

RETURN TO  
 SECRETARY OF STATE  
 STATE CAPITOL  
 500 E. CAPITOL  
 PIERRE, S.D. 57501-8077  
 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 4-18-94  
 RECEIPT NO. 382965

**\$50 RECEIVED**  
**APR 18 1994**

1. Corporate Agent and Registered Address:

88-032487  
 CLOTHING COMPANY (THE) DEC/OC  
 PICEK, JULEE  
 289 DAKOTA AVE S #4  
 HURON, SD 57350-1910

Telephone # (605) 352-7887

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 Retail Clothing Store and Related Matters

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				
Julee Picek	Co-President	289 Dakota South #4	Huron	SD	57350-1910
Rick Picek	Co-President	139 2nd Street NE	Huron	SD	57350
Rick Picek	Secretary	139 2nd Street NE	Huron	SD	57350
Julee Picek	Treasurer	289 Dakota South #4	Huron	SD	57350-1910

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
400	Common		\$1.00

5. NUMBER OF SHARES ISSUED 80 CLASS Common SERIES

6. The amount of its stated capital is \$ 17,594

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 April 15, 19 94

By Julee Hadley  
 (Signature)  
 Its Co-President & Treasurer  
 (Title)

STATE OF South Dakota  
 COUNTY OF Beadle ss

I, Sharon L. Kearns, a notary public, do hereby certify that on this 15th day of April, 19 94,

personally appeared before me Julee Hadley who, being by me first duly sworn, declared that she is the

Co-President & Treasurer of The Clothing Company

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

My Commission Expires March 18, 1999.

Sharon L. Kearns  
 Notary Public

(Notarial Seal)

SOS CRP 410 10/82

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D., 57501-5077  
805-773-4845

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

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

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# 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 12-28-94  
RECEIPT NO. 434421  
RECEIVED  
DEC 28 1994  
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DB-032487 DEC/93  
CLOTHING COMPANY (THE)  
PICEK, JULIE  
289 DAKOTA AVE S #4  
HURON, SD 57350-1910

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 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 Dec 22 1994

By Julie Hadley  
(Signature)  
its co-president  
(Title)

STATE OF SD  
COUNTY OF Beadle as

I, Mary R Duncan, a notary public, do hereby certify that on this 22 day of December 1994 personally appeared before me Julie Hadley who, being by me first duly sworn, declared that he/she is the Co-President of Clothing Company (The)

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires 11-30-95  
Mary R Duncan  
Notary Public

(Notarial Seal)

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-6077  
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)

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)

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

**ANNUAL REPORT**

6-98123.4900

DOMESTIC  
 PLEASE TYPE OR USE BLACK INK

FILE DATE 8-31-96  
 RECEIPT NO. 561630

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

D8032487 CLOTHING COMPANY (THE) 12-95  
 PICEK, JULEE  
 289 DAKOTA AVE S #4  
 HURON SD 57350-1910

Federal Taxpayer ID [REDACTED]

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

AUG 09 1996

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

S.D. SEC. OF STATE

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, complete the Statement of Change on the reverse 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 Retail selling goods

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Rick Picek</u>	Director	<u>139 2nd St NE</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Julee Hadley</u>	Director	<u>1336 2nd St SE</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Julee Hadley</u>	President	<u>1336 2nd St SE</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Rick Picek</u>	Vice President	<u>139 2nd St NE</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Rick Picek</u>	Secretary	<u>139 2nd St NE</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Julee Hadley</u>	Treasurer	<u>1336 2nd St SE</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>

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

1400 Common — \$100.00

5. NUMBER OF SHARES ISSUED 90 CLASS SERIES

Common

6. The amount of its stated capital is \$ 3000

The report may be signed by the chairman of the board of directors, its president, or any other officer.

Dated 30 1996

By Julee Hadley  
 (Signature)  
 its President-Treasurer  
 (Title)

STATE OF South Dakota  
 COUNTY OF Beadle ss

I, Mary R Durran, a notary public, do hereby certify that on this 30 day of July 1996, personally appeared before me Julee Hadley, who, being by me first duly sworn, declared that he/she is the CO-president of \_\_\_\_\_ that he/she signed the foregoing document as Officer of the corporation, and the statements therein contained are true.

My Commission Expires 11-30-2003  
Mary R Durran  
 Notary Public

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

- The name of the corporation is The Clothing Company
- The current street address, or a statement that there is no street address, of its registered office is 289 NAKOTA AVE S HURON SD ZIP 57350
- The street address, or a statement that there is no street address, to which the registered office is to be changed is N/A ZIP \_\_\_\_\_
- The name of its previous registered agent is JULEE PICKER
- The name of its successor registered agent is JULEE HADLEY  
• The Consent of Registered Agent below must be completed by the agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president or by another of its officers.

Date 7-25-96 1996

Julee Hadley  
(signature)  
CO-president  
(title)

STATE OF South Dakota  
COUNTY OF Beadle ss

I, Mary R Duncan, a notary public, do hereby certify that on this 25 day of July 1996, personally appeared before me Julee Hadley who, being by me first duly sworn, declared that he/she is the CO-president of The Clothing Company that he/she signed the foregoing document as Officer of the corporation, and the statements therein contained are true.

My Commission Expires 11-30-2003

Mary R Duncan  
Notary Public

(Notarial Seal)

<b>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</b>	
I, <u>Julee Hadley</u> , hereby give my consent to serve as the	
(name of registered agent)	
registered agent for <u>The Clothing Company</u>	
(corporate name)	
Dated <u>7-25-96</u>	<u>Julee Hadley</u> (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 1/23/97  
RECEIPT NO. 2282  
REC'D  
JAN 28 1997

1. Corporate Name, Registered Agent and Registered Address

DB-032487 DEC/95  
CLOTHING COMPANY (THE)  
HADLEY, JULEE  
289 DAKOTA AVE S #1  
HURON, SD 57350 1010

Telephone # 605 356 7887

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 January 23, 1997

By Julee Hadley  
(Signature)  
its Co-president  
(Title)

STATE OF South Dakota  
COUNTY OF Beadle ss

I, Mary B Duncan, a notary public, do hereby certify that on this 23 day of January, 1997, personally appeared before me Julee Hadley, who, being by me first duly sworn, declared that he/she is the Co-president of The Clothing Company

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

My Commission Expires 11-30-2003

Mary B Duncan  
Notary Public

(Notary Seal)

SOS CRP 410 10/95

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: \$5** In addition to annual report fee

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

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

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

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

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

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

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)

1997

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

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 5-1-98  
RECEIPT NO. 708048  
RECEIVED RECEIVED  
MAY 01 1998 APR 28 1998  
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB- DEC/96  
CLOTHING COMPANY (THE)  
HADLEY, JULIE  
289 DAKOTA AVE S #1  
HURON, SD 57350-1910

Telephone # 605 352 7887  
FAX # 605 352 1939

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 RETAIL CLOTHING STORE  
AND RELATED MATTERS

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>JULIE HADLEY</u>	<u>President</u>	<u>1336 TADANO SE</u>	<u>HURON</u>	<u>SD</u>	<u>57350-3139</u>
<u>CLIFF HADLEY</u>	<u>Vice President</u>	<u>1336 TADANO SE</u>	<u>HURON</u>	<u>SD</u>	<u>57350-3139</u>
_____	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.

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) 700 CLASS Common SERIES None PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE 100

5. NUMBER OF SHARES ACTUALLY ISSUED 40 CLASS Common SERIES None

6. The amount of its stated capital is \$ 7,000.00 (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 4-27-98 19 98

By Julie Hadley  
(Signature)  
Its President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF BEADLE ss

I, Sharon L. Kearns, a notary public, do hereby certify that on this 27th day of April, 19 98, personally appeared before me Julie Hadley who, being by me first duly sworn, declared that she is the President of Clothing Company (The)

that she signed the foregoing document as officer of the corporation, and the statements herein contained are true.  
My Commission Expires March 18, 1999.  
Sharon L. Kearns  
Notary Public

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
SIOUX FALLS, SD 57601-6077  
605-773-4846

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

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

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

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

The name of the corporation is THE CLOTHING COMPANY

- The previous street address, or a statement that there is no street address, of its registered office  
289 Dakota Ave S Huron SD 57350 ZIP + 4 57350
- 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.  
800 21st St SW ZIP + 4 57350
- The name of its previous registered agent is Julee Hadley
- The name of its successor registered agent is Julee Hadley  
\* 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 4-27-1998

Julee Hadley  
(signature)  
President  
(title)

STATE OF SOUTH DAKOTA  
COUNTY OF BEADLE ss

I, Sharon L. Kearns, a notary public, do hereby certify that on this 27th day of April, 1998, personally appeared before me Julee Hadley who, being by me first duly sworn, declared that he/she is the President of Clothing Company (The) that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires March 18, 1999.

Sharon L. Kearns  
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Julee Hadley, hereby give my consent to serve as the registered agent for The Clothing Company  
(name of registered agent) (corporate name)  
Dated 4-27-98 Julee Hadley  
(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 2-1-99  
 RECEIPT NO. 171976

RECEIVED

FEB 01 1999

1. Corporate Name, Registered Agent and Registered Address:

DB-032487  
 CLOTHING COMPANY (THE)  
 HADLEY, JULIE  
 800 21ST SW  
 HURON, SD 57350-4399

Telephone # 605 352 1867  
 FAX # 605 357 1929  
 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 RETAIL CLOTHING STORE  
AND RELATED MATTERS

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>JULIE HADLEY</u>	President	<u>13310 INDIAN SE</u>	<u>HURON</u>	<u>SD</u>	<u>57350-3639</u>
<u>CLIFF HADLEY</u>	Vice President	<u>13310 INDIAN SE</u>	<u>HURON</u>	<u>SD</u>	<u>57350-3639</u>
<u>/</u>	Secretary				
	Treasurer				

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

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:  
 NUMBER OF SHARES CAN ISSUE (authorized) 400 CLASS Common SERIES NONE PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE 100

5. NUMBER OF SHARES ACTUALLY ISSUED 40 CLASS Common SERIES NONE

6. The amount of its stated capital is \$ 4000.00 (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 1-26- 19 99  
 By Julie Hadley  
 (Signature)  
 Its President  
 (Title)

STATE OF South Dakota  
 COUNTY OF Beadle ss

I, Sharon L. Kearns, a notary public, do hereby certify that on this 26th day of January, 19 99  
 personally appeared before me Julie Hadley who, being by me first duly sworn, declared that he/she is the  
President of Clothing Company (The)

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
 My Commission Expires March 18, 1999.

Sharon L. Kearns  
 Notary Public  
 Sharon L. Kearns

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5070  
805-773-4845

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

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

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

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

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

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

Date \_\_\_\_\_ 19 \_\_\_\_\_

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

\_\_\_\_\_  
(title)

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

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

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_

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

1999

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

**ANNUAL REPORT**

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-3-00  
RECEIPT NO. 862277

RECEIVED

MAR 3 2000

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-032487  
CLOTHING COMPANY (THE)  
HADLEY, JULIE  
800 21ST SW  
HURON SD 57350-4399

Telephone # 605-352-7887  
FAX # 605-352-1939

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 2-28-00

By [Signature]  
(Signature)

Its VP/Treasurer  
(Title)

STATE OF South Dakota ss  
COUNTY OF Beadle

I, Sharon L. Kearns, a notary public, do hereby certify that on this 28th day of February, 2000, personally appeared before me Cliff Hadley who, being by me first duly sworn, declared that he is the

Vice Pres / Treas of The Clothing Company the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires March 18, 2005

[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 \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 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 \_\_\_\_\_ (signature) \_\_\_\_\_



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

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

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

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

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

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)

047411110000

2001

RETURN TO  
SECRETARY OF STATE  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (505) 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 1-3-02  
RECEIPT NO. 006721

RECEIVED

JAN 03 '02

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-032487 DEC/2000  
CLOTHING COMPANY (THE)  
HADLEY, JULEE  
800 21ST SW  
HURON SD 57350-4399

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
Federal Taxpayer ID \_\_\_\_\_

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

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

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

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

\*\*\*\*\*

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

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

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

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

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:  
NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5 NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated December 31, 2001  
By Cliff Hadley  
(Signature)  
Its Sec/Treasurer  
(Title)

STATE OF SOUTH DAKOTA ss  
COUNTY OF BEADLE

On this the 31st day of December, 20 01, before me, Sharon L. Kearns  
personally appeared Cliff Hadley, known to me, or proved to me,  
to be the Secretary-Treasurer of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires March 18, 2005  
\_\_\_\_\_  
Notary Public  
Sharon L. Kearns

(Notarial Seal)

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

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

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

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

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature)

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

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

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

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_

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

2002

ANNUAL REPORT

603219.4120  
3/20/03

FILE DATE 12/23/02  
RECEIPT NO. 117683  
RECEIVED

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-032487 DEC/2001  
CLOTHING COMPANY (THE)  
HADLEY, JULEE  
800 21ST SW  
HURON SD 57350-4399

Telephone # 605-352-7887  
FAX # 605-352-1220  
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 12-19-02

By [Signature]  
(Signature)

Its Sec/Treasurer  
(Title)

STATE OF South Dakota ss  
COUNTY OF Beadle

On this the 19th day of December, 2002, before me, Doris Purcell  
personally appeared Cliff Hadley, known to me, or proved to me,  
to be the Secretary/Treasurer of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 4-20-06

[Signature]  
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077  
PHONE: 605-773-4845 FAX (605) 773-4550  
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

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

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

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

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

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

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

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

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

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

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

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
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) \_\_\_\_\_

225 4058 02/24/2004

# 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 02/22/04  
RECEIPT NO. 1292538  
RECEIVED  
FEB 2 2004  
JAN 21 04

1. Corporate Name, Registered Agent and Registered Address:



\*DB-032487\*  
DB-032487 DEC/2002  
CLOTHING COMPANY (THE)  
HADLEY, JULEE  
800 21ST SW  
HURON SD 57350-4399

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
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 1-30-04

By [Signature]  
(Signature)  
Its co-owner  
(Title)

STATE OF South Dakota  
COUNTY OF Beadle ss

On this the 30th day of January, 2004, before me, Doris Purcell

personally appeared Cliff Hadley, known to me, or proved to me, to be the co-owner 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 4-20-06

[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

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

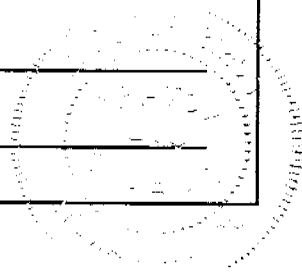
(Notarial Seal)

### 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)





**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)

244 3815 01/23/2006

# 2005

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 01/18/06  
RECEIPT NO. 1515734

RECEIVED

JAN 18 06

S.D. SEC. of STATE

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



\*DB032487\*  
DB032487 DEC/2004  
THE CLOTHING COMPANY  
HADLEY, JULEE  
800 21ST SW  
HURON SD 57350-4399

Telephone # 605 ~~352-7887~~ 352-7887  
FAX # 605 352-1939

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 800 21st St SW, Huron SD 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Julee Hadley</u>	President	<del>6336</del> <u>800 21st St SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
	Vice President				

	Secretary				
<u>Cliff Hadley</u>	Treasurer	<u>800 21st St SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>

4. Provide a brief description of the nature of the business retail specialty clothing

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
<u>80 @ \$100/share</u>		

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
<u>80 (same)</u>		

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

Dated 1-17-06

C Hadley  
Signature

Cliff Hadley  
Printed Name

Treasurer  
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)



**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)

271 1689 01/11/2008

# 2007

## ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

FILE DATE 01/04/08  
RECEIPT NO. 175425

RECEIVED

JAN 04 2008

S.D. SEC. OF STATE

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

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



DB032487 DEC/2006  
THE CLOTHING COMPANY  
HADLEY, JULEE  
800 21ST SW  
HURON SD 57350-4399

Telephone # 605-352-7887  
FAX # 352-1939

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

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

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

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

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

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

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

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

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES

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

Dated 1-3-08

Cliff Hadley  
Signature

Cliff Hadley  
Printed Name

Treasurer  
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)

284 3227 01/12/2009

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 12/29/08
RECEIVED
DEC 29 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB032487 DEC/2007
THE CLOTHING COMPANY
HADLEY, JULEE
800 21ST SW
HURON SD 57350-4399

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.

800 21st St SW Huron SD 57350
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Julee Hadley
800 21st St SW Huron SD 57350
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

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.

[X] Julee Hadley 800 21st St SW Huron SD 57350
President Street Address City State ZIP+4

[ ] Vice President Street Address City State ZIP+4

[ ] Secretary Street Address City State ZIP+4

[X] Cliff Hadley 800 21st St SW Huron SD 57350
Treasurer Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

Dated 12-25-08

[Signature]
(Signature of an authorized officer)

Cliff Hadley
(Printed Name)

Treasurer
(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)

300 0753 01/13/2010

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 RECEIVED

FILE DATE 01/05/10
RECEIPT NO 1984155
RECEIVED
DEC 31 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB032487 DEC/2008
THE CLOTHING COMPANY
HADLEY, JULEE
800 21ST SW
HURON SD 57350-4399

JAN 05 2010
S.D. SEC. OF STATE

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

2. The address of the principal executive office in or out of the State of South Dakota.

1336 Idaho Ave SE Huron SD 57350
Street Address City State ZIP+4
(same)
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

(di) Julie Hadley
800 21st St SW Huron SD 57350
Street Address City State ZIP+4
(same)
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.

\* Julie Hadley 1336 Idaho Ave SE Huron SD 57350
President Street Address City State ZIP+4
Vice President Street Address City State ZIP+4
Secretary Street Address City State ZIP+4
\* Cliff Hadley 1336 Idaho Ave SE Huron SD 57350
Treasurer Street Address City State ZIP+4
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4

Dated 12-26-09

(Signature of an authorized officer)
Cliff Hadley
(Printed Name)
Treasurer
(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)

314 2090 12/29/2010

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 12/28/10  
RECEIPT NO 2098854  
**RECEIVED RECEIVED**  
**DEC 22 2010 DEC 28 2010**  
**S.D. SEC. OF STATE S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



\*DB032487\*  
DB032487 DEC/2009  
THE CLOTHING COMPANY  
HADLEY, JULEE  
800 21ST SW  
HURON SD 57350-4399

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.

(ch) 800 21st St SW Huron SD 57350  
Street Address City State ZIP+4  
(Same)  
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Julee Hadley

(ch) 800 21st St SW Huron SD 57350  
Street Address (Required to be a South Dakota Address) City State ZIP+4  
(Same)  
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.

Julee Hadley 1336 Idaho Ave SE Huron SD 57350  
President Street Address City State ZIP+4  
 Vice President Street Address City State ZIP+4  
 Secretary Street Address City State ZIP+4  
 Cliff Hadley 1336 Idaho Ave SE Huron SD 57350  
Treasurer Street Address City State ZIP+4  
 Director Street Address City State ZIP+4  
 Director Street Address City State ZIP+4

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

Dated 12-20-10

Cliff Hadley  
(Signature of an Authorized Person)  
Cliff Hadley  
(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)



2012

Enter Filing Year

## ANNUAL REPORT

FILE 12/28/2012

RECEIPT NO 84085

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:

DB032487  
THE CLOTHING COMPANY  
800 21ST ST SW  
HURON, SD 57350-4349

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

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

800 21ST ST SW	HURON	SD	57350-4349
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
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## 4. The name of the South Dakota Registered Agent

Agent Name: JULEE HADLEY

800 21ST SW	HURON	SD	57350-4399
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
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## 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 type="checkbox"/>	President	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
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CLIFF HADLEY	1336 IDAHO AVE SE	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JULEE M HADLEY	1336 IDAHO AVE SE	HURON	SD	57350
	President	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 12/28/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

CLIFF HADLEY

(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 12/29/2013

RECEIPT NO 163612

## 1. Corporate ID and Name:

DB032487  
THE CLOTHING COMPANY  
800 21ST ST SW  
HURON, SD 57350-4349

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

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

800 21ST ST SW	HURON	SD	57350-4349
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
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## 4. The name of the South Dakota Registered Agent

Agent Name: JULEE HADLEY

800 21ST SW	HURON	SD	57350-4399
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
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## 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 type="checkbox"/>	President	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
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CLIFF HADLEY	1336 IDAHO AVE SE	HURON	SD	57350
<input checked="" type="checkbox"/>	JULEE M HADLEY	1336 IDAHO AVE SE	HURON	SD	57350

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 12/29/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

CLIFFORD M HADLEY

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

FILE DATE 12/28/2014

RECEIPT NO 257651

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:

DB032487  
THE CLOTHING COMPANY  
800 21ST ST SW  
HURON, SD 57350-4349

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

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

800 21ST ST SW	HURON	SD	57350-4349
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
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## 4. The name of the South Dakota Registered Agent

Agent Name: JULEE HADLEY

800 21ST SW	HURON	SD	57350-4399
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
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## 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 type="checkbox"/>	President	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
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CLIFF HADLEY	1336 IDAHO AVE SE	HURON	SD	57350
<input checked="" type="checkbox"/>	JULEE M HADLEY	1336 IDAHO AVE SE	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
	President	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 12/28/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

CLIFF HADLEY

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 12/29/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 364253

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:

DB032487

THE CLOTHING COMPANY

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

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

800 21ST ST SW HURON SD 57350-4349

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: JULEE HADLEY

800 21ST SW HURON SD 57350-4399

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.

President 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

Director	Actual Street Address	City	State	ZIP+4
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Director	Actual Street Address	City	State	ZIP+4
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CLIFF HADLEY	1336 IDAHO AVE SE	HURON	SD	57350
Secretary	Actual Street Address	City	State	ZIP+4

JULEE M HADLEY	1336 IDAHO AVE SE	HURON	SD	57350
President	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)

CLIFF HADLEY

(Printed Name)