

96072760722

K/96072760722

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

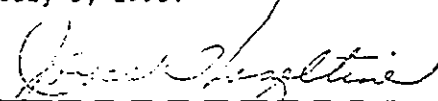
BUSINESS CORPORATION

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of MURPHY'S FLOOR COVERING, INC. duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation of MURPHY'S FLOOR COVERING, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this July 5, 1996.


JOYCE HAZELTINE
Secretary of State

96072750722
7/10/96

FILED BY *544*
July 19 96
Not at

Robert H. Heltner
SECRETARY OF STATE

RECEIVED
JUL 05 1996
S.D. SEC. OF STATE

ARTICLES OF INCORPORATION
OF
MURPHY'S FLOOR COVERING, INC.

The undersigned, acting as incorporator of a corporation under the laws of the State of South Dakota, adopts the following Articles of Incorporation for such corporation:

ARTICLE I.

NAME

The name of the corporation is MURPHY'S FLOOR COVERING, INC.

ARTICLE II.

DURATION

The period of its duration is perpetual.

ARTICLE III.

PURPOSE OF CORPORATION

The purpose for which the corporation is organized is to transact business regarding the laying and installation of floor coverings and related activities.

96072760722
7/10/96

ARTICLE IV.

SHARES

The aggregate number of shares which the corporation shall have authority to issue is 100,000 (one hundred thousand) and at one dollar (\$1.00) par value.

ARTICLE V.

COMMENCEMENT OF BUSINESS

The corporation will not commence business until consideration of the value of at least One thousand dollars (\$1,000.00) has been received for the issuance of shares.

ARTICLE VI.

INITIAL REGISTERED OFFICE AND AGENT

The address of the initial registered office of the corporation is 1380 Michigan SW, Buron, Beadle County, South Dakota 57350 and the name of its initial registered agent at such address is Keith Murphy.

ARTICLE VII.

INITIAL BOARD OF DIRECTORS

The number of directors consisting the initial board of directors of the corporation are two (2) and the names and addresses of those persons who are to serve as directors

9-0726-0702
7/10/96

until the first annual meeting of shareholders or until his
and/or her successors are elected and shall qualify are:

NAME	ADDRESS
Keith Murphy	1380 Michigan SW Huron, SD 57350
Lori Murphy	1380 Michigan SW Huron, SD 57350

ARTICLE VII.

INCORPORATOR

The name and address of the incorporator is:

NAME	ADDRESS
Keith Murphy	1380 Michigan SW Huron, SD 57350

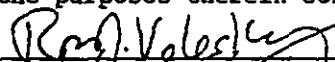
Dated at Huron, South Dakota, this 3rd day of
July, 1996



Keith Murphy, Incorporator

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF BEADLE)

On this the 3rd day of July,
1996 before me, the undersigned officer, personally
appeared, Keith Murphy, known to me or satisfactorily proven
to be the person whose name is subscribed to the within
instrument and acknowledge that the executed the same for
the purposes therein contained.



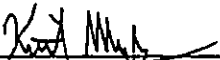
Notary Public Ron J. Volesky
My commission expires 
(SEAL)

9/07/27 60702
7/18/96

CONSENT OF AGENT

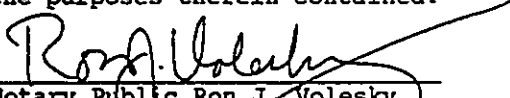
I, KEITH MURPHY, consent to serve as the registered agent for MURPHY'S FLOOR COVERING, INC.

Dated this 3rd day of July, 1996.

X 
Keith Murphy

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF BEADLE)

On this the 3rd day of July, 1996, before me, the undersigned officer, personally appeared, Keith Murphy, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledge that the executed the same for the purposes therein contained.


Notary Public Ron J. Volesky
My commission expires: 3-07-97

(SEAL)

Receipt No: 553076

File Number: DB037422

96072760722
7/10/96

ART OF INC

For

MURPHY'S FLOOR COVERING, INC.

File at the request of:

RON VOLESKY
356 DAKOTA AVENUE SOUTH
HURON SD 57350

STATE OF SOUTH DAKOTA

OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on

Date July 5, 1996

Joyce Hazeltine
Secretary of State

Fee Recieved \$60 100,000 @ \$1.

SOS CRP 491 10/93

05071808-16696

1997

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 7-18-97
RECEIPT NO. RECEIVED

RECEIVED

181997

1. Corporate Name, Registered Agent and Registered Address:

DB-037422 JUL/00
MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON, SD 57350-3030

Telephone # _____

FAX # _____

Federal Taxpayer I

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

S.D. SEC. OF STATE

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

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

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

2. The character of the business in which it is actually engaged in South Dakota Laying & installation of floor coverings and related activities

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Keith Murphy</u>	President	<u>1380 Michigan SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Lori Murphy</u>	Vice President	<u>1380 Michigan SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Lori Murphy</u>	Secretary	<u>1380 Michigan SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Keith Murphy</u>	Treasurer	<u>1380 Michigan SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>

SD law requires at least one director.

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

Director _____
Director _____

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

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>100,000</u>	<u>Common</u>		<u>\$1.00</u>

5. NUMBER OF SHARES ACTUALLY ISSUED

CLASS	SERIES
<u>1,000</u>	<u>Common</u>

6. The amount of its stated capital is \$ 1,000 (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 June 18 19 97

By Keith Murphy
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Deadle ss

I, George F. Merkel, a notary public, do hereby certify that on this 18th day of June 1997.

personally appeared before me Keith Murphy who, being by me first duly sworn, declared that he/she is the

President of Murphy's Floor Covering, Inc.

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

My Commission Expires March 25, 1999

George F. Merkel
Notary Public

(Notarial Seal)

SOS CRP 6/97

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 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)

1998

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

ANNUAL REPORT

DOMESTIC
 PLEASE TYPE OR USE BLACK INK

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

FILE DATE 7-17-98
 RECEIPT NO. 725416

RECEIVED

JUL 17 1998

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DB-037422 JUL/97
 MURPHY'S FLOOR COVERING, INC.
 MURPHY, KEITH
 1380 MICHIGAN SW
 HURON, SD 57350-3030

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 July 16, 1998

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

STATE OF South Dakota
 COUNTY OF Beadle ss

I, George F. Merkel, a notary public, do hereby certify that on this 16th day of July, 1998, personally appeared before me Keith Murphy who, being by me first duly sworn, declared that he/she is the President of Murphy's Floor Covering, Inc.

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

My Commission Expires March 25, 1999

[Signature]
 Notary Public

(Notarial Seal)

SOS CRP 6/97

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

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

Date _____ 19 _____.

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

1999

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 7.20.99
RECEIPT NO 413662

RECEIVED

JUL 20 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-037422 JUL/98
MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON, SD 57350-3030

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 July 20 19 99

By X Keith Murphy
(Signature)

Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Beadle

I, George F Merkel, a notary public, do hereby certify that on this 20th day of July 1999.

personally appeared before me Keith Murphy who, being by me first duly sworn, declared that he/she is the
President of Murphy's Floor Covering, 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 December 26, 2004

George F Merkel
Notary Public

(Notarial Seal)

SOS CRP 6/98

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)

2000

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 7-21-00
RECEIPT NO. 399001

RECEIVED

JUL 21 '00

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DE-037422 JUL/1999
MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON SD 57350-3030

Telephone # 605-352-1544

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 July 17, 2000

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

STATE OF South Dakota
COUNTY OF Beadle ss

On this the 17th day of July, 2000, before me, George F Merkel
personally appeared Keith Murphy, 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 December 26, 2004

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 11/99

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
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

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 7-16-60
RECEIPT NO. 1001394

RECEIVED

期 16 01

~~S.D. SEC. OF STATE~~

1. Corporate Name, Registered Agent and Registered Address:

DB-037422 JUL/2000
MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1320 MICHIGAN SW
HURON SD 57350-3030

Telephone # _____
FAX # _____
Federal Taxpayer ID _____
FILING DATE: Due January 15th of the month the
Certificate of Incorporation was issued, and
delinquent after the last day of the following
month.

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

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 July 12, 2001

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

STATE OF South Dakota
COUNTY OF Beadle ss

On this the 12th day of July, 2001, before me, George F Merkel
personally appeared Keith Murphy, 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 Dec. 26, 2004

Notary Public

(Notar's Seal)

SOS CRP 11/00

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

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

File Date _____
Receipt No. _____

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

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

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____

ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____

ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical. _____
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(signature)

2002

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INKFILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGSFILE DATE 1-22-02
RECEIPT NO. 120293
RECEIVED

JUL 22 02

1. Corporate Name, Registered Agent and Registered Address:

DB-037422 JUL 2001
MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON SD 57350-3030Telephone # \$10 SEC. OF STATE

FAX #

Federal Taxpayer ID

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

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

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.
* * * * *

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

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

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

SD law requires at least one director.

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

Director	
Director	

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED

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 July 15, 2002By [Signature]
(Signature)
its President
(Title)STATE OF South DakotaCOUNTY OF Beadle ssOn this the 15th day of July, 20 02, before me, George F Merkelpersonally appeared Keith Murphyto be the President, known to me, or proved to me,
instrument and acknowledged to me that such corporation executed the same.My Commission Expires Dec 26, 2004

(Notarial Seal)

Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL PIERRE, S.D. 57501-5077
PHONE: 605-773-4345 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the _____ day of _____, 20____, before me, _____, 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)

SOS CRP 07/03

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

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

File Date _____
Receipt No. _____

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

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

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____

ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____

ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(signature)

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 7/20/04
RECEIPT NO. 134157

RECEIVED
JUL 20 '04

S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:



DB037422 JUL/2003
MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON SD 57350-3030

Telephone # _____

FAX #

Federal Taxpa

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

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

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report. 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.

[illegible]

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.

Dated July 12 2007

(Signature)

(Title)

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

SOS CRP 07/04

**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)

2005 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 08/31/05
RECEIPT NO. 147247

RECEIVED

AUG 31 '05

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

DB-037422
MURPHY'S FLOOR COVERING, INC.
1380 MICHIGAN SW
HURON, SD 57350-3030

JUL/05

Telephone #

FAX #

S.D. SEC. OF STATE

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

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

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

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

[illegible]

2. The address of the principal office 1380 Michigan SW, Huron, SD 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Keith Murphy	President	1380 Michigan SW	Huron	SD	57350
Lori Murphy	Vice President	1380 Michigan SW	Huron	SD	57350
Lori Murphy	Secretary	1380 Michigan SW	Huron	SD	57350
Keith Murphy	Treasurer	1380 Michigan SW	Huron	SD	57350

4. Provide a brief description of the nature of the business. **Laying & installation of Floor Coverings**

SD law requires at least one director.

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

Director

Director

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

NUMBER OF AUTHORIZED SHARES
100,000

CLASS	SERIES
Common	

6. NUMBER OF ISSUED AND OUTSTANDING SHARES
1.000

CLASS
Common

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

Dated August 29 2005

Signature

Printed Name

Title

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

domesticannualreport July 2005

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 8-1-06
RECEIPT NO. 1580434

RECEIVED

AUG 01 '06

~~S.D. SEC. OF STATE~~

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



DB037422 JUL/2005

MURPHY'S FLOOR COVERING, INC.

MURPHY, KEITH

1380 MICHIGAN SW

HURON SD 57350-3030

Telephone # _____

FAX # _____

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

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

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

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

[illegible]

2. The address of the principal office _____

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
------	--------	----------------	------	-------	-------

President _____

Vice President _____

Secretary _____

Treasurer _____

SD law requires at least one director.

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

Director _____

Director _____

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
-----------------------------	-------	--------

6. NUMBER OF ISSUED SHARES	CLASS	SERIES
----------------------------	-------	--------

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

Dated July 14, 2006

Signature

Keith Murphy

Printed Name

President

Title

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

PHONE: 605-773-4845

www.sdsos.gov

SOS CRP 07/05

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

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

File Date _____
Receipt No. _____

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

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

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____

ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____

ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

FILE DATE 08/01/07
RECEIPT NO. 170666
RECEIVED
AUG 01 2007
S.D. SEC. OF STATE

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

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



DB037422 JUL/2006
MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON SD 57350-3030

Telephone # _____

FAX # _____

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

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

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

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

[illegible]

2. The address of the principal office

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
------	--------	----------------	------	-------	-------

President _____

Vice President

Secretary

Treasurer _____

SD law requires at least one director.

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

Director _____

Director

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
-----------------------------	-------	--------

6. NUMBER OF ISSUED SHARES	CLASS	SERIES
----------------------------	-------	--------

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

Dated 7-30-07

Signature _____

Printed Name _____

Title

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

SOS CRP 07/05

(signature)

2008

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: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 07/30/08
RECEIPT NO 82114
RECEIVED
JUL 30 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



* D B 0 3 7 4 2 2 *
DB037422 JUL/2007
MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON SD 57350-3030

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.

1380 Michigan SW Huron SD 57350-3030
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Keith Murphy

1380 Michigan SW Huron SD 57350-3030
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.

☒ Keith Murphy 1380 Michigan SW Huron SD 57350-3030
President Street Address City State ZIP+4

☒ Lori Murphy 1380 Michigan SW Huron SD 57350-3030
Vice President Street Address City State ZIP+4

☒ Lori Murphy 1380 Michigan SW Huron SD 57350-3030
Secretary Street Address City State ZIP+4

☒ Keith Murphy 1380 Michigan SW Huron SD 57350-3030
Treasurer Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

Dated 7-10-08

(Signature of an authorized officer)

(Printed Name)

(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2009

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

RECEIPT NO

RECEIVED

JUL 16 2009

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:



DB037422 JUL/2008

MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON SD 57350-3030

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

1380 Michigan SW Huron SD 57350-3030
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Keith Murphy

1380 Michigan SW Huron SD 57350-3030
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.

☒ Keith Murphy 1380 Michigan SW Huron SD 57350-3030
President Street Address City State ZIP+4

☒ Lori Murphy 1380 Michigan SW Huron SD 57350-3030
Vice President Street Address City State ZIP+4

☒ Lori Murphy 1380 Michigan SW Huron SD 57350-3030
Secretary Street Address City State ZIP+4

☒ Keith Murphy 1380 Michigan SW Huron SD 57350-3030
Treasurer Street Address City State ZIP+4

☐ Director Street Address City State ZIP+4

☐ Director Street Address City State ZIP+4

Dated July 14, 2009

(Signature of an authorized officer)

Keith Murphy

(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)

309 1013 08/05/2010

2010

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 08/05/10
RECEIPT NO 2355170

RECEIVED

AUG 05 2010

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



* DB037422 *
DB037422 JUL/2009
MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON SD 57350-3030

Telephone # _____

FAX # _____

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

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

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

1380 Michigan SW Huron SD 57350
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Keith Murphy

1380 Michigan SW Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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.

☒ Keith Murphy 1380 Michigan SW Huron SD 57350
President Street Address City State ZIP+4

☒ Lori Murphy 1380 Michigan SW Huron SD 57350
Vice President Street Address City State ZIP+4

☒ Lori Murphy 1380 Michigan SW Huron SD 57350
Secretary Street Address City State ZIP+4

☒ Keith Murphy 1380 Michigan SW Huron SD 57350
Treasurer Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

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

Dated 7-13-10


(Signature of an Authorized Person)

Keith Murphy
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

322 1987 07/25/2011

2011

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

1. Corporate Name, Registered Agent Name and Address:



* DB037422 *
DB037422 JUL/2010

MURPHY'S FLOOR COVERING, INC.
MURPHY, KEITH
1380 MICHIGAN SW
HURON SD 57350-3030

RECEIVED

JUN 21 2011

S.D. SEC. OF STATE

FILE DATE

RECEIPT NO

6/21/11
2167038
RECEIVED

JUN 10 2011

S.D. SEC. OF STATE

Telephone #

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.

1380 Michigan SW Huron SD 57350
Street Address City State ZIP+4

1380 Michigan SW Huron SD 57350
Mailing Address City State ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Keith Murphy

1380 Michigan SW Huron SD 57350
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.

☒ Keith Murphy 1380 Michigan SW Huron SD 57350
President Street Address City State ZIP+4

☒ Lori Murphy 1380 Michigan SW Huron SD 57350
Vice President Street Address City State ZIP+4

☒ Lori Murphy 1380 Michigan SW Huron SD 57350
Secretary Street Address City State ZIP+4

☒ Keith Murphy 1380 Michigan SW Huron SD 57350
Treasurer Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

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

Dated June 8, 2011

(Signature of an Authorized Person)

Email _____

Keith Murphy
(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 REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 4/4/2013

RECEIPT NO 107878

1. Corporate ID and Name:

DB037422

MURPHY'S FLOOR COVERING, INC.

1380 MICHIGAN SW

HURON, SD 57350

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

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

1380 MICHIGAN SW

HURON

SD

57350

Street Address

City

State

ZIP+4

1380 MICHIGAN SW

HURON

SD

57350

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

KEITH MURPHY

1380 MICHIGAN SW

HURON

SD

57350-3030

Street Address or Rural Route Box Number in This State and

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

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



KEITH MURPHY

1380 MICHIGAN SW

HURON

SD

57350

President

Street Address

City

State

ZIP+4



LORI MURPHY

1380 MICHIGAN SW

HURON

SD

57350

Vice President

Street Address

City

State

ZIP+4



LORI MURPHY

1380 MICHIGAN SW

HURON

SD

57350

Secretary

Street Address

City

State

ZIP+4



KEITH MURPHY

1380 MICHIGAN SW

HURON

SD

57350

Treasurer

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4

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

Date 04/04/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

KEITH MURPHY

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 7/24/2013

RECEIPT NO 130521

1. Corporate ID and Name:

DB037422

MURPHY'S FLOOR COVERING, INC.

1380 MICHIGAN SW

HURON, SD 57350

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

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

1380 MICHIGAN SW

HURON

SD

57350

Street Address

City

State

ZIP+4

1380 MICHIGAN SW

HURON

SD

57350

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

KEITH MURPHY

1380 MICHIGAN SW

HURON

SD

57350-3030

Street Address or Rural Route Box Number in This State and

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

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



KEITH MURPHY

1380 MICHIGAN SW

HURON

SD

57350

President

Street Address

City

State

ZIP+4



LORI MURPHY

1380 MICHIGAN SW

HURON

SD

57350

Vice President

Street Address

City

State

ZIP+4



LORI MURPHY

1380 MICHIGAN SW

HURON

SD

57350

Secretary

Street Address

City

State

ZIP+4



KEITH MURPHY

1380 MICHIGAN SW

HURON

SD

57350

Treasurer

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4

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 07/24/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

KEITH MURPHY

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 7/23/2014

RECEIPT NO 218606

1. Corporate ID and Name:

DB037422

MURPHY'S FLOOR COVERING, INC.

1380 MICHIGAN SW

HURON, SD 57350

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

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

1380 MICHIGAN SW

HURON

SD

57350

Street Address

City

State

ZIP+4

PO BOX 421

HURON

SD

57350

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

KEITH MURPHY

1380 MICHIGAN SW

HURON

SD

57350-3030

Street Address or Rural Route Box Number in This State and

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

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

☒	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
☒	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
☒	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
☒	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

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 07/23/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

KEITH MURPH

(Printed Name)

2015

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC

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

Please Type or Print Clearly In Ink

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

FILE DATE 7/23/2015

RECEIPT NO 321758

Telephone # _____

1. Corporate ID and Name:

DB037422

MURPHY'S FLOOR COVERING, INC.

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

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

1380 MICHIGAN SW	HURON	SD	57350
------------------	-------	----	-------

Actual Street Address or Rural Route Box Number	City	State	ZIP+4
---	------	-------	-------

PO BOX 421	HURON	SD	57350
------------	-------	----	-------

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

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: KEITH MURPHY

1380 MICHIGAN SW	HURON	SD	57350-3030
------------------	-------	----	------------

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
---	------	-------	-------

Email Address (Optional)

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

☒	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	President	Actual Street Address	City	State	ZIP+4

☒	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Vice President	Actual Street Address	City	State	ZIP+4

☒	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Secretary	Actual Street Address	City	State	ZIP+4

☒	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Treasurer	Actual Street Address	City	State	ZIP+4

☐

Director

Actual Street Address

City

State

ZIP+4

☐

Director

Actual Street Address

City

State

ZIP+4

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

Dated 07/23/2015

Email

(Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

KEITH MURPHY

(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.

7/23/2015 1:42:01 PM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 7/28/2016

RECEIPT NO 439906

1. Corporate ID and Name:

DB037422

Enter Corporate ID

MURPHY'S FLOOR COVERING, 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).

1380 MICHIGAN SW	HURON	SD	57350
------------------	-------	----	-------

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

PO BOX 421

HURON

SD

57350

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KEITH MURPHY

1380 MICHIGAN SW	HURON	SD	57350-3030
------------------	-------	----	------------

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

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

☒	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	President	Actual Street Address	City	State	ZIP+4

☒	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Vice President	Actual Street Address	City	State	ZIP+4

☒	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Secretary	Actual Street Address	City	State	ZIP+4

☒	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Treasurer	Actual Street Address	City	State	ZIP+4

☐					
	Director	Actual Street Address	City	State	ZIP+4



Director

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 07/28/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

KEITH MURPHY

(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.

7/28/2016 8:23:41 AM