such amounts as the Board of Directors in its discretion may determine.

This corporation will not commence business until consideration of at least One Thousand Dollars (\$1,000.00) has been received for issuance of its shares.

### ARTICLE V

Each holder of "Voting Common Stock" shall have one vote for each such share held of record on all matters submitted for shareholder approval. Except as otherwise specifically required by law, or except as specifically provided in these Articles of Incorporation, all other matters requiring shareholder approval shall require an affirmative vote of a majority of the shares voting thereon. Not less than fifty-one percent (51%) of the authorized number of shareholders must approve all of the actions requiring shareholder approval. The holders of the voting common shares shall have unlimited voting rights and determine the rights to receive the net assets of the corporation pursuant to these articles of incorporation upon its dissolution.

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**ARTICLE VI**

Each holder of Voting Common Stock has limited preemptive rights or preferential rights, as defined by law, to subscribe for or purchase that holder's proportional part of any such shares that may be issued by a vote or written consent of fifty one percent (51%) of the outstanding Voting Common Shares for cash. These rights shall not apply to shares issued for non-cash consideration, or pursuant to any present or future stock option plan, stock purchase, stock bonus, savings investment, or other stock incentive plan for the benefit of the employees of the corporation or any of its subsidiaries.

If any shares are outstanding, the vote or written consent of fifty one percent (51%) of the outstanding shares entitled to vote is required to approve the consideration for the issuance of any additional shares.

**ARTICLE VII**

The private property of the Stockholders or the Officers of the corporation shall not be liable for nor subject to the payment of the corporation debts in any amount except to the amount remaining unpaid on their capital stock.

**ARTICLE VIII**

The corporation shall indemnify to the fullest extent permitted by the South Dakota Business Corporation Act, any person who has been made, or is threatened to be made, a party to an action, suit, or proceeding, whether civil, criminal, administrative, investigative, or otherwise (including an action, suit or proceeding by or in the right of the corporation), by reason of the fact that the person is or was a director or officer of the corporation, or a fiduciary within the meaning of the Employee Retirement Income Security Act of 1974 with respect to an employee benefit plan of the corporation, or serves or served at the request of the corporation as a director, or as an officer, or as a fiduciary of an employee benefit plan, of another corporation, partnership, joint venture, trust or other enterprise. In addition, the corporation shall pay for or reimburse any expenses incurred by such persons who are parties to such proceedings, in advance of the final disposition of such proceedings, to the full extent permitted by the South Dakota Business Corporation Act.

**ARTICLE IX**

No director of the corporation shall be personally liable to the corporation or its shareholders for monetary damages for conduct as a director; provided that this Article does not eliminate the liability of a director for any act or omission for which such elimination of liability is not permitted

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8/25/99

**ARTICLE IX**

No director of the corporation shall be personally liable to the corporation or its shareholders for monetary damages for conduct as a director, provided that this Article does not eliminate the liability of a director for any act or omission for which such elimination of liability is not permitted under the South Dakota Model Business Corporation Act. No amendment to that Act that further limits the acts or omissions for which elimination of liability is permitted shall affect the liability of a director for any act or omission which occurs prior to the effective the of such amendment.

**ARTICLE X**

The Articles of the corporation may be amended by unanimous vote (100%) of the total number of outstanding shares of voting common stock or a unanimous vote of the complete board of directors.

**ARTICLE XI**

The number of directors of the corporation shall be fixed by the bylaws of the corporation. The initial board of directors shall consist of two (2) directors whose name and addresses are as follows:

- (1) Kirby D. Hofer  
30992 430 Ave.  
Tabor, SD 57063
  
- (2) Donna J. Hofer  
30992 430 Ave.  
Tabor, SD 57063

**ARTICLE XII**

The initial registered agent of the corporation is Donna J. Hofer. The street address of the corporation's initial registered office is 30992 430 Avenue, Tabor, SD 57063

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### ARTICLE XIII

The name and address of the two (2) incorporators of the corporation are:

- (1) Kirby D. Hofer  
30992 430 Ave.  
Tabor, SD 57063
- (2) Donna J. Hofer  
30992 430 Ave.  
Tabor, SD 57063

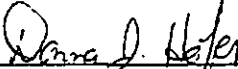
### ARTICLE XIV

The board of directors may levy assessments upon the outstanding Common Shares of the corporation. Such assessments may not exceed \$2.00 per share per year. Seventy-five percent (75%) of the outstanding shares must also approve such assessments. The corporation may institute civil actions against shareholders to recover delinquent assessments.

WHEREAS, the undersigned being all of the incorporators of said corporation execute these Articles of Incorporation and verify, subject to penalties of perjury, that the statements contained herein are true.

Dated the 29<sup>th</sup> day of July, 1999:

  
\_\_\_\_\_  
Kirby D. Hofer, Director - Incorporator

  
\_\_\_\_\_  
Donna J. Hofer, Director - Incorporator

STATE OF SOUTH DAKOTA )  
  :SS  
COUNTY OF YANKTON     )

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8/25/99

BE IT REMEMBERED that on this 29<sup>th</sup> day of July, 1999, before the undersigned officer, personally appeared Kirby D. Hofer., and Donna J. Hofer known to me to the persons whose names are subscribed to and within the above instrument, and acknowledged that Kirby D. Hofer., and Donna J. Hofer executed the same for the purposes therein contained.

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

George A. Poppe

Notary Public

Seal

My commission Expires: 1-22-04

#### CONSENT TO SERVE AS REGISTERED AGENT

I, Donna J. Hofer, do hereby consent to serve as Registered Agent in the State of South Dakota, for Kirby Hofer Construction Company, Inc., a South Dakota corporation. The registered office for Kirby Hofer Construction Company, Inc., is 30992 430 Avenue, Tabor, South Dakota 57063.

I understand that as agent it will be my responsibility to accept and forward service of process and all mail to the corporation. In the event of my resignation or of any change in the Registered Office address, I will notify the Secretary of State immediately.

Dated this 29<sup>th</sup> day of July, 1999.

Donna J. Hofer  
Donna J. Hofer

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8/25/99

STATE OF SOUTH DAKOTA )  
  :SS  
COUNTY OF YANKTON     )

BE IT REMEMBERED that on this 29<sup>th</sup> day of July, 1999, before the undersigned officer, personally appeared Donna J. Hofer, known to me to be the person whose name is subscribed to and within the above instrument, and acknowledged that he executed the same for the purposes therein contained.

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

George A. Poppe  
Notary Public  
My commission Expires: 1-22-04

Seal

9908296.0088  
8/25/99

RECEIPT NO. *SD 473*

FILE NO. DB-041696

FEE RECEIVED: \$ 110

ART OF INC

OF

KIRBY HOFER CONSTRUCTION COMPANY, INC.

500 VOTING COM AT \$100

500 NON-VT COM AT \$100

Filed at the Request of:

MURL E MILLER  
BLACKBURN & STEVENS  
BOX 753  
YANKTON SD 57078

State of South Dakota ss  
Office of the Secretary of State

Filed in the office of the Secretary of  
State on July 30, 1999.

JOYCE HAZELTINE  
Secretary of State

CONFIDENTIAL

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 8-18-00  
RECEIPT NO. 90190  
RECEIVED RECEIVED  
AUG 18 '00 AUG 07 '00  
U.S. SEC. OF STATE U.S. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-041696 JUL/0000  
HOFER (KIRBY) CONSTRUCTION COMPANY, INC.  
HOFER, DONNA J.  
30992 430TH AVE  
TABOR SD 57063-6203

Telephone # 605-665-0524  
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 General Construction

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

| NAME               | OFFICE         | STREET ADDRESS          | CITY         | STATE     | ZIP+4        |
|--------------------|----------------|-------------------------|--------------|-----------|--------------|
| <u>Kirby Hofer</u> | President      | <u>30992-430th Ave.</u> | <u>Tabor</u> | <u>SD</u> | <u>57063</u> |
| <u>Donna Hofer</u> | Vice President | " "                     | " "          | " "       | " "          |
| <u>Kirby Hofer</u> | Secretary      | " "                     | " "          | " "       | " "          |
| <u>Donna Hofer</u> | 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) ~~1000~~ CLASS ~~Common~~ SERIES ~~1~~ PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE 500

5. NUMBER OF SHARES ACTUALLY ISSUED ~~1000~~ CLASS ~~Common~~ SERIES ~~1~~ 500 500 Voting Common Shares 500 non-voting common shares

6. The amount of its stated capital is \$ 10,000.00 (Money received for issued shares) 100 100 voting common 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 8-3-00

By Donna Hofer (Signature)

Its Vice President (Title)

STATE OF SD

COUNTY OF Hauke SS

On this the 3 day of August 2000, before me, Donna Hofer, Maria Hofer

personally appeared Donna Hofer, known to me, or proved to me, to be the Donna Hofer 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 2-9-2004

Maria Hofer  
Notary Public

(Notarial Seal)

SOS CRP 11/99

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5977  
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)

2001

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

**ANNUAL REPORT**  
DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 9-4-01  
RECEIPT NO. 1612632

RECEIVED

SEP 4 01

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-041696 JUL/2000  
HOFER (KIRBY) CONSTRUCTION COMPANY, INC.  
HOFER, DONNA J.  
30992 430TH AVE

TABOR SD 57063-6203

Telephone # 605-665-0524

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 8-28-01 By Donna Hofer  
(Signature)  
Its Vice Pres.  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF YANKTON SS  
On this the 28 day of AUGUST, 2001, before me, ROBERT W. DAVIS  
personally appeared DONNA J. HOFER, known to me, or proved to me,  
to be the VICE 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 12/10/01  
Robert W. Davis  
Notary Public

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

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

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

**FILING FEE: \$10 in addition to annual report fee**

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

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

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

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

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

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

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

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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



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**

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

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

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

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

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

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

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

223 1434 10/21/2003

# 2003

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 9/2/03  
RECEIPT NO. 1244156  
RECEIVED  
SEP 2 '03

1. Corporate Name, Registered Agent and Registered Address:



\*DB-041696\*  
DB-041696 JUL/2002  
HOFER (KIRBY) CONSTRUCTION COMPANY, INC.  
HOFER, DONNA J.  
30992 430TH AVE  
TABOR SD 57063-6203

Telephone # 605-605-0524  
FAX # \_\_\_\_\_  
Federal Tax: \_\_\_\_\_  
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 8/25/2003

By Donna J Hofer  
(Signature)  
Its Vice Pres.  
(Title)

STATE OF SOUTH DAKOTA ss  
COUNTY OF YANKTON

On this the 25 day of AUGUST, 2003, before me, ROBERT W. DAVIS  
personally appeared DONNA J HOFER, known to me, or proved to me,  
to be the VICE 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 12/10/2007

[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 \_\_\_\_\_

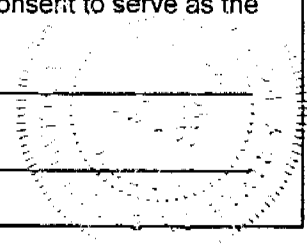
On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_, known to me, or proved to me,  
to be the \_\_\_\_\_ of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the 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) \_\_\_\_\_

241 0221 09/08/2005

# 2005

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 09/01/05  
RECEIPT NO. N71370  
**RECEIVED**  
AUG 19 '05  
S.D. SEC. OF STATE

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



\*DB041696\*  
DB041696 JUL/2004  
HOFER (KIRBY) CONSTRUCTION COMPANY, INC.  
HOFER, DONNA J.  
30992 430TH AVE  
TABOR SD 57063-6203

Telephone # 605-665-0524  
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. - see attached sheet

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 30992 - 430<sup>th</sup> Ave. Tabor, S.D. 57063

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

| NAME               | OFFICE                | STREET ADDRESS                     | CITY         | STATE       | ZIP+4        |
|--------------------|-----------------------|------------------------------------|--------------|-------------|--------------|
| <u>Kirby Hofer</u> | <u>President</u>      | <u>30992 430<sup>th</sup> Ave.</u> | <u>Tabor</u> | <u>S.D.</u> | <u>57063</u> |
| <u>Donna Hofer</u> | <u>Vice President</u> | <u>" " "</u>                       | <u>"</u>     | <u>"</u>    | <u>"</u>     |
| <u>Donna Hofer</u> | <u>Secretary</u>      | <u>" " "</u>                       | <u>"</u>     | <u>"</u>    | <u>"</u>     |
| <u>Kirby Hofer</u> | <u>Treasurer</u>      | <u>" " "</u>                       | <u>"</u>     | <u>"</u>    | <u>"</u>     |

4. Provide a brief description of the nature of the business Construction - mostly New Homes

SD law requires at least one director.

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

Director \_\_\_\_\_  
Director \_\_\_\_\_

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES  
1000 - one thousand Common

6. NUMBER OF ISSUED AND OUTSTANDING SHARES CLASS SERIES

1000 - one thousand Common

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

Dated August 12, 2005

Donna Hofer  
Signature

Donna Hofer  
Printed Name

Vice Pres.  
Title

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

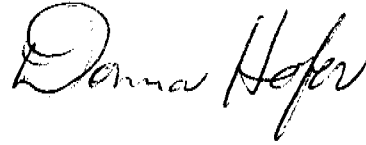
DB041696  
2005

August 12, 2005

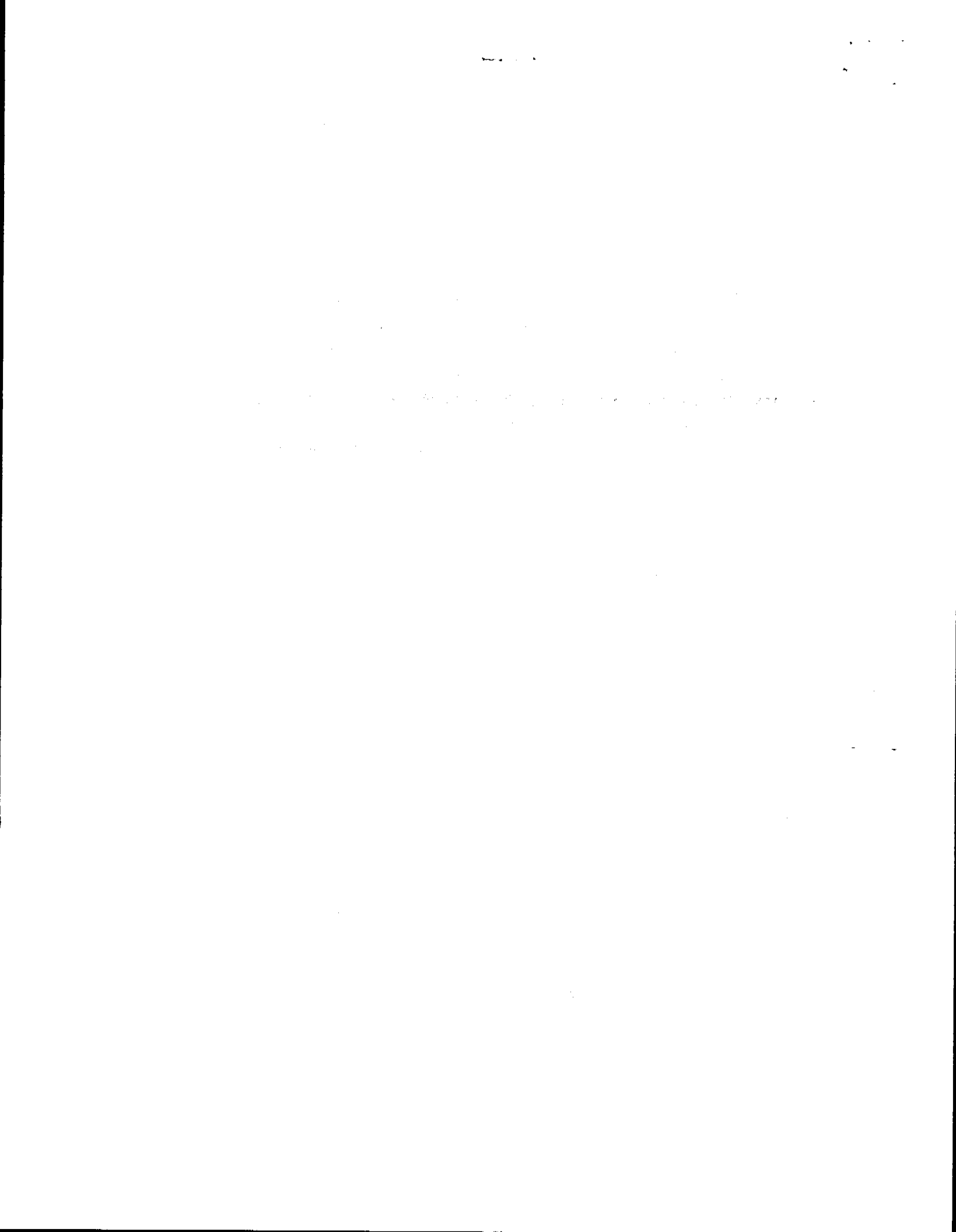
To Whom it may Concern,

Last year I enclosed a note with our annual report that the name on this report is not written the same as the name on our signed certificate of incorporation. The name on this report reads, "HOFER (KIRBY) CONSTRUCTION COMPANY, INC." The name on our certificate reads, "KIRBY HOFER CONSTRUCTION COMPANY, INC." I see that this year's report still reads the incorrect way. Is this something that needs to be corrected? If so could you please give me a call at (605) 665-0524.

Thank-you,

A handwritten signature in cursive script that reads "Donna Hofer". The signature is written in black ink and is positioned above the printed name.

Donna Hofer



252 2690 08/25/2006

# 2006

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 08/21/06  
RECEIPT NO. 1586231  
**RECEIVED**  
  
AUG 21 '06  
  
S.D. SEC. of STATE

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



\*DB041696\*  
DB041696 JUL/2005  
KIRBY HOFER CONSTRUCTION COMPANY, INC.  
HOFER, DONNA J.  
30992 430TH AVE  
TABOR SD 57063-6203

Telephone # 605-665-0524  
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 30992 - 430<sup>th</sup> Ave. Tabor, S.D. 57063

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

| NAME               | OFFICE         | STREET ADDRESS                       | CITY          | STATE       | ZIP+4        |
|--------------------|----------------|--------------------------------------|---------------|-------------|--------------|
| <u>Kirby Hofer</u> | President      | <u>30992 - 430<sup>th</sup> Ave.</u> | <u>Tabor,</u> | <u>S.D.</u> | <u>57063</u> |
| <u>Donna Hofer</u> | Vice President | <u>" "</u>                           | <u>" "</u>    | <u>" "</u>  | <u>" "</u>   |
| <u>Donna Hofer</u> | Secretary      | <u>" "</u>                           | <u>" "</u>    | <u>" "</u>  | <u>" "</u>   |
| <u>Kirby Hofer</u> | Treasurer      | <u>" "</u>                           | <u>" "</u>    | <u>" "</u>  | <u>" "</u>   |

SD law requires at least one director.

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

Director \_\_\_\_\_  
Director \_\_\_\_\_

4. Provide a brief description of the nature of the business Construction - mostly new homes

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES  
1000 - one thousand Common

6. NUMBER OF ISSUED SHARES CLASS SERIES  
1000 - one thousand Common

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

Dated 8-15-06

Donna Hofer  
Signature

Donna Hofer  
Printed Name

Vice Pres.  
Title

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

SOS CRP 07/05

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

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

3078 032 00

**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)

265 2106 08/09/2007

# 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:



\* D B O 4 1 6 9 6 \*  
DBO41696 JUL/2006  
KIRBY HOFER CONSTRUCTION COMPANY, INC.  
HOFER, DONNA J.  
30992 430TH AVE  
TABOR SD 57063-6203

Telephone # 605-665-0524  
FAX # \_\_\_\_\_

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

FILE DATE 8/27/07  
RECEIPT NO. 1701753  
**RECEIVED**  
**AUG 02 2007**  
**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. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

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

2. The address of the principal office \_\_\_\_\_

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

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

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

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

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

| NUMBER OF AUTHORIZED SHARES | CLASS | SERIES |
|-----------------------------|-------|--------|
|                             |       |        |

6. NUMBER OF ISSUED SHARES

| CLASS | SERIES |
|-------|--------|
|       |        |

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

Dated 7-31-07

Donna Hofer  
Signature

Donna Hofer  
Printed Name

Vice Pres.  
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)

279 1058 08/11/2008

2008

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: \$30** Make check payable to SECRETARY OF STATE

|                    |         |
|--------------------|---------|
| FILE DATE          | 7/31/08 |
| RECEIPT NO         | 1820139 |
| <b>RECEIVED</b>    |         |
| JUL 31 2009        |         |
| S.D. SEC. OF STATE |         |

1. Corporate Name, Registered Agent Name and Address:



DB041696 JUL/2007  
KIRBY HOFER CONSTRUCTION COMPANY, INC.  
HOFER, DONNA J.  
30992 430TH AVE  
TABOR SD 57063-6203

|  |       |
|--|-------|
| 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.

30992 430<sup>th</sup> Ave. Tabor S.D. 57063  
 Street Address City State ZIP+4

30992 430<sup>th</sup> Ave. Tabor S.D. 57063  
 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Kirby Hofer Const. Co. Inc.  
 30992 - 430<sup>th</sup> Ave. Tabor, S.D. 57063  
 Street Address (Required to be a South Dakota Address) City State ZIP+4

30992 - 430<sup>th</sup> Ave. Tabor S.D. 57063  
 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.

|                                     |                |                                |        |       |       |
|-------------------------------------|----------------|--------------------------------|--------|-------|-------|
| <input checked="" type="checkbox"/> | Kirby Hofer    | 30992 - 430 <sup>th</sup> Ave. | Tabor  | S.D.  | 57063 |
|                                     | President      | Street Address                 | City   | State | ZIP+4 |
| <input type="checkbox"/>            | Donna Hofer    | 30992 - 430 <sup>th</sup> Ave. | Tabor, | S.D.  | 57063 |
|                                     | Vice President | Street Address                 | City   | State | ZIP+4 |
| <input type="checkbox"/>            | Kirby Hofer    | 30992 - 430 <sup>th</sup> Ave. | Tabor, | S.D.  | 57063 |
|                                     | Secretary      | Street Address                 | City   | State | ZIP+4 |
| <input type="checkbox"/>            | Donna Hofer    | 30992 - 430 <sup>th</sup> Ave. | Tabor  | S.D.  | 57063 |
|                                     | Treasurer      | Street Address                 | City   | State | ZIP+4 |
| <input type="checkbox"/>            | Kirby Hofer    | 30992 - 430 <sup>th</sup> Ave. | Tabor, | S.D.  | 57063 |
|                                     | Director       | Street Address                 | City   | State | ZIP+4 |
| <input type="checkbox"/>            | Donna Hofer    | 30992 - 430 <sup>th</sup> Ave. | Tabor, | S.D.  | 57063 |
|                                     | Director       | Street Address                 | City   | State | ZIP+4 |

Dated 7-28-08

Donna Hofer  
 (Signature of an authorized officer)

Donna Hofer  
 (Printed Name)

V.P. / Treas.  
 (Title)

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

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

Please Type or Print Clearly in Ink

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

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

1. The name of the entity \_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

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

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

2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 09/08/09
RECEIPT NO 1947560
RECEIVED
AUG 31 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB041696 JUL/2008
KIRBY HOFER CONSTRUCTION COMPANY, INC.
HOFER, DONNA J.
30992 430TH AVE
TABOR SD 57063-6203

RECEIVED
SEP 08 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.

30992 - 430th Ave. Tabor S.D. 57063
Street Address City State ZIP+4
30992 - 430th Ave. Tabor S.D. 57063
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

~~Kirby Hofer Const. Co. Inc.~~ Donna J. Hofer
30992 - 430th Ave. Tabor S.D. 57063
Street Address (Required to be a South Dakota Address) City State ZIP+4
30992 - 430th Ave. Tabor S.D. 57063
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

Table with 6 columns: Role, Name, Street Address, City, State, ZIP+4. Rows include Kirby Hofer (President, checked), Donna Hofer (Vice President), Kirby Hofer (Secretary), Donna Hofer (Treasurer), Kirby Hofer (Director), and Donna Hofer (Director).

Dated 8-25-09

Donna Hofer (Signature of an authorized officer)
Donna Hofer (Printed Name)
Vice Pres. (Title)

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

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

Please Type or Print Clearly in Ink

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

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

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

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

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

310 0180 09/01/2010

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 09/01/10
RECEIPT NO 2062492
RECEIVED
SEP 01 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB041696 JUL/2009
KIRBY HOFER CONSTRUCTION COMPANY, INC.
HOFER, DONNA J.
30992 430TH AVE
TABOR SD 57063-6203

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:

30992-430th Ave. Tabor S.D. 57063
Street Address City State ZIP+4
30992-430th Ave. Tabor S.D. 57063
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Donna J. Hofer

30992-430th Ave. Tabor S.D. 57063
Street Address (Required to be a South Dakota Address) City State ZIP+4
30992-430th Ave. Tabor S.D. 57063
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.

Table with columns for Role, Name, Street Address, City, State, ZIP+4. Rows include Kirby Hofer (President, Director), Donna Hofer (Vice President, Treasurer, Director), and Kirby Hofer (Secretary).

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

Dated 8-29-10

(Signature of an Authorized Person) Donna Hofer
(Printed Name) Donna Hofer

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)

324 0370 08/02/2011

2011

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 7/28/11
RECEIPT NO 2172351
RECEIVED
JUL 28 2011
S.D. SEC. OF STATE

Telephone #

1. Corporate Name, Registered Agent Name and Address:



\*DB041696\*
DB041696 JUL/2010
KIRBY HOFER CONSTRUCTION COMPANY, INC.
HOFER, DONNA J.
30992 430TH AVE
TABOR SD 57063-6203

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.

30992 - 430th Ave. Tabor, S.D. 57063
Street Address City State ZIP+4

Mailing Address City State ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Donna J. Hofer

30992 - 430th Ave. Tabor, S.D. 57063
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

Email Address

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

Table with 5 columns: Officer Name, Street Address, City, State, ZIP+4. Rows include Kirby Hofer (President, checked), Donna Hofer (Vice President), Kirby Hofer (Secretary), Donna Hofer (Treasurer), Kirby Hofer (Director), and Donna Hofer (Director).

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

Dated 8-27-11

(Signature of an Authorized Person) Donna Hofer

Email

(Printed Name) Donna Hofer

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

Please Type or Print Clearly in Ink

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

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

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_  
(Old Registered Agent)

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

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

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

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

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

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

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

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

|               |  |  |  |
|---------------|--|--|--|
| Email Address |  |  |  |
|---------------|--|--|--|

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

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

Dated \_\_\_\_\_

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

Email \_\_\_\_\_

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

2012

Enter Filing Year

## ANNUAL REPORT

FILE 7/11/2012

RECEIPT NO 51561

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:

DB041696  
KIRBY HOFER CONSTRUCTION COMPANY, INC.  
30992 430TH AVE  
TABOR, SD 57063

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

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

|                 |       |       |       |
|-----------------|-------|-------|-------|
| 30992 430TH AVE | TABOR | SD    | 57063 |
| Street Address  | City  | State | ZIP+4 |

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

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

Agent Name: DONNA J. HOFER

|  |       |       |            |
|--|-------|-------|------------|
| 30992 430TH AVE  | TABOR | SD    | 57063-6203 |
| 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"/> | KIRBY HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | President      | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | DONNA HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Vice President | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | KIRBY HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Secretary      | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | DONNA HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Treasurer      | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | KIRBY HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Director       | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | DONNA HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | 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 07/11/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

DONNA HOFER

(Printed Name)

2013

Enter Filing Year

## ANNUAL REPORT

FILE 8/1/2013

RECEIPT NO 132225

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:

DB041696  
KIRBY HOFER CONSTRUCTION COMPANY, INC.  
30992 430TH AVE  
TABOR, SD 57063

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

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

|                 |       |       |       |
|-----------------|-------|-------|-------|
| 30992 430TH AVE | TABOR | SD    | 57063 |
| Street Address  | City  | State | ZIP+4 |

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

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

Agent Name: DONNA J. HOFER

|  |       |       |            |
|--|-------|-------|------------|
| 30992 430TH AVE  | TABOR | SD    | 57063-6203 |
| 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"/> | KIRBY HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | President      | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | DONNA HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Vice President | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | KIRBY HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Secretary      | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | DONNA HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Treasurer      | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | KIRBY HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Director       | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | DONNA HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Director       | Street Address   | City  | State | ZIP+4 |

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 08/01/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

DONNA HOFER

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

FILE DATE 7/23/2014

RECEIPT NO 218635

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:

DB041696  
KIRBY HOFER CONSTRUCTION COMPANY, INC.  
30992 430TH AVE  
TABOR, SD 57063

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

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

|                 |       |       |       |
|-----------------|-------|-------|-------|
| 30992 430TH AVE | TABOR | SD    | 57063 |
| Street Address  | City  | State | ZIP+4 |

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

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

Agent Name: DONNA J. HOFER

|  |       |       |            |
|--|-------|-------|------------|
| 30992 430TH AVE  | TABOR | SD    | 57063-6203 |
| 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"/> | KIRBY HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | President      | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | DONNA HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Vice President | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | KIRBY HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Secretary      | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | DONNA HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Treasurer      | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | KIRBY HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | Director       | Street Address   | City  | State | ZIP+4 |
| <input type="checkbox"/>            | DONNA HOFER    | 30922-430TH AVE. | TABOR | SD    | 57063 |
|                                     | 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 07/23/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

DONNA J HOFER

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 8/18/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 328468

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:

DB041696

KIRBY HOFER CONSTRUCTION COMPANY, INC.

Telephone #

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

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

30992 430TH AVE TABOR SD 57063

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: DONNA J. HOFER

30992 430TH AVE TABOR SD 57063-6203

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] KIRBY HOFER 30922-430TH AVE. TABOR SD 57063
President Actual Street Address City State ZIP+4

[ ] DONNA HOFER 30922-430TH AVE. TABOR SD 57063
Vice President Actual Street Address City State ZIP+4

[ ] KIRBY HOFER 30922-430TH AVE. TABOR SD 57063
Secretary Actual Street Address City State ZIP+4

[ ] DONNA HOFER 30922-430TH AVE. TABOR SD 57063
Treasurer Actual Street Address City State ZIP+4

|                                      |                       |       |       |       |
|--------------------------------------|-----------------------|-------|-------|-------|
| <input type="checkbox"/> KIRBY HOFER | 30922-430TH AVE.      | TABOR | SD    | 57063 |
| Director                             | Actual Street Address | City  | State | ZIP+4 |

|                                      |                       |       |       |       |
|--------------------------------------|-----------------------|-------|-------|-------|
| <input type="checkbox"/> DONNA HOFER | 30922-430TH AVE.      | TABOR | SD    | 57063 |
| Director                             | Actual Street Address | City  | State | ZIP+4 |

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

Dated

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

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

(Signature of an Authorized Person)

DONNA J HOFER \_\_\_\_\_

(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.

8/18/2015 3:48:01 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 8/30/2016

RECEIPT NO 450735

## 1. Corporate ID and Name:

DB041696

Enter Corporate ID

KIRBY HOFER CONSTRUCTION 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).

|   |       |       |       |
|---|-------|-------|-------|
| 30992 430TH AVE                                 | TABOR | SD    | 57063 |
| 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: DONNA J. HOFER

|   |       |       |            |
|---|-------|-------|------------|
| 30992 430TH AVE   | TABOR | SD    | 57063-6203 |
| Actual Street Address or Rural Route Box Number in This State | City  | State | ZIP+4      |

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

## 5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

|                                     |             |                       |       |       |       |
|-------------------------------------|-------------|-----------------------|-------|-------|-------|
| <input checked="" type="checkbox"/> | KIRBY HOFER | 30922-430TH AVE.      | TABOR | SD    | 57063 |
|                                     | President   | Actual Street Address | City  | State | ZIP+4 |

|                          |                |                       |       |       |       |
|--------------------------|----------------|-----------------------|-------|-------|-------|
| <input type="checkbox"/> | DONNA HOFER    | 30922-430TH AVE.      | TABOR | SD    | 57063 |
|                          | Vice President | Actual Street Address | City  | State | ZIP+4 |

|                          |             |                       |       |       |       |
|--------------------------|-------------|-----------------------|-------|-------|-------|
| <input type="checkbox"/> | KIRBY HOFER | 30922-430TH AVE.      | TABOR | SD    | 57063 |
|                          | Secretary   | Actual Street Address | City  | State | ZIP+4 |

|                          |             |                       |       |       |       |
|--------------------------|-------------|-----------------------|-------|-------|-------|
| <input type="checkbox"/> | DONNA HOFER | 30922-430TH AVE.      | TABOR | SD    | 57063 |
|                          | Treasurer   | Actual Street Address | City  | State | ZIP+4 |

|                          |             |                       |       |       |       |
|--------------------------|-------------|-----------------------|-------|-------|-------|
| <input type="checkbox"/> | KIRBY HOFER | 30922-430TH AVE.      | TABOR | SD    | 57063 |
|                          | Director    | Actual Street Address | City  | State | ZIP+4 |



DONNA HOFER

30922-430TH AVE.

TABOR

SD

57063

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 08/30/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

DONNA HOFER

(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.

8/30/2016 3:04:59 PM