

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Organization

Domestic LLC

ORGANIZATIONAL ID# DL042821

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of

Hohn & Sons Contracting, LLC

duly signed and verified, 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 Organization and attach hereto a duplicate of the Articles of Organization.

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 04/01/2015.



Shantel Krebs

Shantel Krebs
Secretary of State

4/8/2015 10:52:58 AM

Change ID: 1241303

Article V

The name and address of each organizer

Kyle R. Claussen	1718 North Sanborn Blvd	Mitchell	SD	57301
Name	Street Address	City	State	ZIP+4
<hr/>				
Name	Street Address	City	State	ZIP+4
<hr/>				
Name	Street Address	City	State	ZIP+4
<hr/>				
Name	Street Address	City	State	ZIP+4

Article VI

Check one:

- The company will be member managed.
 The company will be manager managed.

If this company is to be manager managed, please state the name and address of each initial manager.

Manager	Street Address	City	State	ZIP+4
<hr/>				
Manager	Street Address	City	State	ZIP+4
<hr/>				
Manager	Street Address	City	State	ZIP+4

Article VII

Whether one or more of the members of the company are to be liable for its debts and obligations as set forth under SDCL 47-34A-303 (c).

Article VIII

Any other provisions not inconsistent with law, which the members elect to set out in the articles of organization.

The Articles of Organization must be executed by the organizers.

Dated March 27, 2015

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.



(Signature of an organizer)

Kyle R. Claussen

(Printed Name)

Attorney

(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)



South Dakota Secretary of State
SHANTEL KREBS

Return To: MORGAN THEELER LLP/ KYLE R CLAUSSEN
PO BOX 1025
MITCHELL, SD 57301

From: Secretary of State Shantel Krebs
Corporations Division

Filing Date: 04/01/2015

Re: Hohn & Sons Contracting, LLC (DL042821)
Articles of Organization

The documents on behalf of Hohn & Sons Contracting, LLC have been received and filed. Attached is the Certificate along with a receipt for the filing fee of \$200.00. Below is a summary of the transaction.

Remitter	Address	Amount Paid
MORGAN THEELER LLP/ KYLE R CLAUSSEN	PO BOX 1025 MITCHELL, SD 57301	\$200.00
Total:		\$200.00

Description	Invoice Date	Qty	Receipt #	Subtotal
Articles of Organization	04/08/2015	1	290686	\$150.00
Expedited	04/08/2015	1	290686	\$50.00
Refunds	04/08/2015	1	290686	\$.00
Total:				\$200.00

2016

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 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 5/20/2016

RECEIPT NO 418195

1. LLC ID and Name:

DL042821

Enter LLC ID

Hohn & Sons Contracting, LLC

Enter LLC Name

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

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

26336 411TH AVE ETHAN SD 57334

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

PO BOX 97 ETHAN SD 57334

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

4. The name of the South Dakota Registered Agent

Agent Name: DAVID L HOHN

26336 411TH AVE ETHAN SD 57334

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 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager 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 L HOHN

(Printed Name)

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

5/20/2016 7:05:31 PM