



10-7-97

APR 30 1997  
APRIL 19 97

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3/5/97

APR 24 1997

ARTICLES OF INCORPORATION OF  
JON LOCKEN, INC.

SD SEC. OF STATE S.B. SEC. OF STATE

*[Handwritten signature]*  
CREATED

I, the undersigned natural person, of the age of majority, acting as incorporator of a corporation under the South Dakota Business Corporation Act, SDCL § 47-2 and SDCL § 47-9A, adopt the following Articles of Incorporation for such corporation:

ARTICLE I.

The name of this corporation is Jon Locken, Inc.

ARTICLE II.

The period of existence or duration of this corporation shall be perpetual.

ARTICLE III.

The purposes for which this corporation is organized, in addition to the corporate powers enumerated in the South Dakota Business Corporation Act, shall be as follows:

1. Planting, sowing, cultivating and harvesting of grains, hay, forage and all kinds of farm produce and products of the same, or other horticultural products;
2. Breeding, raising, buying, pasturing, preparing for market, selling and dealing in livestock of all kinds;
3. Buying, selling, leasing, mortgaging and exchanging of any and all real and personal property which may be necessary, advantageous or proper in the conduct of its business;
4. To lend money and, in connection therewith, to accept notes, mortgages, pledges and other security, or to make loans without security;
5. To make contracts, to enter into, make, perform and carry out or cancel and rescind contracts for any lawful purpose pertaining to its business;
6. To borrow funds; to borrow or raise money for any of the purposes of the corporation without limit as to amount; to execute, accept, endorse and deliver evidence of such borrowing all kinds of securities including, but not limited to, promissory notes, drafts, bonds, debentures, and other negotiable instruments and to secure the payment in full performance of such borrowing by mortgage, pledge, conveyance or assignment of the whole or any part of the assets of the corporation;
7. The corporation may also do all and everything necessary,

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5/16/97

suitable or proper for the accomplishment of any of the above purposes.

#### ARTICLE IV.

The aggregate number of shares which the corporation shall have authority to issue shall be ten thousand (10,000) shares, each share to have a par value of One Hundred Dollars (\$100.00) fully paid and nonassessable. Restrictions on the transfer of the stock of the corporation shall be established by the bylaws of the corporation. The total number of shares shall be divided into two classes as follows:

	<u>Number of Shares</u>
Common stock	5,000
Preferred stock	<u>5,000</u>
Total	10,000

#### ARTICLE V.

The following is a description of the powers, preferences and rights and restrictions, qualifications and limitations which shall attach to the preferred stock:

1. The holders of preferred stock shall be entitled to receive in each year out of the surplus net profits of the corporation a fixed yearly noncumulative dividend of five percent (5%) of the par value of the outstanding preferred stock payable as may be authorized by the Board of Directors before any dividends are paid in such year upon the common stock.
2. After the common stock shall have received in any year out of the surplus net profits of the corporation declared as dividends by the Board of Directors dividends of five percent (5%) of the par value of the outstanding shares, the remainder of the earning declared as dividends shall be participated in by both preferred and common shares without distinction to class.
3. If less than the full preferential dividend is paid to the holders of preferred stock in any calendar year as set forth in paragraph 1 above, the unpaid amount shall lapse and shall not cumulate and add to the preferential dividends in any subsequent year whether or not the earnings of the corporation were sufficient to cover the preferential dividend in the year in which it was not fully paid.
4. In case of the liquidation or the dissolution of the corporation, holders of the preferred stock shall be entitled to be paid in full the par value of their shares before any amount

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shall be paid to the holders of the common stock.

5. The holders of preferred stock shall not be entitled to any voice in the management of the corporation or to any voting powers at any stockholders' meeting. The sole management of the corporation shall be in the hands of the holders of common stock, and they alone shall be entitled to vote for the election of directors or any other matter presented to the stockholders for a vote at any meeting of the stockholders of the corporation except as required pursuant to SDCL § 47-2-14 which requires that voting rights be granted to such nonvoting shares on certain matters.
6. The corporation shall have the right to redeem or call its preferred stock, or any number of shares thereof, issued and outstanding at the option of the Board of Directors at any time by paying to the holders thereof the sum of One Hundred and Five Dollars (\$105.00) per share as well as declared and unpaid dividends on such shares. The specific method of call or redemption, which shall include the manner of determining what stock is to be called, shall be fixed by the Board of Directors in a resolution calling for the redemption. The holder or holders shall receive thirty (30) days written notice of the call.

#### ARTICLE VI.

The Board of Directors is hereby authorized to fix or alter the designations, preferences and relative, participating, optional or other special rights and qualifications, limitations or restrictions of such preferred shares including, without limitation of the generality of the foregoing, dividend rights, dividend rates, conversion rights, voting rights, rights and term of redemption, the redemption price or prices and liquidation preferences.

#### ARTICLE VII.

The corporation shall not commence business until consideration of the value of at least One Thousand Dollars (\$1,000.00) has been received through the issuance of shares.

#### ARTICLE VIII.

The address of the registered office of Jon Locken, Inc. is 13755 396th Ave., Bath, SD 57427-9611, and the name of its registered agent at such address is Jon Locken.

#### ARTICLE IX.

The number of directors constituting the initial board of directors of the corporation is one (1), and the name and address

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5/6/97

of the person who is to serve as director until the first annual meeting of the stockholders, or until his successor is elected and shall qualify is:

<u>NAME</u>	<u>ADDRESS</u>
Jon Locken	13755 396th Ave. Bath, SD 57427-9611

The number of directors may be established by the By-Laws of the corporation.

ARTICLE X.

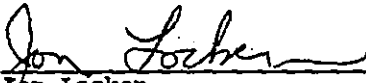
The name and address of the incorporator is as follows:

<u>NAME</u>	<u>ADDRESS</u>
Jon Locken	13755 396th Ave. Bath, SD 57427-9611

ARTICLE XI.

These articles may be amended in the manner as authorized by law at the time of the amendment.

Executed in duplicate this 26 day of April, 1997.


  
\_\_\_\_\_  
Jon Locken

STATE OF SOUTH DAKOTA )  
  :ss.  
COUNTY OF BROWN        )

Be it remembered that on the 26 day of April, 1997, before me the undersigned officer, personally appeared the above-named Jon Locken, who is personally known to me to be the same person described in the foregoing instrument, and acknowledged that he executed the same.

WITNESS MY HAND AND SEAL THE DAY AND YEAR ABOVE WRITTEN.

(SEAL)

  
\_\_\_\_\_  
Notary Public, South Dakota


My Commission expires: August 14, 2000

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5/16/97

CONSENT TO APPOINTMENT BY THE REGISTERED AGENT

I, Jon Locken, hereby give my consent to serve as registered agent for Jon Locken, Inc.

Dated 26 day of April, 1997.

  
\_\_\_\_\_  
Jon Locken

Receipt No.: 022296

9705281.11668  
5/5/97

File Number: DB038517

ART OF INC

For

JON LOCKEN, INC.

File at the request of:

DANNY SMEINS  
PO BOX A  
BRITTON SD 57430

STATE OF SOUTH DAKOTA

OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on

Date April 30, 1997

**Joyce Hazeltine**  
Secretary of State

Fee Received \$100 5,000 CM; 5,000 PREF ALL AT \$100.

SOS CRP 491 10/93



SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-6070  
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 PD 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)



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

FILED  
1st  
JUNE 19 98  
SECRETARY OF STATE

QUALIFICATION  
FOR FAMILY FARM CORPORATION  
AND AUTHORIZED FARM CORPORATION

RECEIVED  
JUN 01 1998  
SECRETARY OF STATE

No Filing Fee

Pursuant to the provisions of the Family Farm Act of 1974, SDCL 47-9A the following report is filed in order to qualify to engage in farming as defined under the terms of said Act

- 1. The name of the corporation is Jon Locken, Inc. DF038517
- 2. The state of its incorporation is South Dakota
- 3. The address of the registered office and the name of the registered agent in South Dakota is 13755 396th Ave., Bath, SD 57427-9611; Jon Locken Zip+4 \_\_\_\_\_
- 4. If a foreign corporation, the address of its principal office or registered office in its state of incorporation is NA Zip+4 \_\_\_\_\_
- 5. List the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation and used for the growing of crops or the keeping or feeding of poultry or livestock:  
See Exhibit "A" attached hereto and by this reference made a part hereof as if fully set forth herein.

- 6. The names and addresses of the officers and the board of directors: (Both officers and directors are to be listed even though they may be the same.)  
 President Jon Locken, 13755 396th Ave., Bath, SD 57427-9611  
 Vice President \_\_\_\_\_  
 Secretary Jon Locken, 13755 396th Ave., Bath, SD 57427-9611  
 Treasurer Jon Locken, 13755 396th Ave., Bath, SD 57427-9611  
 Director Jon Locken, 13755 396th Ave., Bath, SD 57427-9611  
 Director \_\_\_\_\_  
 Director \_\_\_\_\_

- 7. Please check which applies to this corporation.  
 FAMILY FARM CORPORATION  AUTHORIZED FARM CORPORATION \_\_\_\_\_  
 (A) Applies to a FAMILY FARM CORPORATION. (SDCL 47-9A-14) The number of shares owned by person(s) residing on the farm or actively engaged in farming, or their relatives within the third degree of kindred, or who has resided on or has actively operated the farm is 10,000 Degree of kindred is defined as the number of generations with each generation being a degree (SDCL 29-1-10).

OR

The number of shares owned by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is \_\_\_\_\_

- (B) Applies only to AUTHORIZED FARM CORPORATION. (SDCL 47-9A-15) The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_ % (Must not exceed 20% of its gross receipts).



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Exhibit "A"

<u>Description</u>	<u>No. of Acres</u>	<u>Landlord</u>
Northeast Quarter (NE $\frac{1}{4}$ ) of Section Eight (8), Township One Hundred Twenty-two North (122N), Range Sixty-one (61), Brown Co., SD	40.00	Jon Locken
Northeast Quarter (NE $\frac{1}{4}$ ) of Section Seven (7), Township One Hundred Twenty-two North (122N), Range Sixty-three (63), Brown Co., SD	44.67	Jon Locken
East Half of Northwest Quarter (E $\frac{1}{2}$ NW $\frac{1}{4}$ ) and Northwest Quarter of Northwest Quarter (NW $\frac{1}{4}$ NW $\frac{1}{4}$ ) of Section Fourteen (14), Township One Hundred Twenty-three North (123N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	35.33	Jon Locken
Southeast Quarter (SE $\frac{1}{4}$ ) of Section Thirty-five (35), Township One Hundred Twenty-three North (123N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	48.33	Jon Locken
Northeast Quarter (NE $\frac{1}{4}$ ) of Section Thirty-two (32) and West Half of Northwest Quarter (W $\frac{1}{2}$ NW $\frac{1}{4}$ ) of Section Thirty-three (33), Township One Hundred Twenty-two North (122N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	80.00	Jon Locken
Northwest Quarter (NW $\frac{1}{4}$ ) of Section Seven (7), Township One Hundred Twenty-two North (122N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	57.33	Jon Locken
Northeast Quarter (NE $\frac{1}{4}$ ) of Section Thirty-five (35), Township One Hundred Twenty-three North (123N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	48.67	Jon Locken
South Half of Northwest Quarter (S $\frac{1}{2}$ NW $\frac{1}{4}$ ) and South Half of North Half of Northwest Quarter (S $\frac{1}{2}$ N $\frac{1}{2}$ NW $\frac{1}{4}$ ) of Section Thirty-six (36), Township One Hundred Twenty-three North (123N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	40.00	Jon Locken
Southwest Quarter (SW $\frac{1}{4}$ ) of Section Fourteen (14), Township One Hundred Twenty-two North (122N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	53.33	Jon Locken

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East Half of Southwest Quarter (E $\frac{1}{2}$ SW $\frac{1}{4}$ ) of Section Twenty-seven (27), Township One Hundred Twenty-two North (122N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	25.33	Jon Locken
Southeast Quarter (SE $\frac{1}{4}$ ) of Section Eight (8), (except Outlot) Township One Hundred Twenty-two North (122N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	40.00	Jon Locken
North Half (N $\frac{1}{2}$ ) of Section Twenty-three (23), Township One Hundred Twenty-four North (124N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	102.00	Jon Locken
Southwest Quarter (SW $\frac{1}{4}$ ) of Section Twenty-six Township One Hundred Twenty-four North (124N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	53.33	Jon Locken
West Half of Northwest Quarter (W $\frac{1}{2}$ NW $\frac{1}{4}$ ) and East Half of Northeast Quarter (E $\frac{1}{2}$ NE $\frac{1}{4}$ ) of Section Twenty-five (25), Township One Hundred Twenty-four North (124N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	53.33	Jon Locken
Section Sixteen (16), Township One Hundred Thirty-one North (131N), Range Fifty-nine (59), West of the 5th P.M., Dickey Co., ND	123.8	Jon Locken
Northeast Quarter (NE $\frac{1}{4}$ ) of Section Thirty-one (31), Township One Hundred Thirty North (130N), Range Fifty-eight (58), West of the 5th P.M., Dickey Co., ND	53.67	Jon Locken
Southwest Quarter (SW $\frac{1}{4}$ ) of Section One (1), Township One Hundred Twenty-two North (122N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	40.00	Virgil & Marjorie Locken
Southeast Quarter (SE $\frac{1}{4}$ ) of Section Seventeen (17), Township One Hundred Twenty-two North (122N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	40.00	Virgil & Marjorie Locken
Northeast Quarter (NE $\frac{1}{4}$ ) of Section Twenty (20), Township One Hundred Twenty-two North (122N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	40.00	Virgil & Marjorie Locken

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North Half of Northeast Quarter (N $\frac{1}{2}$ NE $\frac{1}{4}$ ) of Section Five (5), Township One Hundred Twenty-two North (122N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	29.25	Virgil K. Locken
West Half of Northeast Quarter (W $\frac{1}{2}$ NE $\frac{1}{4}$ ) and Northwest Quarter (NW $\frac{1}{4}$ ) of Section Sixteen (16), Township One Hundred Twenty-two North (122N), Range Sixty-two (62), West of the 5th P.M., Brown Co., SD	30.00	Virgil K. Locken
West Half (W $\frac{1}{2}$ ) of Section Nine (9), Township One Hundred Twenty-nine North (129N), Range Fifty-nine (59), West of the 5th P.M., Dickey Co., ND	105.00	Virgil Locken
Southeast Quarter (SE $\frac{1}{4}$ ) of Section Twenty-five (25), Township One Hundred Twenty-three North (123N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	53.33	Linda Wagner
Southwest Quarter (SW $\frac{1}{4}$ ) of Section Nine (9), (except deeded parcels) Township One Hundred Twenty-two North (122N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	47.33	Linda Wagner
South Half (S $\frac{1}{2}$ ) of Section Four (4), Township One Hundred Twenty-two North (122N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD (except deeded parcels)	103.33	Linda Wagner
Northeast Quarter (NE $\frac{1}{4}$ ) of Section Seventeen Township One Hundred Twenty-two North (122N), Range Sixty-three (63), West of the 5th P.M., Brown Co., SD	33.33	Terry Geaurs
Northeast Quarter (NE $\frac{1}{4}$ ) of Section Thirty-three (33), Township One Hundred Twenty-three North (123N), Range Sixty-four (64), West of the 5th P.M., Brown Co., SD	40.00	Mary Ann Fischer
South Half (S $\frac{1}{2}$ ) of Section Twenty-eight (28), Township One Hundred Twenty-three North (123N), Range Sixty-four (64), West of the 5th P.M., Brown Co., SD	98.33	Mary Ann Fischer
Northwest Quarter (NW $\frac{1}{4}$ ), Northeast Quarter (NE $\frac{1}{4}$ ) and Southeast Quarter (SE $\frac{1}{4}$ ) of Section Twenty-seven (27), Township One Hundred Thirty North (130N), Range Fifty-nine (59), West of the 5th P.M., Dickey Co., ND	151.67	Robert Hanson

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6/24/98

Southeast Quarter (NE $\frac{1}{4}$ ) of Section Twenty-two (22), Township One Hundred Thirty North (130N), Range Fifty-nine (59), West of the 5th P.M., Dickey Co., ND	53.33	Robert Hanson
Southeast Quarter (SE $\frac{1}{4}$ ) of Section Thirty (30), Township One Hundred Thirty North (130N), Range Fifty-nine (59), West of the 5th P.M., Dickey Co., ND	35.33	Robert Hanson
	<hr/>	
Total	1,799.35	acres

Request No. 711371

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3724788

File Number: DF030167  
DE 035h.2

FARM GSA.

FOR

JON LOCKEN, INC.

File at the request of:

DANNY R SMEINS  
PO BOX A  
BRITTON SD 57430

STATE OF SOUTH DAKOTA  
OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the Office of Secretary of State on  
Date June 1, 1994

*Joyce Hazelrigg*  
Secretary of State

File Reference: 107-01-0007

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 7-13-98  
FILE NO. \_\_\_\_\_

RECEIVED

JUL 13 1998

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1 The name of the corporation is Jon Locken, Inc. DF D38517

The state of incorporation is South Dakota

2 The name of the registered agent in South Dakota and the registered office address is Jon Locken,  
13755 396th Ave., Bath, SD 57427 Zip + 4 \_\_\_\_\_

3 If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

4 List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
none

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>none</u>		

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>none</u>			

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 7-9 19 98

By Jon Locken  
(Signature)  
Its President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Minnehaha ss

I, Dwight R. Stearns, a notary public, do hereby certify that on this 9 day of June 19 98.

personally appeared before me Jon Locken who, being by me first duly sworn, declared that he/she is the President of Jon Locken, Inc. that he/she signed the foregoing document

as officer of the corporation, and the statements therein contained are true

My Commission Expires 12-17-2000

D. R. Stearns  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1999

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

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

99101990165  
10/18/99  
*(Handwritten initials)*

FILE DATE 9-8-99  
RECEIPT NO. 022252  
**RECEIVED**  
SEP 8 1999  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-038517 APR/98  
LOCKEN, (JON), INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH, SD 57427-6503

Telephone # 605-205-8322  
FAX # 605-205-1021  
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 9-1 19 99

By Jon Locken  
(Signature)

Its President  
(Title)

STATE OF SOUTH DAKOTA ss

COUNTY OF Minnehaha

I, Darryl B. Smith, a notary public, do hereby certify that on this 1 day of Sept April 19 99.

personally appeared before me Jon Locken who, being by me first duly sworn, declared that he/she is the President of Jon Locken, Inc. the corporation

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

My Commission Expires August 14, 2000

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

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE \_\_\_\_\_  
FILE NO. \_\_\_\_\_  
RECEIVED  
SEP 3 1999  
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Jon Locken, Inc.  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Jon Locken, 13755 396th Ave., Bath, SD Zip + 4 57427-6503
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
none

- List only the changes of the names or addresses of the officers and directors.  
NAME REPLACED AS OFFICER OR DIRECTOR  
none

- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- List changes only of names, address and number of shares owned by shareholders  
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED  
none

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 9-1- 1999

By Jon Locken  
(Signature)  
his President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF DeWitt ss

I, Deann R. S., a notary public, do hereby certify that on this 1 day of April 1999, personally appeared before me Jon Locken who, being by me first duly sworn, declared that he/she is the President of Jon Locken, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Aug 14, 2000

Deann R. S.  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92



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)

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

**ANNUAL FARM REPORT**

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE \_\_\_\_\_  
FILE NO. \_\_\_\_\_

RECEIVED

JUN 27 '00

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Jon Locken, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Jon Locken,  
13755 396th Ave., Bath, SD Zip +4 57427-6503

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
none

5. List only the changes of the names or addresses of the officers and directors.  
NAME REPLACED AS OFFICER OR DIRECTOR  
none

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders  
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED  
no changes

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated March 27, 2000

By Jon Locken  
(Signature)  
Its President  
(Title)

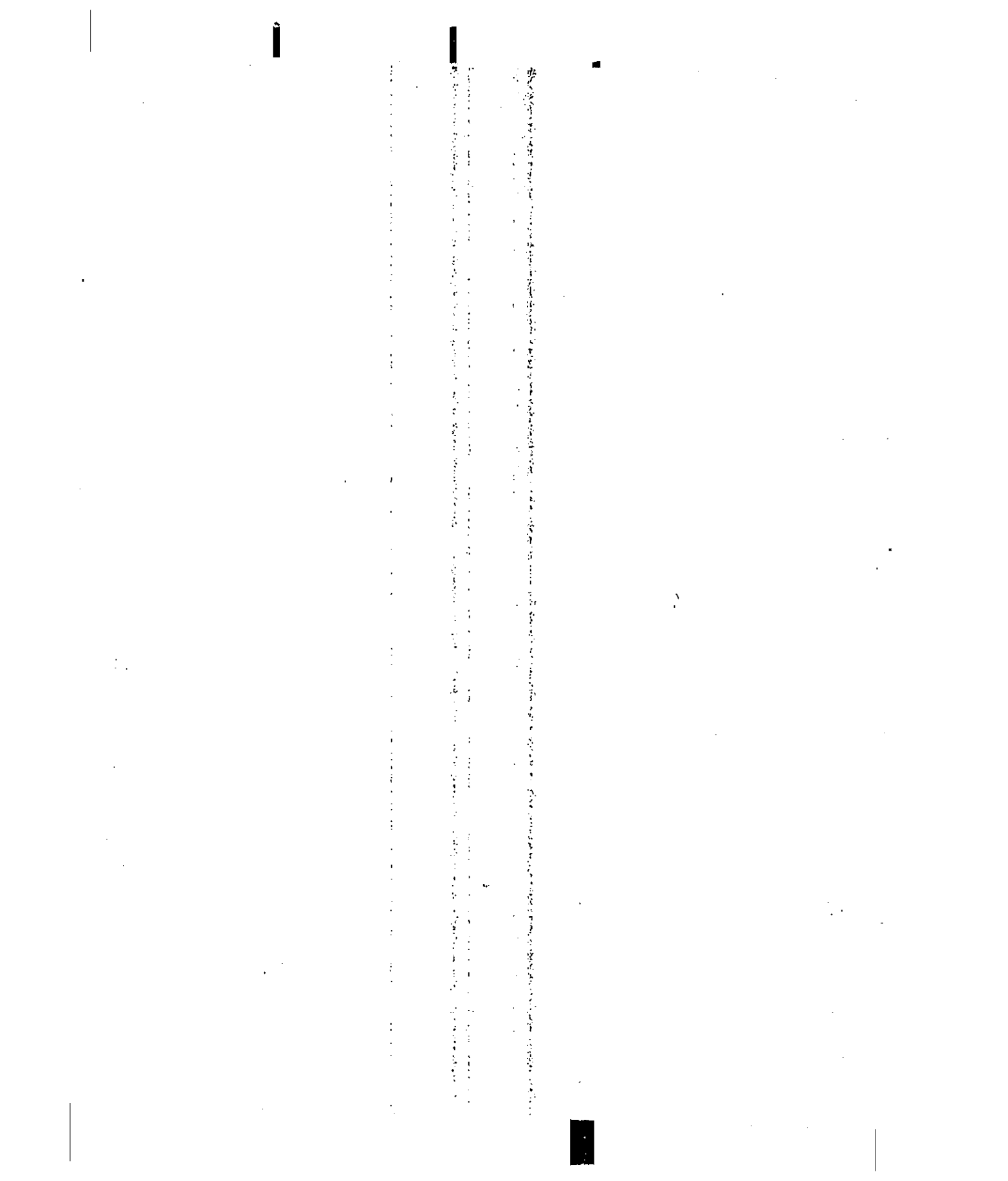
STATE OF SOUTH DAKOTA SS  
COUNTY OF MARSHALL

On this the 27th day of March 2000, before me, Danny R. Smeins  
personally appeared Jon Locken, 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 August 14, 2000

D. R. Smeins  
Notary Public

(Notarial Seal)



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 4-2-01  
RECEIPT NO. 716506  
**RECEIVED**  
**MAR 28 01**  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-038517 APR/2000  
LOCKEN, (JON), INC.  
LOCKEN, JON  
13755 396TH AVENUE  
  
BATH SD 57427-6503

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 3 19 01

By Jon Locken  
(Signature)  
its President  
(Title)

STATE OF SD  
COUNTY OF Beau ss

On this the 19 day of March, 2001, before me, Doug Rosen, 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 April 19 2004

Doug Rosen  
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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE \_\_\_\_\_  
FILE NO. \_\_\_\_\_

RECEIVED  
MAR 28 '01  
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Jon Locken, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Jon Locken,  
13755 396th Ave., Bath, SD Zip + 4 57427-6503

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

none

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>none</u>		

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>no changes</u>			

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_% (Applies only to AUTHORIZED FARM CORPORATION)

Dated 3-19-01

By Jon Locken  
(Signature)  
President  
(Title)

STATE OF SD

COUNTY OF Burn SS

On this the 19 day of March, 2001, before me, Darryl R. Sen

personally appeared Jon Locken, 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 April 14 2004

Darryl R. Sen  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

6491-4120001-KK\*

2002

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

0205214.1936  
5/10/02

FILE DATE 4-24-02  
RECEIPT NO. 1093999  
RECEIVED

APR 24 02

1. Corporate Name, Registered Agent and Registered Address:



DF-038517 APR/2001  
LOCKEN, (JON), INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

Telephone # \_\_\_\_\_ S.D. SEC. OF STATE  
FAX # \_\_\_\_\_  
Federal Taxpayer IC  
FILING DATE: Due \_\_\_\_\_  
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 4-2-02 By Jon Locken  
(Signature)

Its President  
(Title)

STATE OF SD  
COUNTY OF Bon ss

On this the 2 day of April, 2002, before me, Danny R. Steina,

personally appeared Jon Locken, 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 August 2006

[Signature]  
Notary Public

(Notarial Seal)

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

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)

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

**ANNUAL FARM REPORT**  
PLEASE TYPE OR USE BLOCK LETTERS  
NO FILING FEE 3/10/02

FILE DATE \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_  
**RECEIVED**  
**APR 24 '02**

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

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Jon Locken, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Jon Locken, 13755 396th Ave., Bath, SD 57427-6503

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
none

5. List only the changes of the names or addresses of the officers and directors.  
NAME REPLACED AS OFFICER OR DIRECTOR  
none

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders  
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED  
none

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 4-2-02

STATE OF SD  
COUNTY OF Brown

On this 2 day of April, 2002 before me, Jon Locken personally appeared Jon Locken 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.

Jon Locken  
(Signature) President  
(Title)

Donny R. Smith  
(Notary Public)

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

(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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLOCK LETTERS  
Filed pursuant to the provisions of SDCL 40-01-01

NO FILING FEE

FILE DATE \_\_\_\_\_  
**RECEIVED**  
**APR 17 03**

**S.D. SEC. OF STATE**

1. Corporate name and address:



DF-038517 APR/2002  
LOCKEN, (JON), INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Jon Locken, 13755 396th Ave., Bath, SD 57427-6503

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

See Exhibit "A" attached hereto which by this reference is made a part hereof.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>None</u>		

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>None</u>			

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is NA %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 4-11-03  
STATE OF SD  
COUNTY OF minnehaha

Jon Locken  
(Signature)  
President  
(Title)

On this the 11 day of April, 2003 before me, Danny R. Swine personally appeared Jon Locken 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.

Danny R. Swine  
My Commission Expires \_\_\_\_\_  
(Notarial Seal)

Danny R. Swine  
(Notary Public)

0305220.2452  
5/20/03

Exhibit "A"

The following acres formerly leased by the corporation from Virgil K. Locken and Marjorie Locken are now owned 50% by Jon Locken:

Lot One (1) and Two (2) and North Half of South Half of Northeast Quarter (~~N~~~~S~~~~NE~~) of Section Five (5), Southeast Quarter (~~SE~~) of Section Seventeen (17), Northeast Quarter (~~NE~~) of Section Twenty (20) and West Half of Northwest Quarter (~~W~~~~NW~~) and Northeast Quarter of Northwest Quarter (~~NE~~~~NW~~) of Section Sixteen (16), all in Township One Hundred Twenty-two North (122N), Range Sixty-two (62), West of the 5<sup>th</sup> P.M., Brown County, State of South Dakota, and

Southwest Quarter (~~SW~~) of Section One (1), Township One Hundred Twenty-two North (122N), Range Sixty-three (63), West of the 5<sup>th</sup> P.M., Brown County, State of South Dakota

Jon Locken now owns an additional 20% interest in the following real estate:

Section Sixteen (16), Township One Hundred Thirty-one North (131N), Range Fifty-nine (59), West of the 5<sup>th</sup> P.M., Dickey County, State of North Dakota

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

FILE DATE 5/24/04  
**RECEIVED**  
MAY 24 '04

NO FILING FEE

227 5492

1. Corporate name and address:



\* D F 0 3 8 5 1 7 \*  
DF038517 APR/2003  
LOCKEN, (JON), INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

**S.D. SEC. of STATE**  
FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Jon Locken, 13755 396th Ave., Bath, SD 57427-6503

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
None

6. List only the changes of the names or addresses of the officers and directors.  

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>None</u>		

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders  

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>None</u>			

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_ %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated Apr 13, 2004  
STATE OF SD  
COUNTY OF Bram

Jon Locken  
(Signature)  
President  
(Title)

On this the 13 day of Apr, 2004, before me, Danny R Smeis  
personally appeared Jon Locken, 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.

Aug 17, 2004  
My Commission Expires \_\_\_\_\_  
(Notarial Seal)

Danny R Smeis  
(Notary Public)





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

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

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

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

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

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

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

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

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

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

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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



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

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

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

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

1. The name of the corporation is \_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \* \_\_\_\_\_

**\*The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated \_\_\_\_\_

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

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

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_

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

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 04/20/03

REC'D

APR 20 2003

S.D. SEC. OF STATE

236 1284

1. Corporate name and address:



\* D F 0 3 8 5 1 7 \*  
DF038517 APR/2004  
LOCKEN, (JON), INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Jon Locken, 13755 396th Ave., Bath, SD 57427-6503

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

None

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

None

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

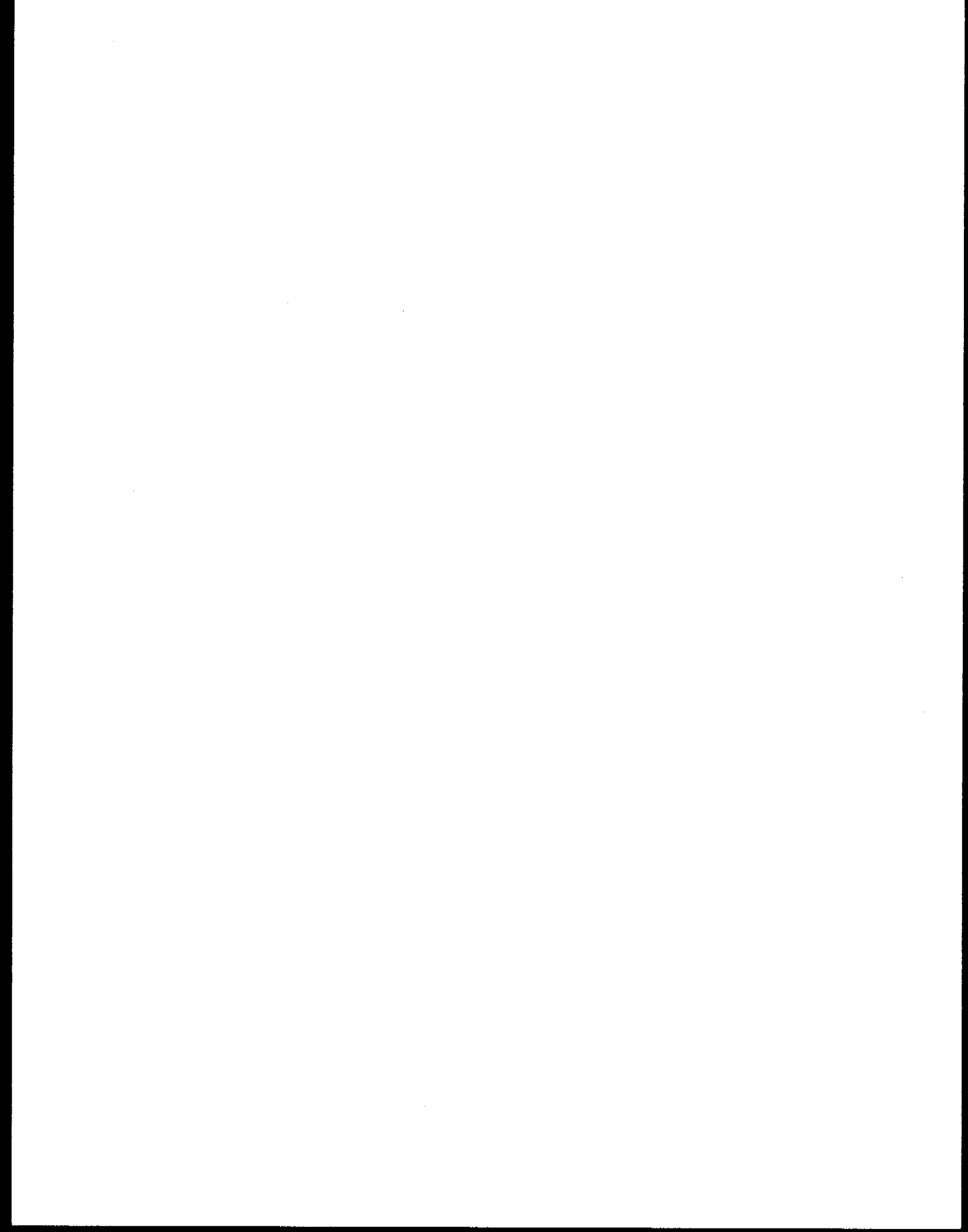
None

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated                     

Jon Locken  
(Signature)

President  
(Title)





**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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 06/13/06

RECEIVED

JUN 13 '06

S.D. SEC. OF STATE

1. Corporate name and address:



\* D F O 3 8 5 1 7 \*  
DF038517 APR/2005  
JON LOCKEN, INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

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

2. The state of incorporation is South Dakota
3. The name of the registered agent in South Dakota and the registered office address is Jon Locken, 13755 396th Ave., Bath, SD 57427
4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
None

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>None</u>		

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>None</u>			

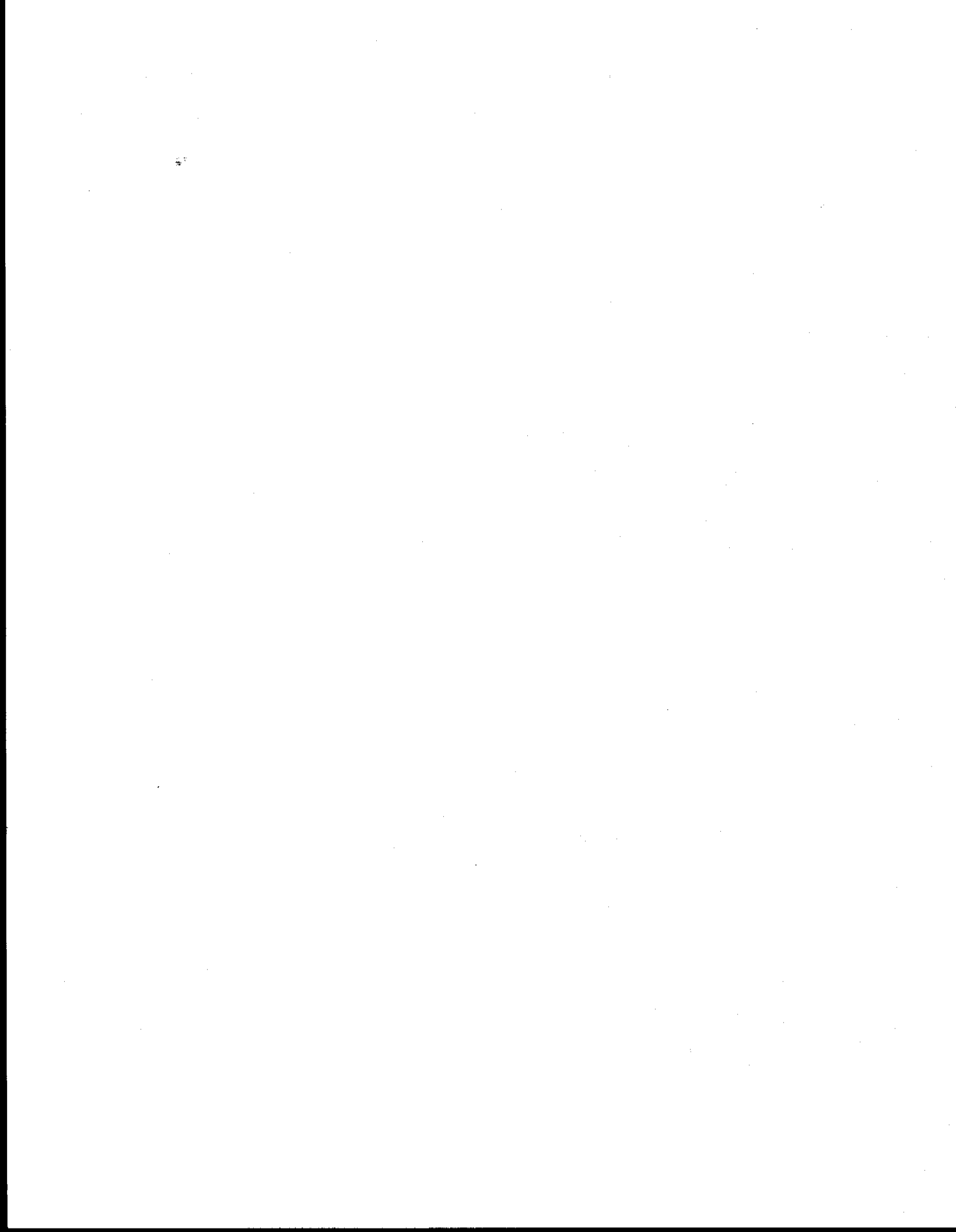
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_ %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 5/30/06

Jon Locken  
(Signature)

President  
(Title)

250 1833





**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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE \_\_\_\_\_

RECEIVED

JUN 01 2007

S.D. SEC. OF STATE

1. Corporate name and address:



DF038517 APR/2006  
JON LOCKEN, INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

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

2. The state of incorporation is South Dakota
3. The name of the registered agent in South Dakota and the registered office address is Jon Locken, 13755 396th Avenue, Bath, SD 57427
4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

None

6. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

None

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

None

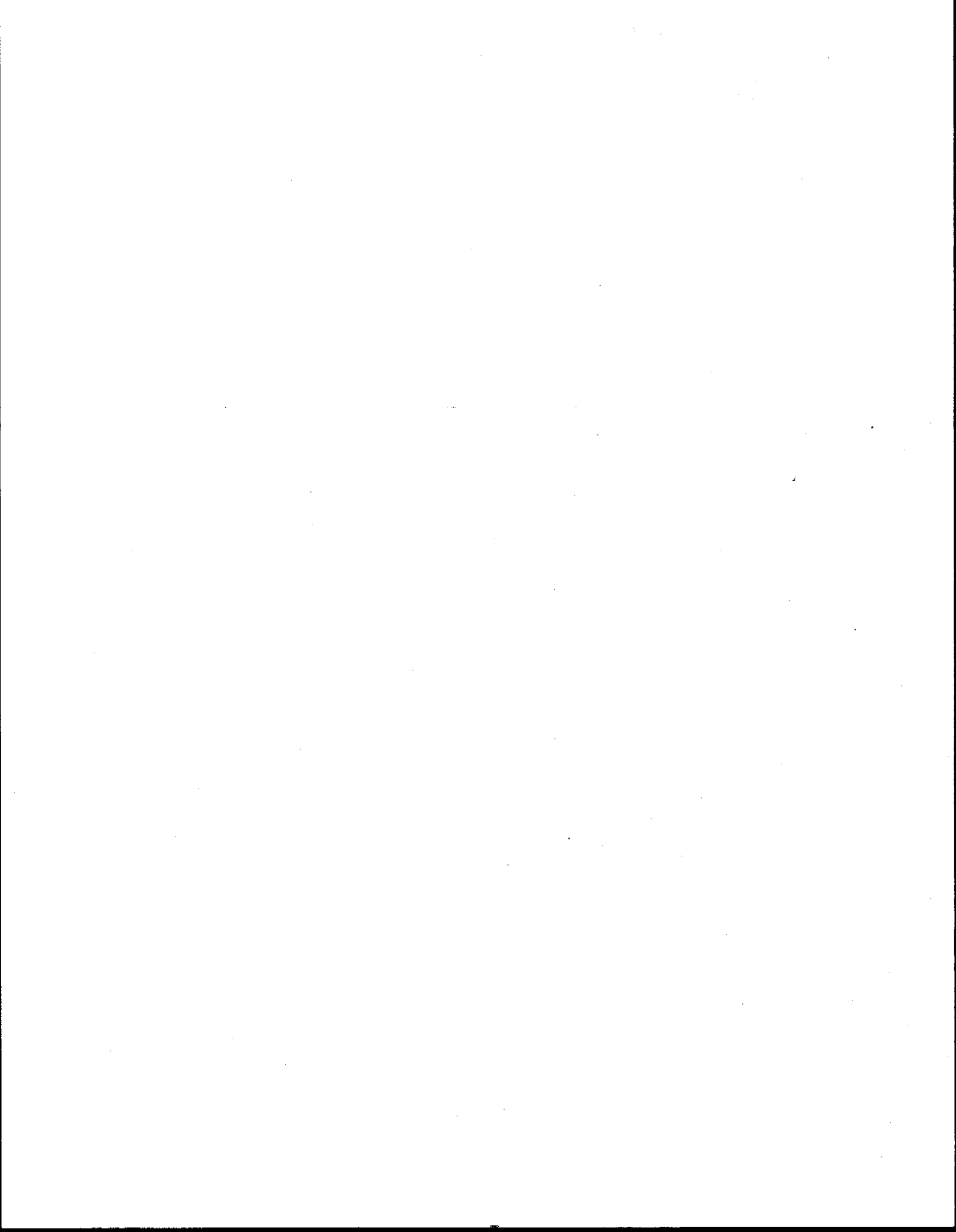
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 5/30/07

Jon Locken  
(Signature)

President  
(Title)

262 2129



278 1716 07/14/2008  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

FILE DATE 7/3/08

RECEIVED

JUL 03 2008

S.D. SEC. OF STATE

NO FILING FEE

1. Corporate name and address:



DF038517 APR/2007  
JON LOCKEN, INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

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

2. The state of incorporation is SD

3. The name of the registered agent in South Dakota and the registered office address is JON LOCKEN

13755 396th Ave Bath SD 57427

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

None

6. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

None

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

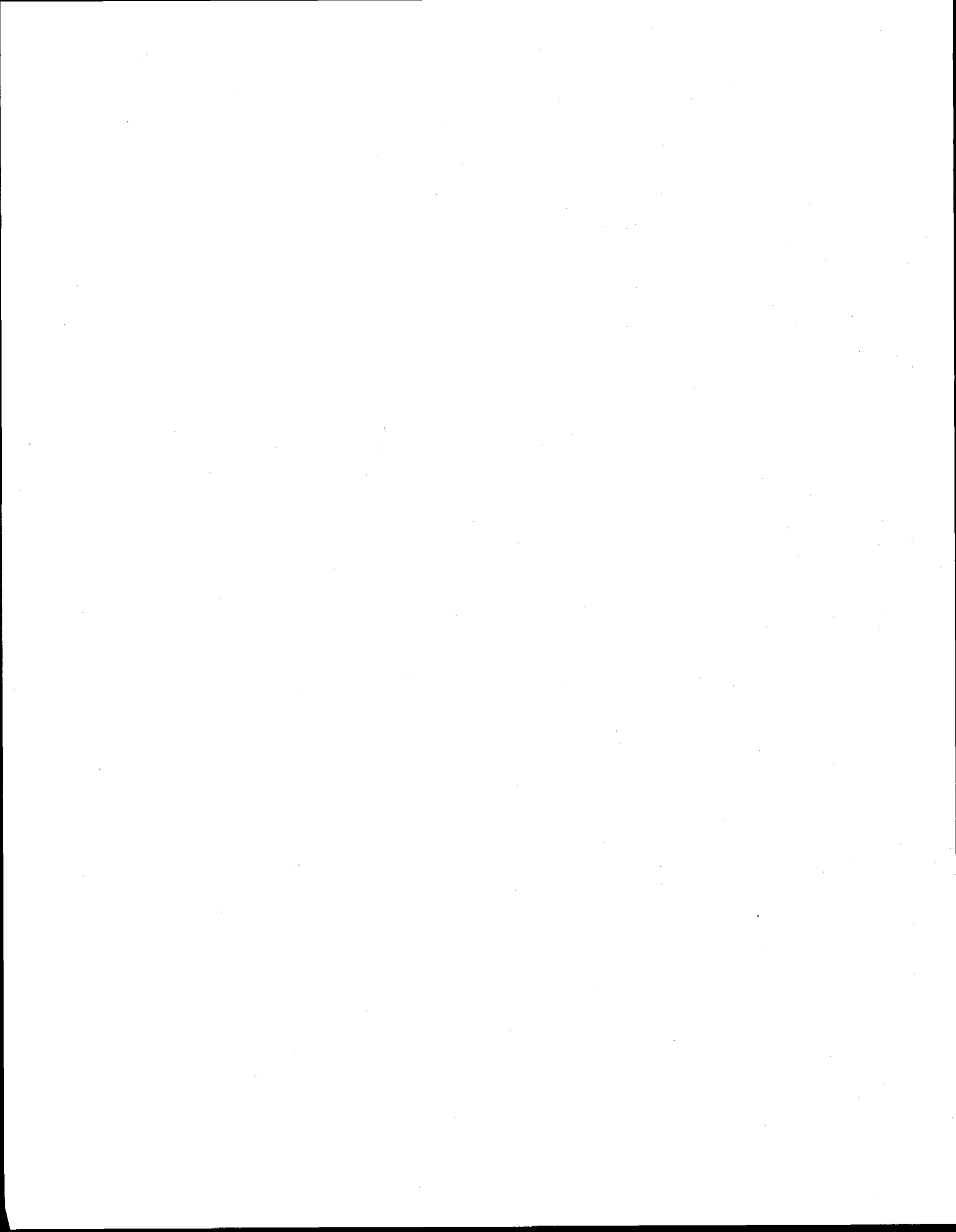
None

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 6/1/08

Jon Locken  
(Signature)

President  
(Title)





**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)

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 05/21/09  
RECEIPT NO 1913892

**RECEIVED**

**MAY 21 2009**

**S.D. SEC. OF STATE**

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:



\* D F 0 3 8 5 1 7 \*  
DF038517 APR/2008  
JON LOCKEN, INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

2. The name of the South Dakota Registered Agent Jon Locken

13755 396th Ave

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

Bath SD 57427

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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

none

County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>10,000</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

none

Name	Address	City	State	Zip	Shares	Kindred

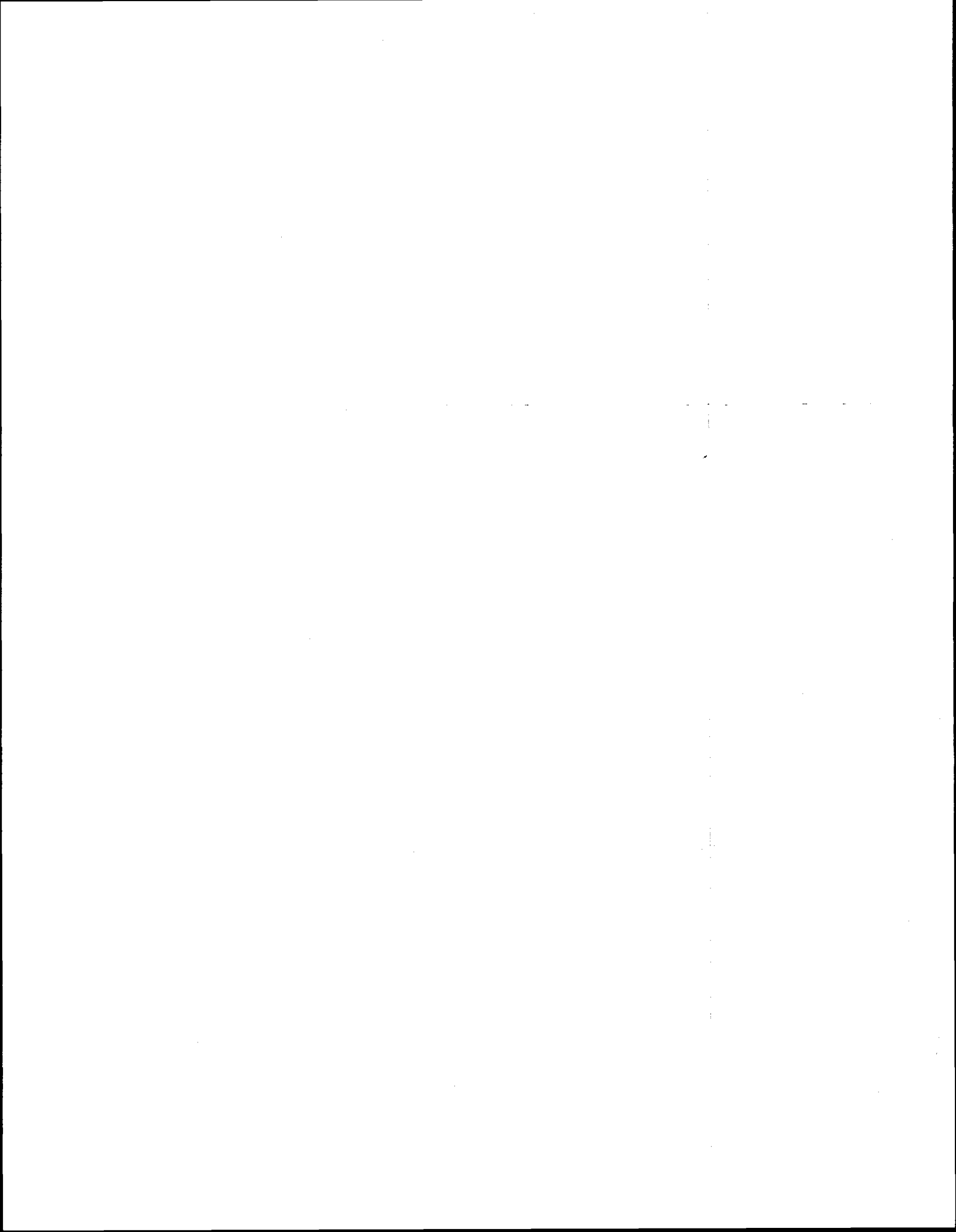
Dated 5/14/09

Jon Locken  
(Signature of an authorized officer)

Jon Locken  
(Printed Name)

President  
(Title)

291 1406



291 1405 05/29/2009

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: \$30** Make check payable to SECRETARY OF STATE

FILE DATE 05/21/09  
 RECEIPT NO 1913892  
**RECEIVED**  
**MAY 21 2009**  
**S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



\* D F 0 3 8 5 1 7 \*  
DF038517 APR/2008  
JON LOCKEN, INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

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

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

13755 396th Ave Bath SD 57427-6503  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Jon Locken

13755 396th Ave Bath SD 57427-6503  
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.

Jon Locken 13755 396th Ave Bath SD 57427-6503  
President Street Address City State ZIP+4

\_\_\_\_\_  
Vice President Street Address City State ZIP+4

Jon Locken 13755 396th Ave Bath SD 57427-6503  
Secretary Street Address City State ZIP+4

Jon Locken 13755 396th Ave Bath SD 57427-6503  
Treasurer Street Address City State ZIP+4

\_\_\_\_\_  
Director Street Address City State ZIP+4

\_\_\_\_\_  
Director Street Address City State ZIP+4

Dated 5/14/09

Jon Locken  
(Signature of an authorized officer)

Jon Locken  
(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)

308 1250 07/15/2010

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

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink  
No Filing Fee

FILE DATE 07/15/10  
RECEIPT NO \_\_\_\_\_  
**RECEIVED**  
**JUL 15 2010**  
**S.D. SEC. OF STATE**

1. Corporate ID, Name and Address:



DF038517 APR/2009  
JON LOCKEN, INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
FILING DATE: To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent Jon Locken

13755 396th Ave Bath SD 57427-6503  
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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

None

County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>10,000</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

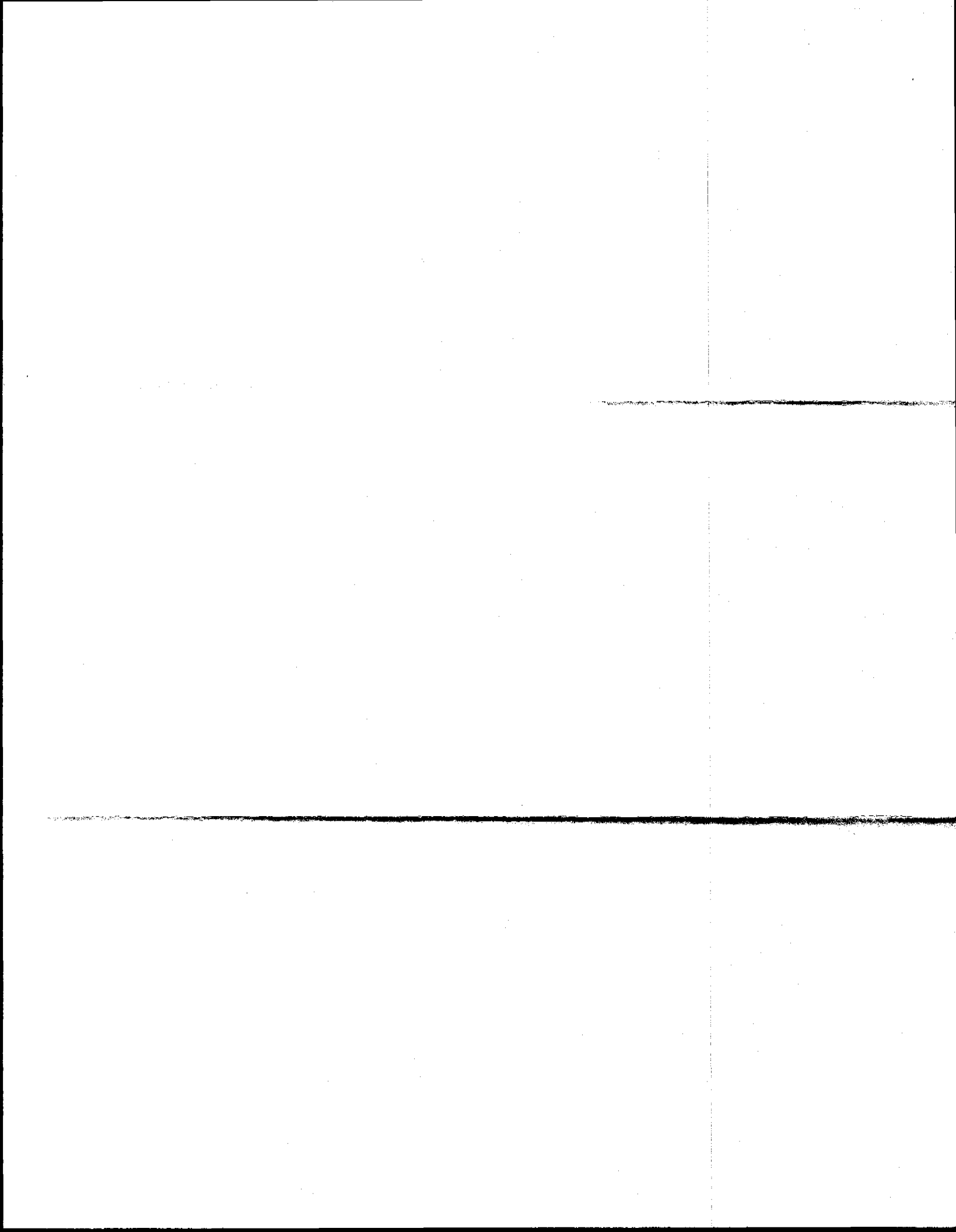
5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

None

Name	Address	City	State	Zip	Shares	Kindred

Dated 5/15/10

Jon Locken  
(Signature of an authorized officer)  
Jon Locken  
(Printed Name)  
President  
(Title)



308 1249 07/15/2010

# 2010

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

## ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 07/15/10

RECEIPT NO 2048418

**RECEIVED**

**JUL 15 2010**

**S.D. SEC. OF STATE**

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

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

1. Corporate Name, Registered Agent Name and Address:



\* D F 0 3 8 5 1 7 \*  
DF038517 APR/2009  
JON LOCKEN, INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

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

13755 396<sup>th</sup> Ave Bath SD 57427-6503  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Jon Locken  
13755 396<sup>th</sup> Ave Bath SD 57427-6503  
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.

- |                                     |                   |                                   |             |           |                   |
|-------------------------------------|-------------------|-----------------------------------|-------------|-----------|-------------------|
| <input checked="" type="checkbox"/> | <u>Jon Locken</u> | <u>13755 396<sup>th</sup> Ave</u> | <u>Bath</u> | <u>SD</u> | <u>57427-6503</u> |
|                                     | President         | Street Address                    | City        | State     | ZIP+4             |
| <input type="checkbox"/>            |                   |                                   |             | <u>SD</u> |                   |
|                                     | Vice President    | Street Address                    | City        | State     | ZIP+4             |
| <input checked="" type="checkbox"/> | <u>Jon Locken</u> | <u>13755 396<sup>th</sup> Ave</u> | <u>Bath</u> | <u>SD</u> | <u>57427-6503</u> |
|                                     | Secretary         | Street Address                    | City        | State     | ZIP+4             |
| <input checked="" type="checkbox"/> | <u>Jon Locken</u> | <u>13755 396<sup>th</sup> Ave</u> | <u>Bath</u> | <u>SD</u> | <u>57427-6503</u> |
|                                     | 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             |

Dated 5/15/10

Jon Locken  
(Signature of an authorized officer)  
Jon Locken  
(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)

325 0327 09/12/2011

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

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE	9/9/11
RECEIPT NO	2183657
<b>RECEIVED</b>	
SEP 09 2011	
S.D. SEC. OF STATE	

1. Corporate ID, Name and Address:



\*DF038517\*  
DF038517 APR/2010  
JON LOCKEN, INC.  
LOCKEN, JON  
13755 396TH AVENUE  
BATH SD 57427-6503

Telephone # \_\_\_\_\_

2. The name of the South Dakota Registered Agent Jon Locken

13755 396th Ave Bath SD 57427

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

Email Address

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

none

County	Section	Township	Acres
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____%

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred (DOK).

none

Name	Address	City	State	Zip+4	Shares	DOK
Name	Address	City	State	Zip+4	Shares	DOK
Name	Address	City	State	Zip+4	Shares	DOK

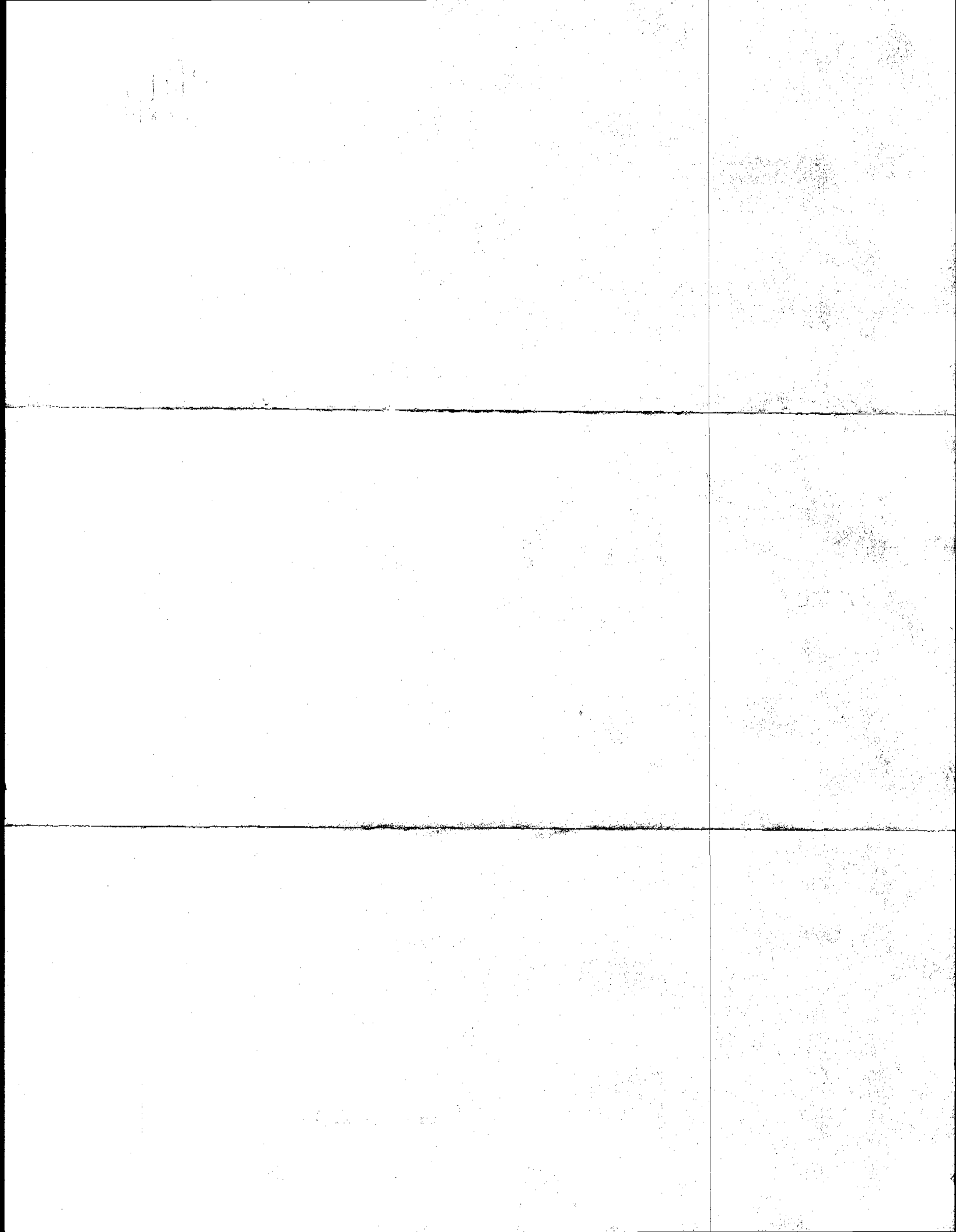
No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 9/1/11

Jon Locken  
(Signature of an Authorized Person)

Email \_\_\_\_\_

Jon Locken  
(Printed Name)



2011

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

RECEIVED stamp with date 9/9/11, number 2183657, and SEP 09 2011. Includes a telephone number field.

1. Corporate Name, Registered Agent Name and Address:



DF038517 APR/2010
JON LOCKEN, INC.
LOCKEN, JON
13755 396TH AVENUE
BATH SD 57427-6503

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.

13755 396th Ave Bath SD 57427
Street Address City State ZIP+4
Mailing Address City State ZIP+4
Email Address

4. The name of the South Dakota Registered Agent Jon Locken

13755 396th Ave Bath SD 57427
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
Email Address

5. The names and 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.

Jon Locken 13755 396th Ave Bath SD 57427
President Street Address City State ZIP+4
Vice President
Jon Locken 13755 396th Ave Bath SD 57427
Secretary Street Address City State ZIP+4
Jon Locken 13755 396th Ave Bath SD 57427
Treasurer Street Address City State ZIP+4
Director
Director

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

Dated 9/11/11
Email locken@nrctv.com

Jon Locken
(Signature of an Authorized Person)
Jon Locken
(Printed Name)

# 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 \_\_\_\_\_  
(Old Registered Agent)

The name of the successor registered agent \_\_\_\_\_  
(New 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 (Old Registered Agent Address)

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

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

5. If the address has changed, list the new registered agent 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
---	------	-------	-------

Email Address \_\_\_\_\_

~~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)

Email \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

2012

Enter Filing Year

## ANNUAL FARM REPORT

FILE 6/26/2012

RECEIPT NO 48805

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

**Corporation**

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF038517  
JON LOCKEN, INC.  
13755 396TH AVE  
BATH, SD 57427-6503

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

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

13755 396TH AVE	BATH	SD	57427-6503
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: JON LOCKEN

13755 396TH AVENUE	BATH	SD	57427-6503
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 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.

<input checked="" type="checkbox"/>	JON LOCKEN	13755 396TH AVE	BATH	SD	57427
	President	Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	JON LOCKEN	13755 396TH AVE	BATH	SD	57427
	Secretary	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	JON LOCKEN	13755 396TH AVE	BATH	SD	57427
	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

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	10000
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
------	----------------	------	-------	-------	--------

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

Signature Accepted Electronically

(Signature of an Authorized Person)

JON LOCKEN

(Printed Name)

2013

Enter Filing Year

## ANNUAL FARM REPORT

FILE 4/29/2013

RECEIPT NO 112837

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

**Corporation**

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF038517  
JON LOCKEN, INC.  
13755 396TH AVE  
BATH, SD 57427-6503

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

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

13755 396TH AVE	BATH	SD	57427-6503
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: JON LOCKEN

13755 396TH AVENUE	BATH	SD	57427-6503
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 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.

<input checked="" type="checkbox"/>	JON LOCKEN	13755 396TH AVE	BATH	SD	57427
	President	Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	JON LOCKEN	13755 396TH AVE	BATH	SD	57427
	Secretary	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	JON LOCKEN	13755 396TH AVE	BATH	SD	57427
	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

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	10000
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
------	----------------	------	-------	-------	--------

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

Signature Accepted Electronically

(Signature of an Authorized Person)

JON E LOCKEN

(Printed Name)

2014

Enter Filing Year

## ANNUAL FARM REPORT

FILE 4/9/2014

RECEIPT NO 191455

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

**Corporation**

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF038517  
JON LOCKEN, INC.  
13755 396TH AVE  
BATH, SD 57427-6503

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

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

13755 396TH AVE	BATH	SD	57427-6503
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: JON LOCKEN

13755 396TH AVENUE	BATH	SD	57427-6503
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 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.

<input checked="" type="checkbox"/>	JON LOCKEN	13755 396TH AVE	BATH	SD	57427
	President	Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	JON LOCKEN	13755 396TH AVE	BATH	SD	57427
	Secretary	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	JON LOCKEN	13755 396TH AVE	BATH	SD	57427
	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

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	10000
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
------	----------------	------	-------	-------	--------

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

Signature Accepted Electronically \_\_\_\_\_

(Signature of an Authorized Person)

**JON LOCKEN**

(Printed Name)

2015 Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 6/29/2015

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

Corporation

Please Type or Print Clearly In Ink

RECEIPT NO 314903

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

1. Corporate Name and Address:

DF038517
JON LOCKEN, INC.
13755 396TH AVE
BATH, SD 57427-6503

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

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

13755 396TH AVE BATH SD 57427-6503
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JON LOCKEN

13755 396TH AVENUE BATH SD 57427-6503
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 principal officers and directors. Please place a check mark next to the name if the principal officer servers as a director. South Dakota Law requires at least one director.

[X] JON LOCKEN 13755 396TH AVE BATH SD 57427
President Street Address City State ZIP+4

[ ] Vice President Street Address City State ZIP+4

[X] JON LOCKEN 13755 396TH AVE BATH SD 57427
Secretary Street Address City State ZIP+4

[X] JON LOCKEN 13755 396TH AVE BATH SD 57427
Treasurer Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	10000
<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 06/29/2015

Signature Accepted Electronically  
 \_\_\_\_\_  
 (Signature of an Authorized Person)  
**JON LOCKEN**  
 \_\_\_\_\_  
 (Printed Name)

2016

ANNUAL FARM REPORT

FILE DATE 4/12/2016

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

Corporation
SDCL 47-27-18, 59-11-24

RECEIPT NO 403273

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

1. Corporate ID and Name:

DF038517

Enter Corporate ID

JON LOCKEN, INC.

Enter Corporate Name

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

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

13755 396TH AVE BATH SD 57427-6503
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: JON LOCKEN

13755 396TH AVENUE BATH SD 57427-6503
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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

[X] JON LOCKEN 13755 396TH AVE BATH SD 57427
President Actual Street Address City State ZIP+4

[ ] Vice President Actual Street Address City State ZIP+4

[X] JON LOCKEN 13755 396TH AVE BATH SD 57427
Secretary Actual Street Address City State ZIP+4

[X] JON LOCKEN 13755 396TH AVE BATH SD 57427
Treasurer Actual Street Address City State ZIP+4

[ ] Director Actual Street Address City State ZIP+4



Director Actual Street Address City State ZIP+4

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<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name Actual Street Address City State ZIP+4 Shares

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 04/12/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

JON E LOCKEN

(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.

4/12/2016 10:19:57 AM