K~030113201123

030132 0.1123
1/30/03

Receipt Number: 1-73891

File Number DB046407

DB046407

ARTICLES OF INCORPORATION

ARTICLES_OF_INCORPORATION

For

DIETZ LAWN CARE, INC.

Filed at the request of:

KIRK DIETZ
PO BOX 145
HURON SD 57350

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: January 27, 2003

Chris Nelson

Secretary of State

Fee Received: $90 25,000 @ $1.

K-030

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Incorporation

Business Corporation

ORGANIZATIONAL ID #: DB046407

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **DIETZ LAWN CARE, 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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this January 27, 2003.

Chris Nelson

Chris Nelson
Secretary of State

IncorpCertBusiness Merge.doc

030132

030132 0.1123
1/30/03

RECEIVED
JAN 27 '03
S.D. SEC. OF STATE

Filed this 27th day of Jan 2003
Jim Nelson
SECRETARY OF STATE

ARTICLES OF INCORPORATION
OF
DIETZ LAWN CARE, 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 **DIETZ LAWN CARE, 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 lawn care & related services.

ARTICLE IV.
SHARES

The aggregate number of shares which the corporation shall have authority to issue is 25,000 (twenty five thousand) and at one dollar ($1.00) par value.

CD046407

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 217 7th Street SE, Huron, Beadle County, South Dakota 57350 and the name of its initial registered agent at such address is Kirk Dietz.

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

NAME	ADDRESS
Kirk Dietz	217 7th Street SE Huron, SD 57350
Todd Allerdings	20414 407th Ave Huron, SD 57350

ARTICLE VIII.

INCORPORATOR

The name and address of the incorporators are:

NAME	
Kirk Dietz	217 7th Street SE Huron, SD 57350
Todd Allerdings	20414 407th Ave Huron, SD 57350

Dated at Huron, South Dakota, this 23rd day of January 2003

Kirk Dietz, Incorporator

Todd Allerdings, Incorporator

STATE OF SOUTH DAKOTA)
:SS
COUNTY OF BEADLE)

On this the 23rd day of January 2003 before me personally appeared, Kirk Dietz and Todd Allerdings known to me or satisfactorily proved to be the persons whose name is subscribed to the within instrument and acknowledge that they executed the same for the purposes therein contained.

Notary Public George F Merkel
My commission expires December 26, 2004

(SEAL)

Secretary of State
State Capitol
500 E. Capitol
Pierre, SD 57501-5070
605-773-4845

030132 0.1123
1/30/03

RECEIVED
JAN 27 '03
S.D. SEC. OF STATE

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Kirk Dietz, hereby give my consent to serve as the registered agent for Dietz Lawn Care, Inc.

(name of the registered agent)

(corporate name)

Dated January 23, 2003

Kirk Dietz
(signature of registered agent)

*** Submit one original and one copy ***

2004 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 02/19/04
RECEIPT NO. 1295739

RECEIVED
FEB 19 '04
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB046407
DB046407 JAN/0000
DIETZ LAWN CARE, INC.
DIETZ, KIRK
217 7TH STREET SE
HURON SD 57350-2835

Telephone # 605-352
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 below 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 Lawn Care

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Kirk Dietz	President	217 7th St SE	Huron	SD	57350
Todd Allerdings	Vice President	20414 407th Ave	Huron	SD	57350
Todd Allerdings	Secretary	20414 407th Ave	Huron	SD	57350
Kirk Dietz	Treasurer	217 7th St SE	Huron	SD	57350

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
25,000	—	Common	$1.00 per Par

5. NUMBER OF SHARES ACTUALLY ISSUED

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	
5232	—	Common	$1.00 per Par

6. The amount of its stated capital is $ 5232.00 (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 2/17/04

By [signature] (Signature)
Its Vice-President (Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE
ss

On this the 17th day of February, 20 04, before me, George F Merkel personally appeared Todd Allderdings, known to me, or proved to me, to be the Vice 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

[signature] Notary Public

(Notarial Seal)

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

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)

233 5466 03/04/2005

2005 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 2/23/05
RECEIPT NO. 1442863
RECEIVED
FEB 23 '05
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB046407
DB046407 JAN/2004
DIETZ LAWN CARE, INC.
DIETZ, KIRK
217 7TH STREET SE
HURON SD 57350-2835

Telephone # 605-352-0007
FAX # N/A
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.

★ ★

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 2/21/05

[signature]
(Signature)

VP
(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

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 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)

Revised 07/04

244 0923

2006 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 01/01/06
RECEIPT NO. 150702 7
RECEIVED
DEC 21 '05
S.D. SEC. of STATE

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

DB046407
DB046407 JAN/2005
DIETZ LAWN CARE, INC.
DIETZ, KIRK
217 7TH STREET SE
HURON SD 57350-2835

Telephone # 605-352-0007
FAX # ______

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

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

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

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

★ ★

2. The address of the principal office 305 2ND ST. SE HURON, SD 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
KIRK L. DIETZ	President	217 7TH ST SE	HURON	SD	57350
TODD ALLERDINGS	Vice President	20414 407TH AVE.	HURON	SD	57350
	Secretary				
	Treasurer				

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. Provide a brief description of the nature of the business LAWN FERTILIZATION, WEED, DISEASE, & INSECT CONTROL

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
~~5,232~~ 25000		

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
5,232		

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

Dated 12-15-05

Kirk L. Dietz
Signature

KIRK L. DIETZ
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

File Date _____
Receipt No _____

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

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)

258 0160

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 01/24/07
RECEIPT NO. 763845
RECEIVED
JAN 24 2007
S.D. SEC. OF STATE

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

DB046407
DB046407 JAN/2006
DIETZ LAWN CARE, INC.
DIETZ, KIRK
217 7TH STREET SE
HURON SD 57350-2835

Telephone # 605-352-0007
FAX # N/A

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

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

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

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

★ ★

2. The address of the principal office ______

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

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

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

______ Director ______

______ Director ______

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

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 1/23/07

[signature]
Signature

Todd Allerdings
Printed Name

Co-owner
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)

273 1200 03/18/2008

2008 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 02/20/08
RECEIPT NO. 11700160

RECEIVED
FEB 20 2008
S.D. SEC. OF STATE

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

DB046407
DB046407 JAN/2007
DIETZ LAWN CARE, INC.
DIETZ, KIRK
217 7TH STREET SE
HURON SD 57350-2835

Telephone # 605-352-0007
FAX # N/A

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

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

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

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

★★

2. The address of the principal office ______

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

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

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

______ Director ______

______ Director ______

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

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 2/18/08

[signature]
Signature

Todd Allevdings
Printed Name

Vice-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)

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 1-12-09
RECEIPT NO 1872188

RECEIVED
JAN 12 2009
S.D. SEC. OF STATE

RECEIVED
DEC 22 2008
S.D. SEC. OF STATE

285 1630

1. Corporate Name, Registered Agent Name and Address:

DB046407
DB046407 JAN/2008
DIETZ LAWN CARE, INC.
~~DIETZ, KIRK~~ ~~305 2ND ST. SE~~
DIETZ, KIRK
217 7TH ST. SE ~~217 7TH STREET SE~~
HURON SD 57350-2835

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.

305 2ND St. SE	Huron	SD	57350
Street Address	City	State	ZIP+4
SAME			
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent KIRK DIETZ

217 7th Street SE	Huron	SD	57350
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
SAME			
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.

☒	KIRK DIETZ	305 2ND ST. SE	Huron	SD	57350
	President	Street Address	City	State	ZIP+4
☐	TODD ALLEDINGS	305 2ND ST. SE	Huron	SD	57350
	Vice President	Street Address	City	State	ZIP+4
☐					
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated 12-19-08

Kirk L. Dietz
(Signature of an authorized officer)

KIRK L. DIETZ
(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)

300 2673 01/22/2010

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 01/20/10
RECEIPT NO 1989577
RECEIVED JAN 20 2010 S.D. SEC. OF STATE
RECEIVED JAN 14 2010 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB0464407
DB046407 JAN/2009
DIETZ LAWN CARE, INC.
DIETZ, KIRK
217 7TH STREET SE
HURON SD 57350-2835

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.

Street Address	City	State	ZIP+4
217 7TH ST. SE	HURON	SD	57350
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent [redacted] KIRK DIETZ

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
217 7TH SE	HURON	SD	57350
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.

	Street Address	City	State	ZIP+4
☒ KIRK L. DIETZ, President	217 7TH SE	HURON	SD	57350
☐ TODD ALLERDINGS, Vice President	20414 407TH AVE.	HURON	SD	57350
☐ Secretary				
☐ Treasurer				
☐ Director				
☐ Director				

Dated 1-4-2010

Kirk L. Dietz
(Signature of an authorized officer)

KIRK L. DIETZ
(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)

300 2673 01/22/2010

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 01/20/10
RECEIPT NO 1989577
RECEIVED JAN 20 2010 S.D. SEC. OF STATE
RECEIVED JAN 14 2010 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB0464407
DB046407 JAN/2009
DIETZ LAWN CARE, INC.
DIETZ, KIRK
217 7TH STREET SE
HURON SD 57350-2835

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.

Street Address	City	State	ZIP+4
217 7TH ST. SE	HURON	SD	57350
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent [redacted] KIRK DIETZ

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
217 7TH SE	HURON	SD	57350
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.

	Street Address	City	State	ZIP+4
☒ KIRK L. DIETZ, President	217 7TH SE	HURON	SD	57350
☐ TODD ALLERDINGS, Vice President	20414 407TH AVE.	HURON	SD	57350
☐ Secretary				
☐ Treasurer				
☐ Director				
☐ Director				

Dated 1-4-2010

Kirk L. Dietz
(Signature of an authorized officer)

KIRK L. DIETZ
(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)

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

FILE DATE 01/19/11
RECEIPT NO 2111966

RECEIVED
JAN 19 2011
S.D. SEC. OF STATE

315 2335

1. Corporate Name, Registered Agent Name and Address:

DB046407
DB046407 JAN/2010
DIETZ LAWN CARE, INC.
DIETZ, KIRK
217 7TH STREET SE
HURON SD 57350-2835

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.

217 7TH SE	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 KIRK L. DIETZ

217 7TH SE	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

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.

☑	KIRK L. DIETZ	217 7TH SE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☐					
	Secretary	Street Address	City	State	ZIP+4
☐					
	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 1-17-11

Kirk L. Dietz
(Signature of an Authorized Person)

KIRK L. DIETZ
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) | City | State | ZIP+4

_____
Mailing Address | City | State | ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

_____
(Signature of an Authorized Person)

_____
(Printed Name)

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

FILE DATE 01/19/11
RECEIPT NO 2111966

RECEIVED
JAN 19 2011
S.D. SEC. OF STATE

315 2335

1. Corporate Name, Registered Agent Name and Address:

DB046407
DB046407 JAN/2010
DIETZ LAWN CARE, INC.
DIETZ, KIRK
217 7TH STREET SE
HURON SD 57350-2835

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.

217 7TH SE	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 KIRK L. DIETZ

217 7TH SE	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

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.

☑	KIRK L. DIETZ	217 7TH SE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☐					
	Secretary	Street Address	City	State	ZIP+4
☐					
	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 1-17-11

Kirk L. Dietz
(Signature of an Authorized Person)

KIRK L. DIETZ
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) | City | State | ZIP+4

_____
Mailing Address | City | State | ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

_____
(Signature of an Authorized Person)

_____
(Printed Name)

2012 Enter Filing Year

ANNUAL REPORT

FILE DATE 01/17/2012

RECEIPT NO 17537

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

DOMESTIC

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:
DB046407
DIETZ LAWN CARE, INC.
217 7TH ST SE
HURON, SD 57350-2835

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

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

217 7TH ST SE	HURON	SD	57350-2835
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KIRK DIETZ

217 7TH STREET SE	HURON	SD	57350-2835
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.

[X]	President	Street Address	City	State	ZIP+4
[ ]	Vice President	Street Address	City	State	ZIP+4
[ ]	Secretary	Street Address	City	State	ZIP+4
[ ]	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 01/17/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

KIRK L DIETZ
(Printed Name)

1/17/2012 3:21:21PM

2013 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 1/14/2014

RECEIPT NO 168446

1. Corporate ID and Name:
DB046407
DIETZ LAWN CARE, INC.
305 2ND ST SE
HURON, SD 57350

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

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

305 2ND ST SE	HURON	SD	57350
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KIRK DIETZ

217 7TH STREET SE	HURON	SD	57350-2835
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.

[X]	KIRK DIETZ	217 7TH SE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
[X]	TODD ALLERDINGS	230 15TH SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
[ ]					
	Secretary	Street Address	City	State	ZIP+4
[ ]					
	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 01/14/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

KIRK L DIETZ

(Printed Name)

1/14/2014 10:00:46 AM

2014 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 1/14/2014

RECEIPT NO 168451

1. Corporate ID and Name:
DB046407
DIETZ LAWN CARE, INC.
305 2ND ST SE
HURON, SD 57350

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

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

305 2ND ST SE	HURON	SD	57350
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KIRK DIETZ

217 7TH STREET SE	HURON	SD	57350-2835
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.

[X]	KIRK DIETZ	217 7TH SE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
[X]	TODD ALLERDINGS	230 15TH SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
[ ]					
	Secretary	Street Address	City	State	ZIP+4
[ ]					
	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 01/14/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

KIRK L DIETZ

(Printed Name)

1/14/2014 10:10:35 AM

2015 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 1/7/2015

RECEIPT NO 260664

1. Corporate ID and Name:
DB046407
DIETZ LAWN CARE, INC.
305 2ND ST SE
HURON, SD 57350

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

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

305 2ND ST SE	HURON	SD	57350
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KIRK DIETZ

217 7TH STREET SE	HURON	SD	57350-2835
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.

X	KIRK DIETZ	217 7TH SE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
X	TODD ALLERDINGS	230 15TH SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	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 01/07/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

KIRK L DIETZ

(Printed Name)

1/7/2015 11:58:52 AM

2016

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 12/23/2015

RECEIPT NO 363099

1. Corporate ID and Name:

DB046407

DIETZ LAWN CARE, INC.

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

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

305 2ND ST SE	HURON	SD	57350
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: KIRK DIETZ

217 7TH STREET SE	HURON	SD	57350-2835
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.

X	KIRK DIETZ	217 7TH SE	HURON	SD	57350
	President	Actual Street Address	City	State	ZIP+4
X	TODD ALLERDINGS	230 15TH SW	HURON	SD	57350
	Vice President	Actual Street Address	City	State	ZIP+4
	Secretary	Actual Street Address	City	State	ZIP+4
	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 12/23/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

KIRK L DIETZ

(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.

12/23/2015 3:34:48 PM