

Receipt Number: 1285657

File Number DL006881



ARTICLES_OF_ORGANIZATION

For

MDS, LLC

Filed at the request of:

**GILLETTE BATTEY & GILLETTE
701 MAIN STREET PO BOX 60
REDFIELD SD 57469**

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

Filed in the office of the Secretary of State on: **Friday, January 30, 2004**



Secretary of State

Fee Received: \$100.00

329 2441 02/04/2004

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

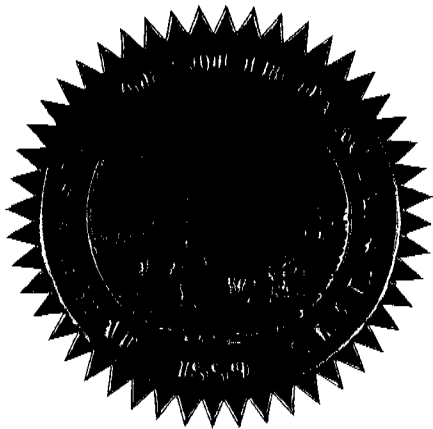
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL006881

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **MDS, 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 TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this January 30, 2004.



Chris Nelson
Chris Nelson
Secretary of State

329 2442

3044
Jan
2004

RECEIVED

JAN 30 '04

SECRETARY OF STATE

ARTICLES OF ORGANIZATION
OF
MDS, LLC

The undersigned, who shall be members upon the issuance of a Certificate of Organization from the Secretary of State of South Dakota, acting as the organizer of a Limited Liability Company under the South Dakota Limited Liability Company Act, do hereby adopt the following Articles of Organization for such Limited Liability Company.

ARTICLE I

The name of the Limited Liability Company is MDS, LLC

ARTICLE II

The period of duration of this Limited Liability Company is thirty (30) years from the date of the filing of these Articles of Organization with the Secretary of State or until the earlier dissolution of the Limited Liability Company in accordance with the provisions of its Operating Agreement.

ARTICLE III

The purpose for which the Limited Liability Company is organized is to conduct any lawful business, to promote any lawful purpose and to engage in any lawful act or activity for which limited liability companies may be organized under the South Dakota Limited Liability Company Act, including, but not limited to, the business of purchasing real and personal property for development, investment, leasing and sale.

ARTICLE IV

The Limited Liability Company shall have those powers provided for in the South Dakota Limited Liability Company Act.

ARTICLE V

The Limited Liability Company will not commence business until it has received the initial contribution for membership, interest, cash, property, or services. St. Clair Ranch, a limited partnership, shall contribute \$1,000 cash. The above-described contribution shall constitute the initial contribution to the Limited Liability Company and shall be made within thirty (30) days of the issuance of the Certificate of Organization for the Limited Liability Company.

DL 6881

329 2443

ARTICLE VI

On each matter on which the membership interest is entitled to vote, a member will have one (1) vote or a fraction of one vote per one percent (1%) of membership interest or fraction of membership interest owned by the member, as adjusted from time to time to properly reflect any additional contributions or withdrawals of capital by the member.

ARTICLE VII

The street address of the initial registered office of the Limited Liability Company is 37644 184th Street, Tulare, South Dakota 57476, and the name of its initial registered agent at such address is William F. St. Clair. The address of the principal place of business is 37644 184th Street, Tulare, South Dakota 57476. The address of the initial designated office is 37644 184th Street, Tulare, South Dakota 57476.

ARTICLE VIII

The management of the Limited Liability Company will be member-managed.

ARTICLE IX

The name and address of the organizer is:

St. Clair Ranch, a limited partnership
37644 184th Street
Tulare, SD 57476

ARTICLE X

The initial Operating Agreement will be adopted by unanimous consent of the members. The power to alter, amend, or repeal the Operating Agreement or to adopt a new Operating Agreement is vested in the members by unanimous consent of the members.

ARTICLE XI

To the full extent permitted by South Dakota law, no Member of the Limited Liability Company shall be liable to the Limited Liability Company or its Members for monetary damages or an act or omission in such Member's capacity as a Member of the Limited Liability Company, except that this Article does not eliminate or limit the liability of a Member to the extent the Member is

found liable for (i) a breach of the Member's duty of loyalty to the company or its Members; (ii) an act or omission not in good faith that constitutes a breach of duty of the Member to the company or an act or omission that involves intentional misconduct or a knowing violation of the law; (iii) a transaction from which the Member received an improper benefit whether or not the benefit resulted from an action taken within the scope of the Member's office; or (iv) an act or omission for which the liability of a Member is expressly provided by an applicable statute. Any repeal or amendment of this Article by the Members of the company shall be prospective only and shall not adversely affect any limitation on the liability on a Member of the Company existing at the time of such repeal or amendment. The foregoing elimination of the liability to the Limited Liability Company or its Members for monetary damages shall not be deemed exclusive of any other rights or limitations of liability or indemnity to which a Member may be entitled under any other provision of the Articles of Organization or the operating agreement of the Limited Liability Company, contract or agreement, vote of the Members of the Limited Liability Company, or otherwise.

ARTICLE XII

Additional members may be admitted to the Limited Liability Company only upon the unanimous consent of the Members.

ARTICLE XIII

The membership interest of the Limited Liability Company will be subject to restrictions on its transferability as set out in the Operating Agreement of the Limited Liability Company. The Operating Agreement of the Limited Liability Company will be kept with the records of the Limited Liability Company. The Limited Liability Company will provide a copy of the Operating Agreement without charge to any record holder of a membership interest upon written request addressed to the Limited Liability Company at its principal business office or its registered agent's address.

ARTICLE XIV

These Articles of Organization may be amended, modified, supplemented, or restated in any manner permitted by applicable law and approved by the affirmative vote of all of the membership interest.

IN WITNESS WHEREOF, I have hereunto set my hand this 29th day of January, 2004.

ST. CLAIR RANCH, a Limited Partnership

By *William J. St. Clair*
Its Organizer

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

FIRST ANNUAL REPORT OF A LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is:

MDS, LLC

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

William F. St. Clair
St. Clair Ranch, 37644 184th Street
Tulare, SD 57476

4. The address of its principal office is:

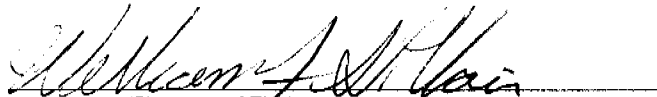
37644 184th Street
Tulare, SD 57476

5. The names and business addresses of any managers:

William F. St. Clair
St. Clair Ranch, 37644 184th Street
Tulare, SD 57476

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 1,000.00.*

Date: 1/29/04



(Signature and Title)

WILLIAM F. ST. CLAIR

*** FILING FEE:**

Filing the first annual report if the total agreed contributions of the limited liability company are:

Contribution of:	25,000	or less	\$100
Over \$25,000 and not exceeding	100,000		125
Over \$100,000 and not exceeding	500,000		200
Over \$500,000 and not exceeding	1,000,000		300
Over \$1,000,000 and not exceeding	1,500,000		400
Over \$1,500,000 and not exceeding	2,000,000		500
Over \$2,000,000 and not exceeding	2,500,000		600
Over \$2,500,000 and not exceeding	3,000,000		700
Over \$3,000,000 and not exceeding	3,500,000		800
Over \$3,500,000 and not exceeding	4,000,000		900
Over \$4,000,000 and not exceeding	4,500,000		1,000
Over \$4,500,000 and not exceeding	5,000,000		1,100

For each additional \$500,000, \$250 in addition to \$1,100

The maximum amount charged under this subsection together with any subsequent payments may not exceed sixteen thousand dollars

2005

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 01/01/05
RECEIPT NO. 1388663

RECEIVED

DEC 20 '04

S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent and Mailing Address:



DL006881 JAN/0000
MDS, LLC
ST CLAIR, WILLIAM F
37644 184TH STREET
TULARE SD 57476-7007

Telephone # 605-596-4262
FAX # Call First
Federal Tax: _____
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: SD

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

William F. St. Clair
37644 184th Street
Tulare, SD 57476-7007
605-596-4262

4. The address of its principal office is:

5. The names and business addresses of any managers:

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ \$154,000.00

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 12/18/04

William F. St. Clair
(Signature)

Manager
(Title)

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(Signature)

(Title)

246 1614 03/10/2006

2006

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 02/22/06
RECEIPT NO. 1531628

RECEIVED

FEB 22 '06

S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent and Mailing Address:



DL006881
DL006881 JAN/2005
MDS, LLC
ST CLAIR, WILLIAM F
37644 184TH STREET
TULARE SD 57476-7007

Telephone # 605-596-4262
FAX # _____
wfs@mrctv.com
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

William F. St. Clair
37644 184th Street
Tulare, SD 57476-7007
605-596-4262

4. The address of its principal office is: _____

5. The names and business addresses of any managers:

William F. St. Clair
37644 184th Street
Tulare, SD 57476-7007
605-596-4262

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 2/20/06

William F St Clair
Signature

William F St Clair
Printed Name

General Partner
Title

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

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____

ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____

ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(Signature)

(Title)

257 0207 01/02/2007

2007

ANNUAL REPORT

FILE DATE 01/01/07
RECEIPT NO. 162853

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

RECEIVED

DEC 26 2006

S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent and Mailing Address:



* D L O O 6 8 8 1 *
DL006881 JAN/2006
MDS, LLC
ST CLAIR, WILLIAM F
37644 184TH STREET
TULARE SD 57476-7007

Telephone # 605-596-4262
FAX # " "

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

2. The state or country under whose law it is organized is: SD

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

William F. St. Clair
37644 184th Street
Tulare, SD 57476-7007
605-596-4262

4. The address of its principal office is: _____

5. The names and business addresses of any managers:

William F. St. Clair
37644 184th Street
Tulare, SD 57476-7007
605-596-4262

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 12/22/06

William F St Clair
Signature

William F St. Clair
Printed Name

GP
Title

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

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(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 _____
(limited liability company name)

Dated _____

(signature)

270 3433 01/07/2008

2008

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 20 01/01/08
RECEIPT NO. 1746450

RECEIVED

DEC 21 2007

S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent and Mailing Address:



DL006881
DL006881 JAN/2007
MDS, LLC
ST CLAIR, WILLIAM F
37644 184TH STREET
TULARE SD 57476-7007

Telephone # 605-596-4262
FAX # _____

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
William F. St. Clair
37644 184th Street
Tulare, SD 57476-7007
605-596-4262

4. The address of its principal office is:
William F. St. Clair
37644 184th Street
Tulare, SD 57476-7007
605-596-4262

5. The names and business addresses of any managers:
William F. St. Clair
37644 184th Street
Tulare, SD 57476-7007
605-596-4262

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 12/19/07

William F. St. Clair
Signature

William F. St. Clair
Printed Name

GP - member
Title

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

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____

ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____

ZIP _____
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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(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 _____
(limited liability company name)

Dated _____

(signature)

2009

ANNUAL REPORT
DOMESTIC L.L.C.

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 01/01/09
 RECEIPT NO 1965003
RECEIVED
DEC 23 2008
S.D. SEC. OF STATE

L.L.C. Name, Registered Agent Name and Address:



DL006881
DL006881 JAN/2008
MDS, LLC
ST CLAIR, WILLIAM F
37644 184TH STREET
TULARE SD 57476-7007

Telephone # _____
 FAX # _____
 FILING DATE: Due during the month
 the Certificate of Organization 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.

Street Address	<u>William F. St. Clair</u> <u>37644 184th Street</u> <u>Tulare, SD 57476-7007</u>	City	State	ZIP+4
Mailing Address (Optional)	<u>605-596-4262</u>	City	State	ZIP+4

3. The name of the South Dakota Registered Agent

Street Address (Required to be a South Dakota Address)	<u>William F. St. Clair</u> <u>37644 184th Street</u> <u>Tulare, SD 57476-7007</u>	City	State	ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address)	<u>605-596-4262</u>	City	State	ZIP+4

4. 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

Dated 12/22/08

William F. St. Clair
 (Signature of an Authorized Manager or Member)
William F St. Clair
 (Printed Name)
Gen Partner
 (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)

2010

ANNUAL REPORT
DOMESTIC L.L.C.

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 01/01/10
RECEIPT NO 19157112
RECEIVED
DEC 08 2009
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:



DL006881
DL006881 JAN/2009
MDS, LLC
ST CLAIR, WILLIAM F
37644 184TH STREET
TULARE SD 57476-7007

Telephone # _____
FAX # _____
FILING DATE: Due during the month
the Certificate of Organization 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.

Street Address William F. St. Clair City State ZIP+4
37644 184th Street
Tulare, SD 57476-7007
Mailing Address (Optional) 605-596-4262 City State ZIP+4

3. The name of the South Dakota Registered Agent

Street Address (Required to be a South Dakota Address) William F. St. Clair City State ZIP+4
37644 184th Street
Tulare, SD 57476-7007
Mailing Address (Optional - Required to be a South Dakota Address) 605-596-4262 City State ZIP+4

4. 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

Dated 12/9/09

William F. St. Clair
(Signature of an Authorized Manager or Member)
William F. St. Clair
(Printed Name)
GA
(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)

2011

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

**ANNUAL REPORT
DOMESTIC L.L.C.**

Please Type or Print Clearly in Ink

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

FILE DATE 01/19/11
RECEIPT NO 2112403
RECEIVED
JAN 19 2011
S.D. SEC. OF STATE

315 2427

1. L.L.C. Name, Registered Agent Name and Address:



DL006881 JAN/2010
MDS, LLC
ST CLAIR, WILLIAM F
37644 184TH STREET
TULARE SD 57476-7007

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

2. The jurisdiction under whose law it is formed South Dakota

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

Street Address	<u>William F. St. Clair</u> <u>37644 184th Street</u> <u>Tulare, SD 57476-7007</u>	City	State	ZIP+4
Mailing Address (Optional)	<u>605-596-4262</u>	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Street Address or Rural Route Box Number in This State and	<u>William F. St. Clair</u> <u>37644 184th Street</u> <u>Tulare, SD 57476-7007</u>	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	<u>605-596-4262</u>	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	<u>William F. St. Clair</u> <u>37644 184th Street</u> <u>Tulare, SD 57476-7007</u> <u>605-596-4262</u>	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 respect. Any violation is subject to a civil penalty.

Dated 1/16/2011

William F St Clair
(Signature of an Authorized Person)
William F St Clair
(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 City State ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE DATE 12/25/2011

RECEIPT NO 12859

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

DOMESTIC LLC

FILING FEE: \$50.00 Please Type or Print Clearly In Ink
Make check payable to SECRETARY OF STATE

1. L.L.C. ID and Name:
DL006881
MDS, LLC
37644 184TH STREET
TULARE, SD57476-7007

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

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

37644 184TH STREET TULARE SD 57476-7007
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM F ST CLAIR

37644 184TH STREET TULARE SD 57476-7007
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 12/25/2011

Signature Accepted Electronically
(Signature of an Authorized Person)

WILLIAM F ST CLAIR
(Printed Name)

2013

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 12/10/2012

RECEIPT NO 79546

1. L.L.C. ID and Name:

DL006881
MDS, LLC
37644 184TH STREET
TULARE, SD 57476-7007

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

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

37644 184TH STREET TULARE SD 57476-7007
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM F ST CLAIR

37644 184TH STREET TULARE SD 57476-7007
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.

Date 12/10/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM F ST. CLAIR

(Printed Name)

2014

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 1/3/2014

RECEIPT NO 165259

1. L.L.C. ID and Name:

DL006881
MDS, LLC
37644 184TH STREET
TULARE, SD 57476-7007

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

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

37644 184TH STREET TULARE SD 57476-7007
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM F ST CLAIR

37644 184TH STREET TULARE SD 57476-7007
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.

Date 01/03/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM F ST CLAIR

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 12/18/2014

RECEIPT NO 255634

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:
DL006881
MDS, LLC
37644 184TH STREET
TULARE, SD 57476-7007

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

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

37644 184TH STREET TULARE SD 57476-7007
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM F ST CLAIR

37644 184TH STREET TULARE SD 57476-7007
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 12/18/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM F ST CLAIR

(Printed Name)

2016

ANNUAL REPORT

FILE DATE 12/23/2015

Enter Filing Year

DOMESTIC LLC

RECEIPT NO 362852

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

SDCL 47-34A-211

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:

DL006881

MDS, LLC

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

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

37644 184TH STREET TULARE SD 57476-7007

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: WILLIAM F ST CLAIR

37644 184TH STREET TULARE SD 57476-7007

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 addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

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

Dated 12/23/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM F ST CLAIR

(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.