

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

91993217038
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 12-13-93
 RECEIPT NO. 359140

RECEIVED
 DEC 13 1993

1 Corporate Name, Registered Agent and Registered Address:

DB-006603 NOV/92
 MASONIC TEMPLE ASSOCIATION (LEMMON)
 JOHNSON, EVERT
 408 3RD AVE. EAST
 LEMMON, SD 57638-1602

Telephone # 374-5650

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 9 1993

By Ethel Johnson
 (Signature)
 Its Sec. & Treas.
 (Title)

STATE OF S.D.
 COUNTY OF Butte ss

I, Cassie Dale, a notary public, do hereby certify that on this 9th day of Dec 1993 personally appeared before me Ethel Johnson who, being by me first duly sworn, declared that he/she is the Sec. & Treas. of Masonic Temple Assn.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
 My Commission Expires 5/1/99
Cassie Dale
 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

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

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

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

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

Date _____ 19_____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19_____

(signature)

1994
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

9 3 1 1 1 7 3 0 3 3 0
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 11-1-94
RECEIPT NO. 420483

RECEIVED

OCT 25 1994

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DB-006603 NOV/93
MASONIC TEMPLE ASSOCIATION (LEMMON)
JOHNSON, EVERT
408 3RD AVE. EAST
LEMMON, SD 57638-1602

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 Oct 24 1994

By Evert Johnson
(Signature)
Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Perkins ss

I, Cheryl J. Seim, a notary public, do hereby certify that on this 24th day of October 1994,
personally appeared before me Evert Johnson who, being by me first duly sworn, declared that he/she is the
President of Masonic Temple Association

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

My Commission Expires _____

Notary Public Cheryl J. Seim

(Notarial Seal)

SOS CRP 410 10/92

SECRETARY OF STATE
STATE CAPITOL
600 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: \$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)

1995

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12-22-95
RECEIPT NO. 50475
RECEIVED
NOV 08 1995

1. Corporate Name, Registered Agent and Registered Address:

DB-006603 NOV/94
MASONIC TEMPLE ASSOCIATION (LEMMON)
JOHNSON, EVERT
408 3RD AVE. EAST
LEMMON, SD 57638-1602

Telephone # 374-5622
FAX # _____
Federal Taxpayer ID # DEC 11 1995
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 ***** DEC 22 1995

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.

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
Fraternal Lodge

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
<u>James Riddle</u>	Director	<u>406-4th Ave NW</u>	<u>Lemmon</u>	<u>S. D.</u>	<u>57638</u>
<u>Gordon Dreiske</u>	Director	<u>803-6th Ave. W.</u>	<u>Lemmon</u>	<u>S. D.</u>	<u>57638</u>
<u>Max Myhre</u>	President	<u>501-3rd St. W.</u>	<u>Lemmon</u>	<u>S. D.</u>	<u>57638</u>
<u>Floyd Short, Jr.</u>	Vice President	<u>511-2nd Ave W.</u>	<u>Lemmon</u>	<u>S. D.</u>	<u>57638</u>
<u>Ethel Johnson</u>	Secretary	<u>408-3rd Ave. E.</u>	<u>Lemmon</u>	<u>S. D.</u>	<u>57638</u>
<u>sa/le</u>	Treasurer	<u>11</u>	<u>"</u>	<u>"</u>	<u>"</u>

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

NUMBER OF SHARES CAN ISSUE CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
2000 NOTE \$25

NUMBER OF SHARES ISSUED CLASS SERIES

5. The amount of its stated capital is \$ 50,000

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 Nov 7 1995
By Ethel R. Johnson
(Signature)
for Sec-Treas
(Title)

STATE OF South Dakota
COUNTY OF Perkins ss
I, Cheryl J. Sain, a notary public, do hereby certify that on this 7th day of November, 1995, personally appeared before me Ethel R. Johnson who, being by me first duly sworn, declared that he/she is the Sec/Treas. of Masonic Temple Association that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 8/28/98
Notary Public Cheryl J. Sain

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
600 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: \$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 MASONIC TEMPLE ASSOCIATION (LEMMON)
- The previous street address, or a statement that there is no street address, of its registered office 408 3RD AVE E LEMMON SD 57633 ZIP + 4 _____
- The street address, or a statement that there is no street address, to which the registered office is to be changed is _____ ZIP + 4 _____
- The name of its previous registered agent is EVERT JOHNSON
- The name of its successor registered agent is Floyd Shert, Jr 511 2nd Ave W Lemmon, sd
* 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 Dec 1 1995

Ethel R. Johnson
(signature)
Sec. Treas.
(title)

STATE OF SOUTH DAKOTA
COUNTY OF PERKINS

I, Laurie D. Hoff, a notary public, do hereby certify that on this 1st day of December, 1995, personally appeared before me Ethel R. Johnson who, being by me first duly sworn, declared that he/she is the Sec./Treas. of Masonic Temple Association (Lemmon) that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1-26-2003

Laurie D. Hoff
Notary Public Laurie D. Hoff

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Floyd Shert, Jr, hereby give my consent to serve as the registered agent for Masonic Temple Association (corporate name)

Dated 12-21 1995

Floyd Shert, Jr
(signature)

SECRETARY OF STATE
STATE CAPITOL
509 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: \$6 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 Masonic Temple Association (Lemmon)
(file 12/22-95)
- The previous street address, or a statement that there is no street address, of its registered office
408 3rd Ave E, Lemmon, SD ZIP: 4 57638
- 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.
511 2nd Ave W., Lemmon, SD ZIP: 4 57638-1407
- The name of its previous registered agent is Evert O. Johnson
- The name of its successor registered agent is Floyd Short, Jr.
* 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 12-22 1995

Floyd Short, Jr.
(signature)
Vice President
(title)

STATE OF South Dakota
COUNTY OF Perkins

I, Nancy L. Skretteberg, a notary public, do hereby certify that on this 30th day of October 1996, personally appeared before me Floyd Short who, being by me first duly sworn, declared that he ~~was~~ is the Vice-President of Masonic Temple Association (Lemmon) that he ~~has~~ signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Nancy L. Skretteberg
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Floyd Short, Jr., hereby give my consent to serve as the
(name of registered agent)
registered agent for Masonic Temple Association (Lemmon)
(corporate name)

Dated 12-22 1996 Floyd Short, Jr.
(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 11-1-97
 RECEIPT NO. 604379

RECEIVED

OCT 28 1997

S.D. SEC. OF STATE

1 Corporate Name, Registered Agent and Registered Address

DB-006603 NOV/96
 MASONIC TEMPLE ASSOCIATION (LEMMON)
 SHORT, FLOYD JR.
 511 2ND AVE W
 LEMMON, SD 57638-1407

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 10-22 1997

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

STATE OF South Dakota
 COUNTY OF Perkins ss

I, Nancy I. Skretzieburg, a notary public, do hereby certify that on this 22nd day of October, 1997,

personally appeared before me Mix Myhra who, being by me first duly sworn, declared that he is the President of Masonic Temple Association-Lemmon

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

My Commission Expires 11-22-2002

[Signature]
 Notary Public

(Notarial Seal)

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

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)

MASONIC TEMPLE ASSOCIATION

1998
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12-15-98
RECEIPT NO. 7122200
RECEIVED
DEC 15 1998

1. Corporate Name, Registered Agent and Registered Address:

DB-006603 NOV/97
MASONIC TEMPLE ASSOCIATION (LEMMON)
SHORT, FLOYD JR.
511 2ND AVE W
LEMMON, SD 57638-1407

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

S.D. SEC. OF STATE

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

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

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

* * * * * *

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

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

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

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated December 11 19 98
By [Signature]
(Signature)
Its [Signature]
(Title)

STATE OF South Dakota
COUNTY OF Perkins ss

I, Nancy I. Skretteberg, a notary public, do hereby certify that on this 14 day of December 19 98, personally appeared before me Haz Myhre who, being by me first duly sworn, declared that he/ she is the President of Masonic Temple Association

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 11-29-2002
Nancy I. Skretteberg
Notary Public

(Notarial Seal)

SOS CRP 6/97

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

9912199.3928

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 11-1-99
RECEIPT NO. 838713
RECEIVED
OCT 27 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-006603 NOV/98
MASONIC TEMPLE ASSOCIATION (LEMMON)
SHORT, FLOYD JR.
511 2ND AVE W
LEMMON SD 57638-1407

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 10/23 1999 By Max Myhra
(Signature)
Its Pres.
(Title)

STATE OF South Dakota ss
COUNTY OF Parkings

I, Jerome Greger, a notary public, do hereby certify that on this 23 day of October 1999, personally appeared before me Max Myhra who, being by me first duly sworn, declared that he/she is the President of Masonic Temple Assoc. (Lemmon) the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 5/5/2000

Jerome Greger
Notary Public
SOS CRP 6/98

(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 _____ 19 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____ 19 _____

(signature)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4646

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

2001

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 11-6-01
RECEIPT NO. 103970

RECEIVED

NOV 6 '01

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-006603 NOV/2000
MASONIC TEMPLE ASSOCIATION (LEMMON)
SHORT, FLOYD JR.
511 2ND AVE W
LEMMON SD 57638-1407

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 11-5-01 By [Signature]
(Signature)
Its Pres.
(Title)

STATE OF SOUTH DAKOTA ss
COUNTY OF PERKINS

On this the 5th day of November, 2001, before me, Jim Lyon II
personally appeared MAX MYHRE, known to me, or proved to me,
to be the PRESIDENT of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 8-27-2007

[Signature]
Notary Public

(Notarial Seal)

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

2002

ANNUAL REPORT

0211217.3549
11.26102

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 11-1-02
RECEIPT NO. 1150411
RECEIVED
OCT 2 '02

1. Corporate Name, Registered Agent and Registered Address:



DB-D06603 NOV/2001
MASONIC TEMPLE ASSOCIATION (LEMMON)
SHORT, FLOYD JR.
511 2ND AVE W
LEMMON SD 57638-1407

Telephone # _____ S.D. SEC. OF STATE
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 (authorize) 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 10-25-02 By [Signature]
(Signature)
Its Kras
(Title)

STATE OF South Dakota ss
COUNTY OF Perkins

On this the 28th day of October, 2002, before me, Heath F. Hetzel
personally appeared Max Myhr, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 3-7-07
Heath F. Hetzel
Notary Public

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

**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

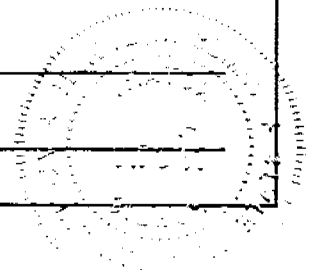
(Notarial Seal)

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 by another of its officers in the presence of a notary of public.

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

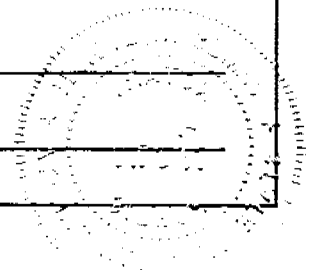
(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)



Secretary of State

State Capitol Suite 204
500 East Capitol Avenue
Pierre SD 57501-5070

Chris Nelson
Secretary of State

Chad Heinrich
Deputy

605-773-4845



DB006603
DB006603
SHORT, FLOYD JR.
MASONIC TEMPLE ASSOCIATION (LEMMON)
511 2ND AVE W
LEMMON SD 57638-1407

April 8, 2005

DOMESTIC AND FOREIGN DELINQUENT NOTICE OF PENDING ADMINISTRATIVE DISSOLUTION OR REVOCATION

This letter is being sent pursuant to SDCL and is notification that the annual report on behalf of the above named entity that was due during the anniversary month of incorporation or qualification in South Dakota has not yet been filed. The referenced delinquent report may be the report that was due in 2004 or January through March 2005. Organizational information, date of filing and status is available on our web site at www.sdsos.gov.

The annual report form for each year delinquent must be filed with the Secretary of State PRIOR to June 16, 2005 together with the appropriate fee and penalty. Failure to file a correct report together with the fees prior to that date will result in Administrative Dissolution or Revocation.

SOUTH DAKOTA ENTITIES The annual report form was previously mailed to the registered office address listed with our office.

FOREIGN (OUT-OF-STATE ENTITIES) The previous annual report form was mailed directly to the corporation, but because the report was not filed we are required to notify the registered agent at this time. *Please forward this notice to the corporation for prompt attention.*

If the registered agent and/or address have changed, the law requires a Statement of Change of Registered Agent and Address form to be filed along with the additional filing fee.

The annual report form, the statement of change form and access to all South Dakota Laws regarding this notice may be obtained from our web site at the following address www.sdsos.gov or by contacting the Secretary of State's Office, Corporate Division at 605-773-4845.

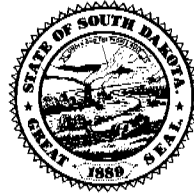
If the report was previously submitted to our office and we returned it for further information, please promptly resubmit the completed form. The deadline for filing is June 16, 2005 and no extension will be given. Also note, that reports received in our office after March 31, 2005 may not have been updated on the computer prior to this delinquent notice.

Thank you for your prompt attention to this matter.

Corporations Division
Office of the Secretary of State
Phone: 605-773-4845
www.sdsos.gov

339 5386 06/29/2005

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Administrative Dissolution

(DB, DF, DL, CO, NS, CH)

I, **Chris Nelson**, Secretary of State of the State of South Dakota, by virtue of the authority vested in me by SDCL 47-7-30.1, § 47-18-16.4, § 47-34A-810 and § 47-24-13.2 hereby Administratively Dissolve the below named for failure to file the annual report when due.



* DB006603 *

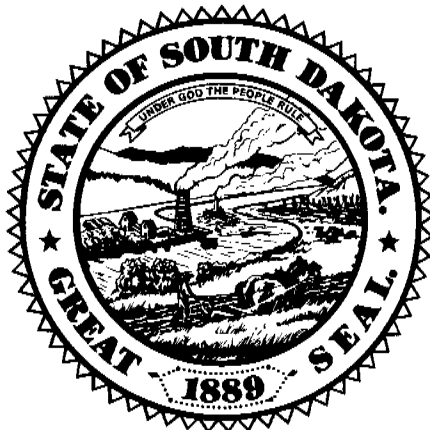
DB006603

MASONIC TEMPLE ASSOCIATION (LEMMON)

SHORT, FLOYD JR.

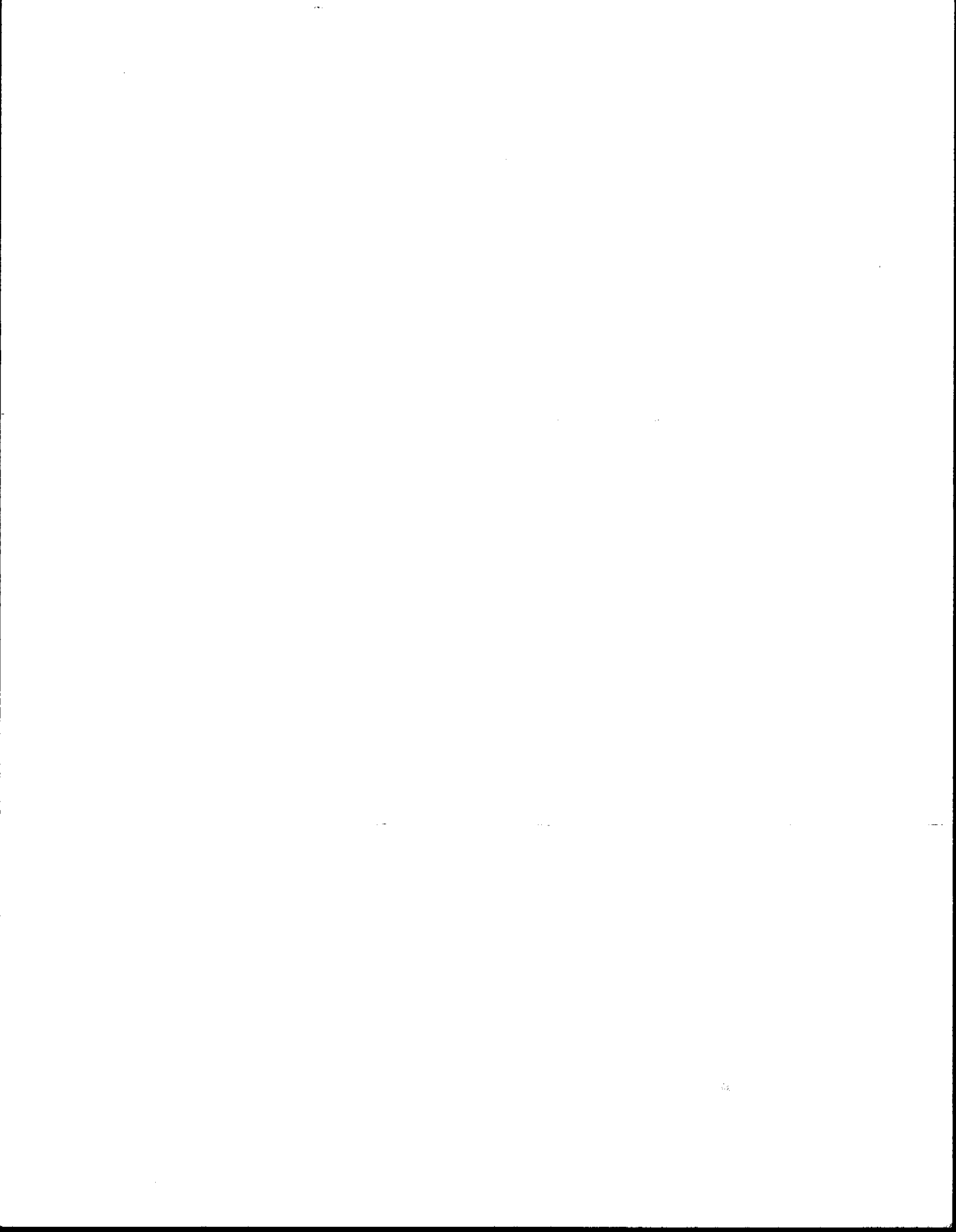
511 2ND AVE W

LEMMON SD 57638-1407



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this June 17, 2005.

Chris Nelson
Secretary of State



248 0034

2005 ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

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

FILE DATE 5-1-06 RECEIPT NO. 1551227 RECEIVED MAY 1 '06 S.D. SEC. OF STATE

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

DB006603 2005 MASONIC TEMPLE ASSOCIATION (LEMMON) SHORT, FLOYD JR 511 2ND AVE W LEMMON SD 57638

Telephone #605-374-5206 FAX #

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

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

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, a statement of change must be filed. 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. 511 2nd Ave. W, Lemmon, SD 57638

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Max Myhre (President), Floyd Short, Jr (Vice President), and Ethel Johnson (Secretary and Treasurer).

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

SD law requires at least one director.

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

James Riddle Director Gordon Dreiske Director

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

NUMBER OF AUTHORIZED SHARES 2000 CLASS None SERIES

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

2000 CLASS None SERIES

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

Dated April 21 2006

Signature of Max Myhre

Max Myhre

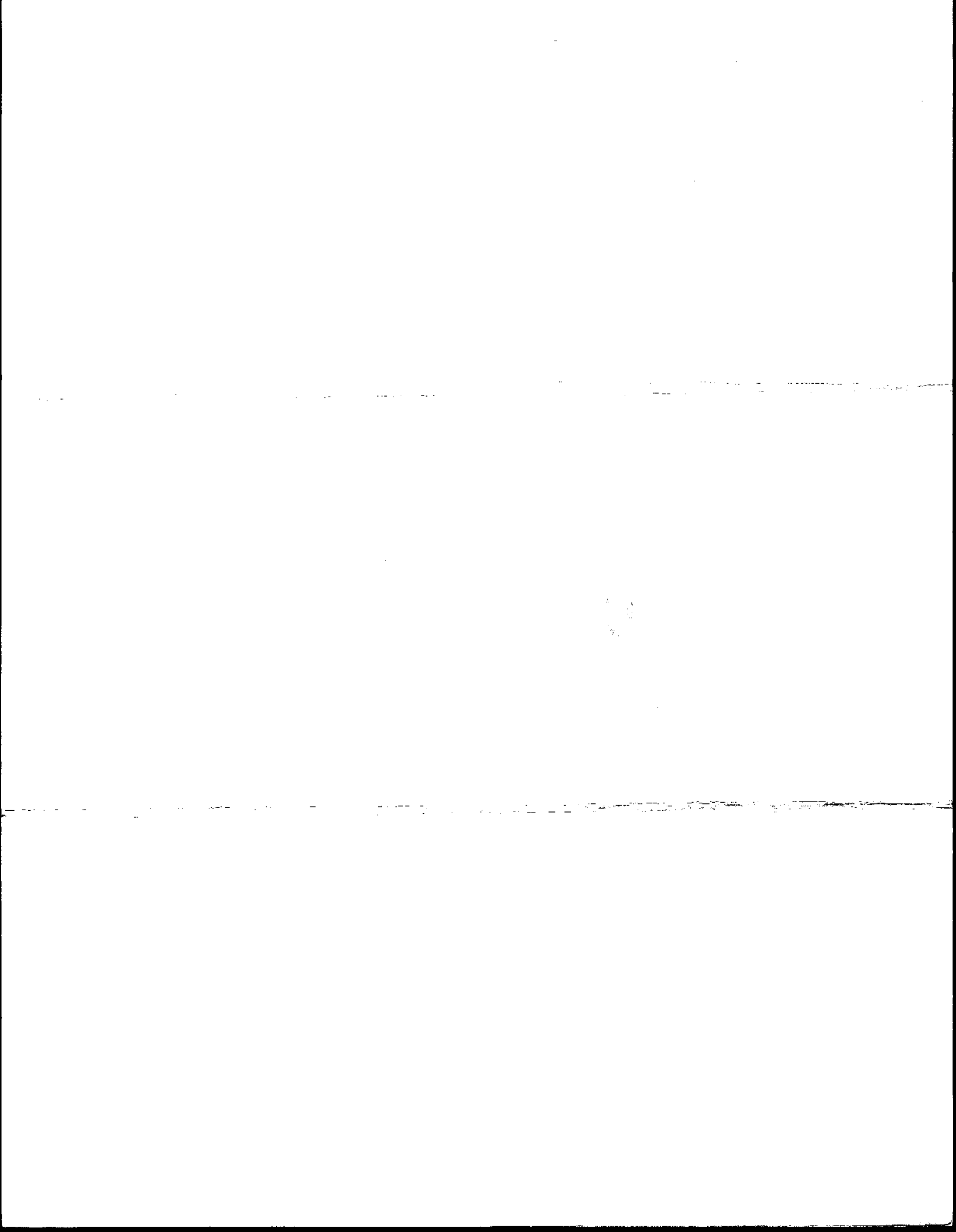
Printed Name

President

Title

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

domesticannualreport July 2005



Receipt Number: 1551227

File Number **DB006603**



APPLICATION_FOR_REINSTATEMENT

For
MASONIC TEMPLE ASSOCIATION (LEMMON)

Filed at the request of:

**CHARLIE HAMAND
505 4TH ST W
LEMMON SD 57638**

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

Filed in the office of the Secretary of State on: **May 01, 2006**



Secretary of State

Fee Received: \$250

State of South Dakota



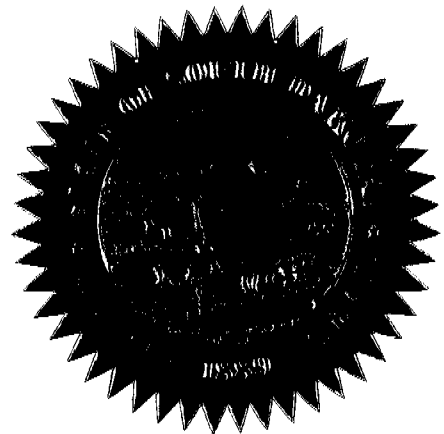
OFFICE OF THE SECRETARY OF STATE Certificate of Reinstatement

ORGANIZATIONAL ID #: DB006603

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Application for Reinstatement of **MASONIC TEMPLE ASSOCIATION (LEMMON)** duly signed and verified, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issued this Certificate of Reinstatement and attach hereto a duplicate of the Application for Reinstatement.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this May 1, 2006.



Chris Nelson
Chris Nelson
Secretary of State

Secretary of State, Corporations Division
500 E. Capitol Avenue, Pierre SD 57501
Phone 605-773-4845, Fax 605-773-4550

Filed this 1st day of May, 2006
John Nelson
SECRETARY OF STATE

RECEIVED
MAY 3 '06
S.D. SEC. OF STATE

Application for Reinstatement

FILING FEE: \$250

FILING INSTRUCTIONS: Submit one original and one exact or conformed copy for filing with the certificate from the Department of Revenue along with all delinquent annual reports and filing fees.

1. The name of the corporation is Masonic Temple Association (Lemmon)
2. The effective date of its administrative dissolution June 17, 2005
3. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties All Annual Reports have now been filed and all fees and penalties paid.
4. The corporation's name satisfies the requirements of the South Dakota Business Corporations Act.
5. Attached hereto is a certificate from the South Dakota Department of Revenue reciting that any and all taxes owed by the corporation have been paid.

Application may be signed by any authorized officer of the corporation.

Date: 4-21-06

John Hantz
Signature

John Hantz
Printed Name

President
Title

250 rj
30 04
30 05
10 00
320

344 7124



Corporation Reinstatement Tax Certification Form

Legal Division

445 EAST CAPITOL AVENUE
PIERRE, SD 57501-3185
(605) 773-4701

Date: April 20, 2006

Masonic Temple Association (Lemmon)
505 4th St. West
Lemmon, SD 57638

As of the above date, the tax status of the above named corporation is as follows:

Business Tax Division

- owes no taxes
- unknown (no records could be found) *je*
- owes the following: _____

Special Taxes Division

- owes no taxes
- unknown (no records could be found) *cjl*
- owes the following: _____

Motor Vehicle Division

Motor Fuel

- owes no taxes
- unknown (no records could be found) *YE*
- owes the following: _____

IFTA

- owes no taxes
- unknown (no records could be found) *lp*
- owes the following: _____

Prorate

- owes no taxes
- unknown (no records could be found) *TC*
- owes the following: _____

South Dakota
Department of Revenue & Regulation

By: *Bret Adkins*

Date: *4-25-06*

Receipt Number: ISS/227

File Number **DB006603**



STATEMENT_OF_CHANGE

For

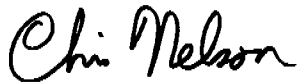
MASONIC TEMPLE ASSOCIATION (LEMMON)

Filed at the request of:

**CHARLIE HAMAND
505 4TH ST W
LEMMON SD 57638**

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

Filed in the office of the Secretary of State on: **May 01, 2006**



Secretary of State

Fee Received: \$10

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 5-1-06
Receipt No. _____

344 7127

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.

- The name of the corporation is Masonic Temple Association (Lemmon)
- The street address, or a statement that there is no street address, of its current registered office 511 2nd Ave. W, Lemmon, SD 57638 ZIP + 4 _____
- 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. 505 4th St. West, Lemmon, SD 57638 ZIP + 4 _____
- The name of its current registered agent is Floyd Short, Jr.
- The name of its new registered agent is * Charlie Hamand

*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 April 21 2006

John Hantz
Signature

John Hantz
Printed Name

President
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for Masonic Temple Association (Lemmon)
(corporate name)

Dated April 21 2006

Charlie A. Hamand
(signature)

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED
FILE DATE 11/20/06
NOV 20 2006
S.D. SEC. OF STATE
RECEIVED
NOV 14 2006
S.D. SEC. OF STATE

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



DB006603 NOV/2005
MASONIC TEMPLE ASSOCIATION (LEMMON)
HAMAND, CHARLIE
505 4TH ST WEST
LEMMON SD 57638-1306

Telephone #
FAX #

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

ATTENTION - FILING INSTRUCTIONS

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

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

2. The address of the principal office

3. The names and business addresses of its directors and principal officers:
NAME OFFICE STREET ADDRESS CITY STATE ZIP+4
President
Vice President
Secretary
Treasurer

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

Director
Director

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

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 11-16-06

Signature (Handwritten: Charlie C. Hamand)

Printed Name (Handwritten: CHARLIE C. HAMAND)

Title (Handwritten: MASTER OF Lodge For 2006)

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 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 3632 02/01/2008

2007

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

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



DB006603
DB006603 NOV/2006
MASONIC TEMPLE ASSOCIATION (LEMMON)
HAMAND, CHARLIE
505 4TH ST WEST
LEMMON SD 57638-1306

Telephone # 605-374-3688
FAX # _____

FILE DATE 01/15/08
RECEIPT NO. 17557/P
RECEIVED
JAN 15 2008
S.D. SEC. OF STATE

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 510 1st Ave E. LEMMON, SD 57638

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>John C. Hantz</u>	<u>President</u>	<u>10949 SD Hwy 73</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
<u>Albert Colgrove</u>	<u>Vice President</u>	<u>407 4th St West</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
<u>Eldon Jensen</u>	<u>Secretary</u>	<u>301 7th Ave West</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
<u>Eldon Jensen</u>	<u>Treasurer</u>	<u>301 7th Ave West</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>

SD law requires at least one director.

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

Dave Wright Director
Scott Reede Director

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>2000</u>	<u>NONE</u>	

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
<u>2000</u>	<u>NONE</u>	

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

Dated JANUARY 2008

JOHN C. HANTZ
Signature

JOHN C. HANTZ
Printed Name

PRESIDENT
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
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 Masonic Temple Association (Lemmon)
2. The street address, or a statement that there is no street address, of its current registered office _____
511 2nd Ave W. Lemmon, SD 57638 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. _____
510 1st Ave. East, Lemmon, SD 57638 ZIP + 4 _____
4. The name of its current registered agent is Charlie Hamand
5. The name of its new registered agent is * John C. Hantz

***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 January 2008

John C. Hantz
Signature

John Hantz
Printed Name

President
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, John C. Hantz, hereby give my consent to serve as the
(name of registered agent)

registered agent for Masonic Temple Associattion (Lemmon)
(corporate name)

Dated January 2008

John C. Hantz
(signature)

283 1453 12/10/2008

2008

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 11/13/08
RECEIPT NO 1957057
RECEIVED
NOV 13 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB006603 NOV/2007
MASONIC TEMPLE ASSOCIATION (LEMMON)
HANTZ, JOHN C
510 1ST AVE EAST
LEMMON SD 57638-1306

Telephone # 605-374-7632
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.

510 1st Ave. E LEMMON SD 57638-1306
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent JOHN C. HANTZ

510 1st, Ave. E. LEMMON SD 57638-1306
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.

- JOHN C. HANTZ 10949 SD HWY 73 LEMMON SD 57638
President Street Address City State ZIP+4
ALBERT COLGROVE 407 4th ST WEST LEMMON SD 57638
Vice President Street Address City State ZIP+4
ELDON JENSEN 301 7th AVE WEST LEMMON SD 57638
Secretary Street Address City State ZIP+4
ELDON JENSEN 301 7th AVE WEST LEMMON SD 57638
Treasurer Street Address City State ZIP+4
DAVID WRIGHT 806 6th AVE WEST LEMMON SD 57638
Director Street Address City State ZIP+4
SCOTT REEDE 409 3rd AVE WEST LEMMON SD 57638
Director Street Address City State ZIP+4

Dated 12 NOVEMBER 2008

John C. Hantz (Signature of an authorized officer) JOHN C. HANTZ
JOHN C. HANTZ (Printed Name)
PRESIDENT (Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 11/13/09
RECEIPT NO 10607806
RECEIVED
NOV 13 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB006603 NOV/2008
MASONIC TEMPLE ASSOCIATION (LEMMON)
HANTZ, JOHN C
510 1ST AVE EAST
LEMMON SD 57638-1306

Telephone # 605-374-7388
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.

510 1st Ave East Lemmon SD 57638-1306
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Scott Reede

510 1st Ave East Lemmon SD 57638-1306
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.

- Scott Reede 409 3rd Ave West Lemmon SD 57638
Albert Colgrove 407-4th Street West Lemmon SD 57638
ELDON JENSEN 301-7th Ave West Lemmon SD 57638
ELDON JENSEN 301-7th Ave West Lemmon SD 57638
DAVID Wright 806 6th Ave West Lemmon SD 57638
Morgan Berg 1004 190th Ave Lemmon SD 57638

Dated 11-10-09

Signature of an authorized officer: Scott Reede
(Printed Name)
President
(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 MASONIC Temple Association (Lemmon)

2. The name of the registered agent on file JOHN HANTZ

The name of the successor registered agent Scott Reede

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

4. The address of the agent currently on file for this entity
510 1st Ave West Lemmon SD 57638-1306
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 11-10-09

Scott Reede
(Signature of an authorized officer)

Scott Reede
(Printed Name)

President
(Title)

314 3353 01/26/2011

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 01/07/11
REC **RECEIVED**
JAN 07 2011
S.D. SEC. OF STATE
2105706

Telephone # (605)374-7590
FAX # _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

1. Corporate Name, Registered Agent Name and Address:



DB006603
DB006603 NOV/2009
MASONIC TEMPLE ASSOCIATION (LEMMON)
REEDE, SCOTT
510 1ST AVE EAST
LEMMON SD 57638-1306

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

510 1st Ave East Lemmon SD 57638-1306
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Scott Reede

510 1st Ave East Lemmon SD 57638-1306
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

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.

- Scott Reede 409 3rd Ave West Lemmon SD 57638-1306
President Street Address City State ZIP+4
- Albert Colgrave 407 4th St West Lemmon SD 57638
Vice President Street Address City State ZIP+4
- Eldon Jensen 301 7th Ave West Lemmon SD 57638
Secretary Street Address City State ZIP+4
- Eldon Jensen 301 7th Ave West Lemmon SD 57638
Treasurer Street Address City State ZIP+4
- David Wright 806 6th Ave West Lemmon SD 57638
Director Street Address City State ZIP+4
- Morgan Berg 10044 19th Ave Lemmon SD 57638
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 12-27-10

Scott Reede
(Signature of an Authorized Person)

Scott Reede
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2011

Enter Filing Year

ANNUAL REPORT

FILE 6/13/2013

RECEIPT NO 122518

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:

DB006603
MASONIC TEMPLE ASSOCIATION (LEMMON)
510 1ST AVE E
LEMMON, SD 57638-1506

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

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

510 1ST AVE E	LEMMON	SD	57638-1506
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: SCOTT REEDE

510 1ST AVE EAST	LEMMON	SD	57638-1306
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	SCOTT REEDE	409 3RD AVE W	LEMMON	SD	57638
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GARRETT SCHWEITZER	500 4TH AVE W	LEMMON	SD	57638
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MORGAN BERG	10044 190TH AVE	LEMMON	SD	57638
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ELDON JENSEN	301 7TH AVE W	LEMMON	SD	57638
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Date 06/13/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

MORGAN J BERG

(Printed Name)

2012

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 2/7/2014

RECEIPT NO 175532

1. Corporate ID and Name:

DB006603
MASONIC TEMPLE ASSOCIATION (LEMMON)
510 1ST AVE E
LEMMON, SD 57638-1506

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

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

510 1ST AVE E	LEMMON	SD	57638-1506
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: SCOTT REEDE

510 1ST AVE EAST	LEMMON	SD	57638-1306
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	SCOTT REEDE	409 3RD AVE W	LEMMON	SD	57638
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GARRETT SCHWEITZER	500 4TH AVE W	LEMMON	SD	57638
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MORGAN BERG	10044 190TH AVE	LEMMON	SD	57638
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ELDON JENSEN	301 7TH AVE W	LEMMON	SD	57638
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Date 02/07/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

MORGAN J BERG

(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 2/7/2014

RECEIPT NO 175537

1. Corporate ID and Name:

DB006603
MASONIC TEMPLE ASSOCIATION (LEMMON)
510 1ST AVE E
LEMMON, SD 57638-1506

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

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

510 1ST AVE E	LEMMON	SD	57638-1506
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: SCOTT REEDE

510 1ST AVE EAST	LEMMON	SD	57638-1306
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	SCOTT REEDE	409 3RD AVE W	LEMMON	SD	57638
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GARRETT SCHWEITZER	500 4TH AVE W	LEMMON	SD	57638
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MORGAN BERG	10044 190TH AVE	LEMMON	SD	57638
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ELDON JENSEN	301 7TH AVE W	LEMMON	SD	57638
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Date 02/07/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

MORGAN J BERG

(Printed Name)

2014

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 DATE 12/3/2014

RECEIPT NO 251225

1. Corporate ID and Name:

DB006603
MASONIC TEMPLE ASSOCIATION (LEMMON)
510 1ST AVE E
LEMMON, SD 57638-1506

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

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

510 1ST AVE E	LEMMON	SD	57638-1506
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: SCOTT REEDE

510 1ST AVE EAST	LEMMON	SD	57638-1306
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	SCOTT REEDE	409 3RD AVE W	LEMMON	SD	57638
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GARRETT SCHWEITZER	500 4TH AVE W	LEMMON	SD	57638
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MORGAN BERG	10044 190TH AVE	LEMMON	SD	57638
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ELDON JENSEN	301 7TH AVE W	LEMMON	SD	57638
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Dated 12/03/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

MORGAN J BERG

(Printed Name)

2015

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

ANNUAL REPORT
 DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 2/3/2016

RECEIPT NO 379697

1. Corporate ID and Name:

DB006603

Enter Corporate ID

MASONIC TEMPLE ASSOCIATION (LEMMON)

Enter Corporate Name

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

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

510 1ST AVE E	LEMMON	SD	57638-1506
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: SCOTT REEDE

510 1ST AVE EAST	LEMMON	SD	57638-1306
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	SCOTT REEDE	409 3RD AVE W	LEMMON	SD	57638
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	GARRETT SCHWEITZER	500 4TH AVE W	LEMMON	SD	57638
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	MORGAN BERG	10044 190TH AVE	LEMMON	SD	57638
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	ELDON JENSEN	301 7TH AVE W	LEMMON	SD	57638
	Treasurer	Actual Street Address	City	State	ZIP+4

Director

Actual Street Address

City

State

ZIP+4

Director

Actual Street Address

City

State

ZIP+4

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value
-------	--------------------------	------------------

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)

MORGAN J BERG

(Printed Name)