

382 2221

Receipt Number: 2143685

File Number **DL024594**



ARTICLES_OF_ORGANIZATION

For

REALITY CHECK, LLC

Filed at the request of:

**E E HAWK
318 JAMIESON DRIVE
FORT PIERRE SD 57532**

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

Filed in the office of the Secretary of State on: **Thursday, May 05, 2011**


Secretary of State

Fee Received: \$150.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL024594

I, Jason M. Gant, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **REALITY CHECK, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company 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 Organization and attach hereto a duplicate of the Articles of Organization.

IN IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this May 5, 2011.



Jason M. Gant
Secretary of State

382 2223 05/11/2011

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

ARTICLES OF ORGANIZATION DOMESTIC LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: \$150 payable to SECRETARY OF STATE

RECEIVED
MAY 05 2011
S.D. SEC. OF STATE

Filed this 5th day of May, 2011



SECRETARY OF STATE

Telephone # (605) 223-2420
FAX # _____

Article I

The name of the company is Reality Check, LLC

The name must contain limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

Article II

The duration of the company if other than perpetual is _____

Article III

The address of the initial designated office in or out of the State of South Dakota where the company conducts its business.

<u>201 W. Pleasant</u>	<u>Pierre</u>	<u>SD</u>	<u>57501</u>
Street Address	City	State	ZIP+4
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Mailing Address (Optional)	City	State	ZIP+4

Article IV

The South Dakota Registered Agent name Elick E. Hawk

<u>318 Jamieson Dr.</u>	<u>Fort Pierre</u>	<u>SD</u>	<u>57532</u>
Street Address or Rural Route Number in This State and	City	State	ZIP+4
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent.

Article V

The name and address of each organizer

Elick E. Hawk	318 Jamieson Dr.	Fort Pierre	SD	57532
Name	Street Address	City	State	ZIP+4
Donna I. Hawk	318 Jamieson Dr.	Fort Pierre	SD	57532
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4
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
Manager	Street Address	City	State	ZIP+4
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 May 2, 2011

Elick E Hawk
(Signature of an organizer)

Elick E. Hawk
(Printed Name)

Manager
(Title)

Dated May 2, 2011

Donna I Hawk
(Signature of an organizer)

Donna I. Hawk
(Printed Name)

Member
(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)

2012

Enter Filing Year

ANNUAL REPORT

FILE 5/1/2012

RECEIPT NO 39239

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL024594
REALITY CHECK, LLC
201 W PLEASANT
PIERRE, SD 57501-2405

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

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

201 W PLEASANT PIERRE SD 57501-2405
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ELICK E. HAWK

318 JAMIESON DR FORT PIERRE SD 57532-2315
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 business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three empty rows for manager information.

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 05/01/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

ELICK E HAWK

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 4/29/2013

RECEIPT NO 113044

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL024594
REALITY CHECK, LLC
201 W PLEASANT
PIERRE, SD 57501-2405

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

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

201 W PLEASANT PIERRE SD 57501-2405
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ELICK E. HAWK

318 JAMIESON DR FORT PIERRE SD 57532-2315
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 business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager 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 04/29/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

ELICK E HAWK

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 4/18/2014

RECEIPT NO 193977

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL024594
REALITY CHECK, LLC
201 W PLEASANT
PIERRE, SD 57501-2405

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

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

201 W PLEASANT PIERRE SD 57501-2405
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ELICK E. HAWK

318 JAMIESON DR FORT PIERRE SD 57532-2315
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 business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager 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 04/18/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ELICK E. HAWK

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 3/3/2015

RECEIPT NO 279129

1. L.L.C. ID and Name:
DL024594
REALITY CHECK, LLC
201 W PLEASANT
PIERRE, SD 57501-2405

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

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

201 W PLEASANT PIERRE SD 57501-2405
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ELICK E. HAWK

318 JAMIESON DR FORT PIERRE SD 57532-2315
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 business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	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 03/03/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

ELICK E HAWK

(Printed Name)

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 3/14/2016

RECEIPT NO 392895

1. LLC ID and Name:

DL024594

Enter LLC ID

REALITY CHECK, 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).

318 JAMIESON DR. FORT PIERRE SD 57532

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: ELICK E. HAWK

318 JAMIESON DR FORT PIERRE SD 57532-2315

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

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value
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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)

ELICK E HAWK

(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.

3/14/2016 11:20:55 AM