

1994

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

9 5 0 1 1 7 3 1 0 0 3
ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12-15-94
RECEIPT NO. 431723

RECEIVED
DEC 15 1994
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DF-014038
GOSCH FARMS, INC.
GOSCH, KENNITH L.
PO BOX 970
305 6TH AVE. SE
ABERDEEN, SD 57402-0970

DEC/93

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

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

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

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

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

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

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

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

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

5. NUMBER OF SHARES ISSUED CLASS SERIES

6. The amount of its stated capital is \$ _____

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

Dated December 14 19 94

By [Signature]
(Signature)
Its Sec./Treas.
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BROWN ss

I, Cristy Biegler, a notary public, do hereby certify that on this 14 day of December 19 94 personally appeared before me Kennith L. Gosch who, being by me first duly sworn, declared that he/she is the Sec./Treas. of Gosch Farms, Inc.

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

My Commission Expires 3/31/99

Cristy Biegler
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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

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

File Date: _____

Receipt No.: _____

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

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

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

9 8 0 1 1 7 0 1 0 0

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 12-15-94
FILE NO. _____

RECEIVED

DEC 15 1994

Secretary of State

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

1. The name of the corporation is Gosch Farms, Inc.
The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch,
305 Sixth Avenue SE., P.O. Box 970, Aberdeen, South Dakota Zip + 4 57402-0970

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

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation
No change

5. List only the changes of the names or addresses of the officers and directors.
NAME REPLACED AS OFFICER OR DIRECTOR
No change

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated December 14 19 94

By Kennith L. Gosch
(Signature)

Its Secretary/Treasurer
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BROWN ss

I, Cristy Biegler, a notary public, do hereby certify that on this 14 day of December 19 94, personally appeared before me Kennith L. Gosch who, being by me first duly sworn, declared that he/~~she~~ is the Sec./Treas. of Gosch Farms, Inc. that he/~~she~~ signed the foregoing document as officer of the corporation and the statements therein contained are true

My Commission Expires _____

Cristy Biegler
Notary Public



1995

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12-1-95
RECEIPT NO. RECEIVED
NOV 27 1995
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-014038 DEC/94
COSCH FARMS, INC.
GOSCH, KENNITH L.
PO BOX 970
305 6TH AVE. SE
ABERDEEN, SD 57402-0970

Telephone # (605) 225-2232
FAX # (605) 225-2497

Federal Taxpayer ID [REDACTED]

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. (Both officers and directors must be listed in the spaces provided).

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

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

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

5. NUMBER OF SHARES ISSUED CLASS SERIES

6. The amount of its stated capital is \$ _____

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

Dated 11-10 19 95

By *Kenneth L. Gosch*
(Signature)
Its Secretary
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BROWN ss

I, Cristy Biegler, a notary public, do hereby certify that on this 10 day of November 19 95, personally appeared before me Kenneth L. Gosch who, being by me first duly sworn, declared that he/she is the Secretary of Gosch Farms, Inc.

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

My Commission Expires 3-31-99

Cristy Biegler
Notary Public

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773.4845

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

File Date: _____

Receipt No.: _____

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

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

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

9511200474

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 12-1-95
FILE NO. _____
RECEIVED
NOV 27 1995
S.D. SEC. OF STATE

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

1. The name of the corporation is Gosch Farms, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch.
305 Sixth Avenue SE, P.O. Box 970, Aberdeen, South Dakota Zip + 4 57402-0970

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

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

No change

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>No change</u>		

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100% - 5,000 shares
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>No change</u>			

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 11-10 19 95

By Kennith L. Gosch
(Signature)

Its Secretary
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BROWN ss

I, Cristy Biegler, a notary public, do hereby certify that on this 10 day of November 19 95,

personally appeared before me Kennith L. Gosch who, being by me first duly sworn, declared that he/stat is the Secretary of Gosch Farms, Inc. that he/they signed the foregoing document

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

My Commission Expires [Redacted]

Cristy Biegler
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1996
 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

FILE DATE 12-31-96
 RECEIPT NO. 396294

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

1. Corporate Name, Registered Agent and Registered Address.

DF-014038 DEC/95
 GOSCH FARMS, INC.
 GOSCH, KENNITH L.
 PO BOX 970
 305 6TH AVE. SE
 ABERDEEN, SD 57402-0970

Telephone # _____
 FAX # _____
 Federal Taxpayer IC _____
 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 January 9 19 97
 By Kennith L. Gosch
 (Signature)
 is Secretary
 (Title)

STATE OF SOUTH DAKOTA
 COUNTY OF BPCWN ss

I, Cristy Biegler, a notary public, do hereby certify that on this 9th day of January 1997, personally appeared before me Kennith L. Gosch who, being by me first duly sworn, declared that he/she is the Secretary of Gosch Farms, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true
 My Commission Expires _____
 Notary Public Cristy Biegler

(Notarial Seal)

SOS CRP 410 10/95

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: \$5 In addition to annual report fee

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

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____, ZIP + 4 _____
3. The 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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

FILE DATE 12-31-96
FILE NO. _____

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

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

- The name of the corporation is Gosch Farms, Inc.
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch
305 Sixth Avenue SE, P.O. Box 970, Aberdeen, South Dakota Zip + 4 57402-0970
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation
No change

- 5 List only the changes of the names or addresses of the officers and directors
- | NAME | REPLACED | AS OFFICER OR DIRECTOR |
|------------------|----------|------------------------|
| <u>No change</u> | | |

- 6 The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100% - 5,000 shares (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- 7 List changes only of names, address and number of shares owned by shareholders
- | NAME | ADDRESS | NUMBER OF SHARES | DEGREE OF KINDRED |
|------------------|---------|------------------|-------------------|
| <u>No change</u> | | | |

- 8 The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated January 9 19 97

By Kennith L. Gosch
(Signature)
Its Secretary
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BROWN ss

I, Cristy Biegler, a notary public, do hereby certify that on this 9th day of January 19 97, personally appeared before me Kennith L. Gosch who, being by me first duly sworn, declared that he/she is the Secretary of Gosch Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires [REDACTED]

Cristy Biegler
Notary Public Cristy Biegler

(Notarial Seal)

SOS CRP 410 10/92

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 12-4-97
RECEIPT NO 67759
RECEIVED

DEC 4 1997

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address

DF-014038
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN, SD 57402-0970

DEC/96

Telephone # (605) 225-2232

FAX # (605) 225-2497

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 December 2 19 97

By Kennith L. Gosch
(Signature)

Its Secretary
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BROWN SS

I, Cristy Biegler, a notary public, do hereby certify that on this 2nd day of December 1997, personally appeared before me Kennith L. Gosch who, being by me first duly sworn, declared that he ~~is~~ is the Secretary of Gosch Farms, Inc.

that he ~~is~~ signed the foregoing document as officer of the corporation, and the statements in this contained are true

My Commission Expires 3/31/99

Cristy Biegler
Notary Public

(Notarial Seal)

SOS CRP 6 97

204-091-220998

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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE	<u>12-4-97</u>
FILE NO.	
RECEIVED	
DEC 11 1997	
SECRETARY OF STATE	

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

1 The name of the corporation is Gosch Farms, Inc.
The state of incorporation is South Dakota

2 The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch
305 Sixth Avenue SE, P.O. Box 970, Aberdeen, South Dakota Zip + 4 57402-0970

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

4 List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation
No change

5 List only the changes of the names or addresses of the officers and directors
NAME REPLACED AS OFFICER OR DIRECTOR
No change

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100% - 5,000 shares
(Degree of kindred is number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated December 2 1997

By [Signature]
(Signature)

Its Secretary
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BROWN ss

I, Cristy Bierler, a notary public, do hereby certify that on this 2nd day of December 1997, personally appeared before me Kennith L. Gosch who, being by me first duly sworn, declared that he/she is the Secretary of Gosch Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 3/31/99

[Signature]
Notary Public

(Notarial Seal)

SQS CRP 410 10/92

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
RECEIPT NO.

RECEIVED

NOV 25 1998

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-014038 GOSCH FARMS, INC. GOSCH, KENNITH L. 305 6TH AVE SE PO BOX 970 ABERDEEN, SD 57402-0970	DEC/97
--	--------

Telephone # _____
 FAX # _____
 Federal Taxpayer IC _____
 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 is farming and ranching.

3 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
Dean Gosch	President	13150 297th St., Selby,	SD	57472-9619	
Linda Gosch	Vice President	13150 297th St., Selby,	SD	57472-9619	
Linda Gosch	Secretary	13150 297th St., Selby,	SD	57472-9619	
Linda Gosch	Treasurer	13150 297th St., Selby,	SD	57472-9619	

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
5,000	Common	None	\$100

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES
5,000	Common	None

6. The amount of its stated capital is \$ 500,000 (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 November 24, 19 98

By Dean Gosch
 (Signature)
 Its President
 (Title)

STATE OF SOUTH DAKOTA
 COUNTY OF BROWN ss

I, Cristy Biegler, a notary public, do hereby certify that on this 24th day of November 19 98, personally appeared before me Dean Gosch who, being by me first duly sworn, declared that he/she is the President of Gosch Farms, Inc.

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

My Commission Expires 3/31/99

Cristy Biegler
 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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED

NOV 25 1998

S.D. SEC. OF STATE

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

1. The name of the corporation is Gosch Farms, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch,
305 6th Ave. SE, P.O. Box 970, Aberdeen, South Dakota Zip + 4 57402-0970

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
N/A

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation
No change

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>Linda Gosch</u>	<u>Lester Gosch</u>	<u>V.P. & Director</u>
<u>Linda Gosch</u>	<u>Kennith L. Gosch</u>	<u>Sec./Treas. & Director</u>
<u>Linda Gosch</u>	<u>Dale Gosch</u>	<u>Director</u>

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>Dean Gosch,</u>	<u>13150 297th St, Selby, SD</u>	<u>5,000</u>	<u>1</u>

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated November 24 19 98

By [Signature]
(Signature)

Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BROWN ss

I, Cristy Biegler, a notary public, do hereby certify that on this 24th day of November 19 98, personally appeared before me Dean Gosch who, being by me first duly sworn, declared that he/~~she~~ is the President of Gosch Farms, Inc. that he/~~she~~ signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 3/31/99

Cristy Biegler
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1999-12-29 10:00 AM

1999

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

0032201 0663

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12-2-99
RECEIVED 251203
DEC 02 '99
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-014038
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0670

DEC/98

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 November 30, 1999
By [Signature]
(Signature)
Its [Title]
(Title)

STATE OF SOUTH DAKOTA ss
COUNTY OF BROWN
I, Cristy Biegler, a notary public, do hereby certify that on this 30 day of November, 1999,
personally appeared before me Dean Gosch who, being by me first duly sworn, declared that he/she is the
President of Gosch Farms, 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 _____
Notary Public Cristy Biegler
(Notarial Seal)

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____ (Signature) _____
(Title) _____

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day of _____, 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 _____ (signature) _____

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

ANNUAL FARM REPORT 0663

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 12-2-99
FILE NO. _____
RECEIVED
DEC 02 99
S.D. SEC. OF STATE

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

- The name of the corporation is Gosch Farms, Inc.
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch,
305 6th Ave. SE, PO Box 970, Aberdeen, South Dakota Zip +4 57402-0970
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
N/A
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation
No change

5. List only the changes of the names or addresses of the officers and directors.
- | NAME | REPLACED | AS OFFICER OR DIRECTOR |
|------------------|----------|------------------------|
| <u>No change</u> | | |

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders
- | NAME | ADDRESS | NUMBER OF SHARES | DEGREE OF KINDRED |
|------------------|---------|------------------|-------------------|
| <u>No change</u> | | | |

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated November 30 19 99 By [Signature]
(Signature)
Its [Signature]
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BROWN ss

I, Cristy Biegler, a notary public, do hereby certify that on this 30 day of November 19 99, personally appeared before me Dean Gosch who, being by me first duly sworn, declared that he/she is the President of Gosch Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Cristy Biegler
Notary Public

(Notarial Seal)

SGS CRP 410 10/92

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 1-24-01
RECEIPT NO. 15151

RECEIVED
JAN 24 '01

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DF-014038 DEC/1999
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

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 January, 2001
By Dean Gosch
(Signature)
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF Walworth
On this the 22nd day of November, 2000, before me Darlene Gasser
personally appeared Dean Gosch
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such execution executed the same.

My Commission Expires 1
DARLENE GASSER
NOTARY PUBLIC
SOUTH DAKOTA

Darlene Gasser
Notary Public

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4846

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

File Date _____
Receipt No _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED

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

1. The name of the corporation is Gosch Farms, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch

305 6th Avenue SE, PO Box 970, Aberdeen, South Dakota Zip +4 57402-0970

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
N/A

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

No change

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

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

No change

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

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

No change

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated November 22nd, 2009

By Dean Gosch
(Signature)

STATE OF SOUTH DAKOTA ss

his President
(Title)

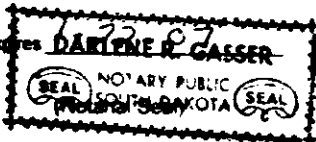
COUNTY OF Walworth

On this the 22nd day of November January, 2009 before me Darlene R. Casser

personally appeared Dean Gosch 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



Darlene R. Casser
Notary Public

K/020121113586

2001

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

ANNUAL REPORT
DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12-1-01
RECEIPT NO. 163823

RECEIVED
NOV 21 01
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-014038 DEC/2000
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

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 November, 2001

By *Dean Gosch*
(Signature)
its President
(Title)

STATE OF SOUTH DAKOTA ss
COUNTY OF WALLWORTH

On this the 15th day of November, 2001, before me, Patricia Giese,
personally appeared Dean Gosch, 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 _____

Patricia Giese
Notary Public

(Notarial 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, _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____ Notary Public _____

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

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

ANNUAL FARM REPORT
PLEASE TYPE OR USE BLACK INK
NO FILING FEE

FILE DATE _____
RECEIPT NO. _____

RECEIVED

NOV 21 2001

S.D. SEC. OF STATE

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

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

1. The name of the corporation is Gosch Farms, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch

305 6th Avenue SE, PO Box 970, Aberdeen, South Dakota 57402-0970

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

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

No change

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

NAME REPLACED AS OFFICER OR DIRECTOR

No change

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000 (Degree of kindred is defined as number of generations with each generation being a degree.) *6 applies only to FAMILY FARM CORPORATIONS

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

NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED

No change

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 %
(Applies only to AUTHORIZED FARM CORPORATION)

Dated November 15, 2001

STATE OF SOUTH DAKOTA

COUNTY OF WALWORTH

On this the 15th day of November, 20 01, before me,

personally appeared Dean Gosch

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 11/20/2003

(Notarial Seal)

(Signature)

Patricia Giese
President

(Title)

Patricia Giese

(Notary Public)

farmrep.pdf

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

ANNUAL REPORT 19.3277
DOMESTIC 3/20/03
PLEASE TYPE OR USE BLACK INK

FILE DATE 1-16-03
RECEIPT NO. 1186779
RECEIVED
JAN 16 '03

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

1. Corporate Name, Registered Agent and Registered Address:

DF-014038 DEC/2001
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVENUE SE
PO BOX 970
ABERDEEN, SD 57402-0970

Telephone # (605) 225-2232
FAX # (605) 225-2167
Federal Taxpayer ID _____ 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 in the presence of a notary public. To report a change in the registered agent and/or office, a statement of change must be filed. Any change requires full completion of the front side of this form.

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

2. The 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
_____	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.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
_____	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 November 2002

Jerry D Peterson
(Signature) President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF WALWORTH
On this the 15 day of November, January 20, 2003, before me, Jerry D Peterson
personally appeared Dean Gosch, 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.

11-09-2003
My Commission Expires _____

Jerry D Peterson
(Notary Public)

(Notarial Seal)

dbar.pdf

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-3550

ANNUAL FARM REPORT
PLEASE TYPE OR USE BLOCK LETTERS
NO FILING FEE

FILE DATE _____
RECEIPT NO. _____
RECEIVED
JAN 16 '03

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

S.D. SEC. OF STATE

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

1. The name of the corporation is Gosch Farms, Inc.
The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch, 305 6th Avenue SE,
P.O. Box 970, Aberdeen, SD 57402-0970

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

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
No change

5. List only the changes of the names or addresses of the officers and directors.
NAME REPLACED AS OFFICER OR DIRECTOR
No change

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

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

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated November 2002

[Signature]
(Signature)

STATE OF SOUTH DAKOTA
COUNTY OF WALWORTH

President
(Title)

On this the 15 day of November, January, 20 02³, before me, Jerry D. Peterson
personally appeared Dean Gosch, 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.

[Signature]
(Notary Public)

My Commission Expires 11-09-2003

(Notarial Seal)

225 1813 01/30/2004

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE

01/15/04
RECORDED
1284175
JAN 15 2004

1. Corporate name and address:



DF-014038
DF-014038 DEC/2002
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch, 305 6th Ave. SE, P.O. Box 970, Aberdeen, SD 57402-0970

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

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
No change

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>No change</u>		

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>No change</u>			

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated November, 2003.

STATE OF SOUTH DAKOTA
COUNTY OF WALWORTH

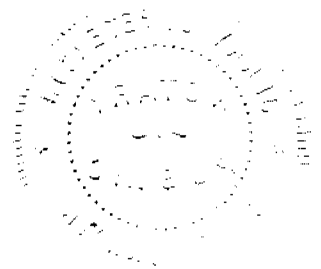
(Signature)
President
(Title)

On this the 11 day of November, 2003, before me, Jerry D. Peterson, known to me, or proved to me, personally appeared Dean Gosch, 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.

11-09-2009
My Commission Expires

(Notary Public)

(Notarial Seal)



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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 12/16/04

RECEIVED

DEC 1 2004

S.D. SEC. OF STATE

232 2396

1. Corporate name and address:



* D F 0 1 4 0 3 8 *
DF014038 DEC/2003
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch, 305 6th Ave. SE, P.O. Box 970, Aberdeen, SD 57402-0970

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

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
No change

6. List only the changes of the names or addresses of the officers and directors.
NAME REPLACED AS OFFICER OR DIRECTOR
No change

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS.

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

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 %.
(Applies only to AUTHORIZED FARM CORPORATION)

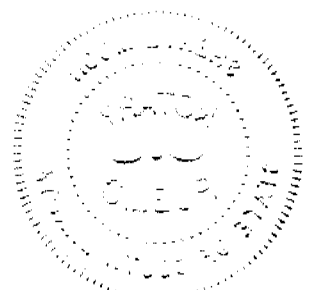
Dated November, 2004

(Signature)

President
(Title)

My Commission Expires
May 27, 2009





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

File Date _____
Receipt No. _____

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

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

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

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

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

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

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
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)

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 12/01/05

RECEIVED

NOV 17 '05

S.D. SEC. of STATE

243 0973

1. Corporate name and address:



* D F 0 1 4 0 3 8 *
DF014038 DEC/2004
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Dean Gosch,

13150 297th St., Selby, SD 57472-9619

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

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

No change

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

No change

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

No change

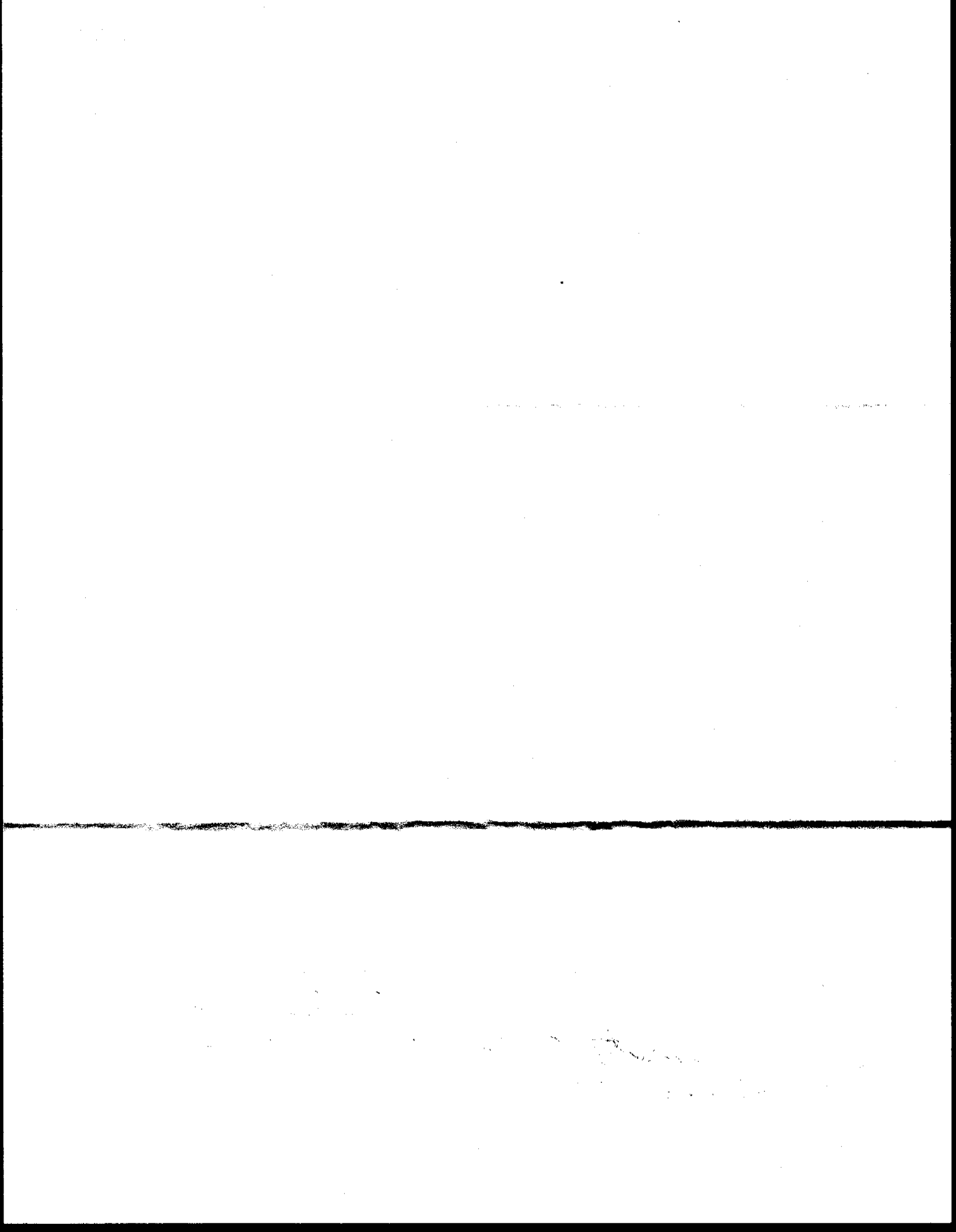
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated November 16 2005.

(Signature)

President

(Title)



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

File Date _____
Receipt No. _____

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

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

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

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 12/01/06

RECEIVED
NOV 16 2006
S.D. SEC. OF STATE

1. Corporate name and address:



DF014038 DEC/2005
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Dean Gosch,
13150 297th St., Selby, SD 57472-9619

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

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
No change

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>No change</u>		


7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

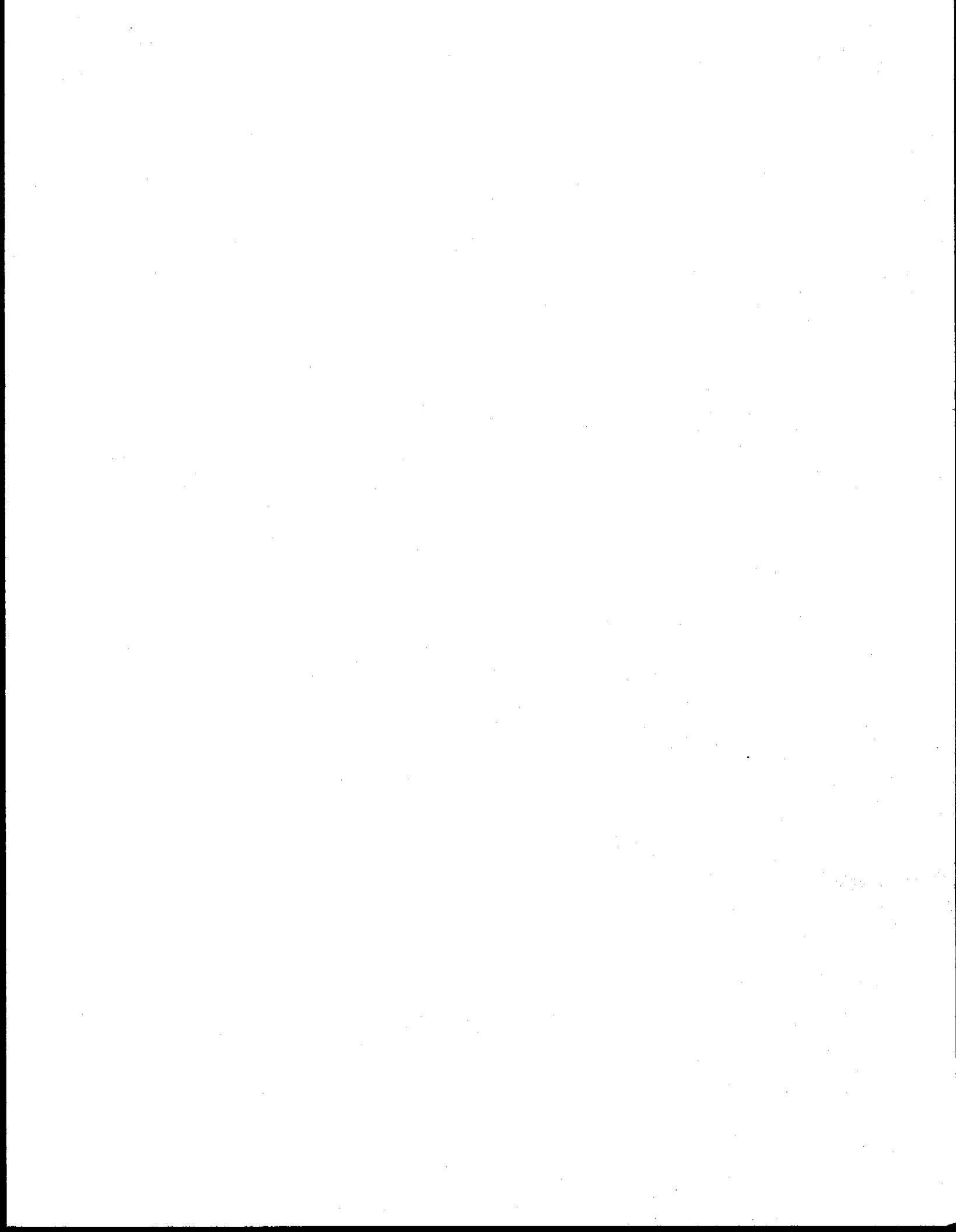
NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>No change</u>			

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

Dated November 2006


(Signature)

President
(Title)



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

File Date _____
Receipt No. _____

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

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

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

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

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

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

**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)

270 0273 12/26/2007

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 12/04/07

RECEIVED
DEC 04 2007
S.D. SEC. OF STATE

1. Corporate name and address:



DF014038 DEC/2006
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Kennith L. Gosch
305 6th Avenue SE, PO Box 970, Aberdeen, SD 57402-0970

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

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
No change

6. List only the changes of the names or addresses of the officers and directors.
NAME REPLACED AS OFFICER OR DIRECTOR
No change

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 5,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

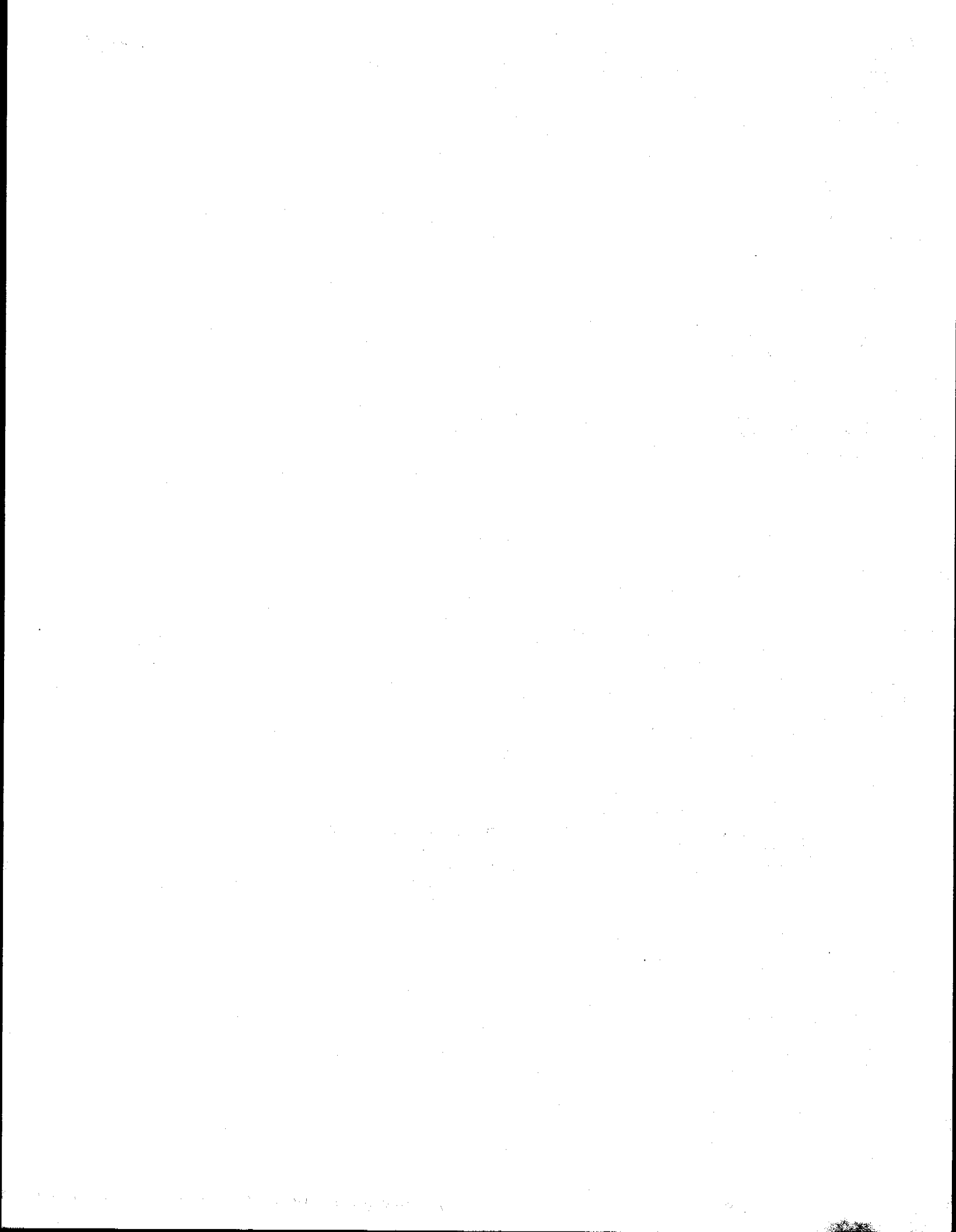
8. List changes only of names, address and number of shares owned by shareholders
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED
No change

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

Dated

(Signature)

President
(Title)



2008

ANNUAL REPORT DOMESTIC

Secretary of State Office
00 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

Corporate Name, Registered Agent Name and Address:



DF014038 DEC/2007
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

FILE DATE 12/01/08
RECEIPT NO 1861191
RECEIVED
NOV 04 2008
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.

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

13150 297th Street, Selby, SD 57472-9619

Table with 4 columns: Street Address, City, State, ZIP+4. Row 1: 13150 297th Street, Selby, SD, 57472-9619. Row 2: Mailing Address (Optional), City, State, ZIP+4.

3. The name of the South Dakota Registered Agent Kenneth L. Gosch

305 6th Ave SE, PO Box 970, Aberdeen, SD 57402-0970

Table with 4 columns: Street Address (Required to be a South Dakota Address), City, State, ZIP+4. Row 1: 305 6th Ave SE, PO Box 970, Aberdeen, SD, 57402-0970. Row 2: 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.

Table with 5 columns: Checkmark, Name, Street Address, City, State, ZIP+4. Rows include Dean Gosch (President), Linda Gosch (Vice President), Linda Gosch (Secretary), Linda Gosch (Treasurer), and two empty Director rows.

Dated 10-28-08

Signature of Dean Gosch dated 10/28/08

Dean Gosch
(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)

282 3512 11/24/2008

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

ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE	12/01/08
RECEIPT NO	1851197
RECEIVED	
NOV 04 2008	
S.D. SEC. OF STATE	

1. Corporate ID, Name and Address:



* D F O 1 4 0 3 8 *
DFO14038 DEC/2007
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

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

2. The name of the South Dakota Registered Agent Kennith L. Gosch

305 6th Ave SE, PO Box 970, Aberdeen, SD 57402-0970

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

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

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

No change

County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>5,000</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

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

No change

Name	Address	City	State	Zip	Shares	Kindred

Dated 10-28-08

Dean Gosch 10-28-08
(Signature of an authorized officer)

Dean Gosch
(Printed Name)

President
(Title)

282 3512 11/24/2008

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

ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE	12/01/08
RECEIPT NO	1851197
RECEIVED	
NOV 04 2008	
S.D. SEC. OF STATE	

1. Corporate ID, Name and Address:



* D F O 1 4 0 3 8 *
DFO14038 DEC/2007
GOSCH FARMS, INC.
GOSCH, KENNITH L.
305 6TH AVE SE
PO BOX 970
ABERDEEN SD 57402-0970

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

2. The name of the South Dakota Registered Agent Kennith L. Gosch

305 6th Ave SE, PO Box 970, Aberdeen, SD 57402-0970

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

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

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

No change

County Section Township Acres

County Section Township Acres

County Section Township Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>5,000</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____%

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

No change

Name Address City State Zip Shares Kindred

Name Address City State Zip Shares Kindred

Name Address City State Zip Shares Kindred

Dated 10-28-08

Dean Gosch 10-28-08
(Signature of an authorized officer)

Dean Gosch
(Printed Name)

President
(Title)

2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 3/24/10
RECEIPT NO 2015110
RECEIVED
MAR 24 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF014038 DEC/2008
GOSCH FARMS, INC.
GOSCH, KENNITH L.
PO BOX 970
ABERDEEN SD 57402-0970

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.

13150 297th St., Selby, SD 57472-9619

Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Kenneth L. Gosch

305 6th Ave SE, PO Box 970, Aberdeen, SD 57402-0970

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.

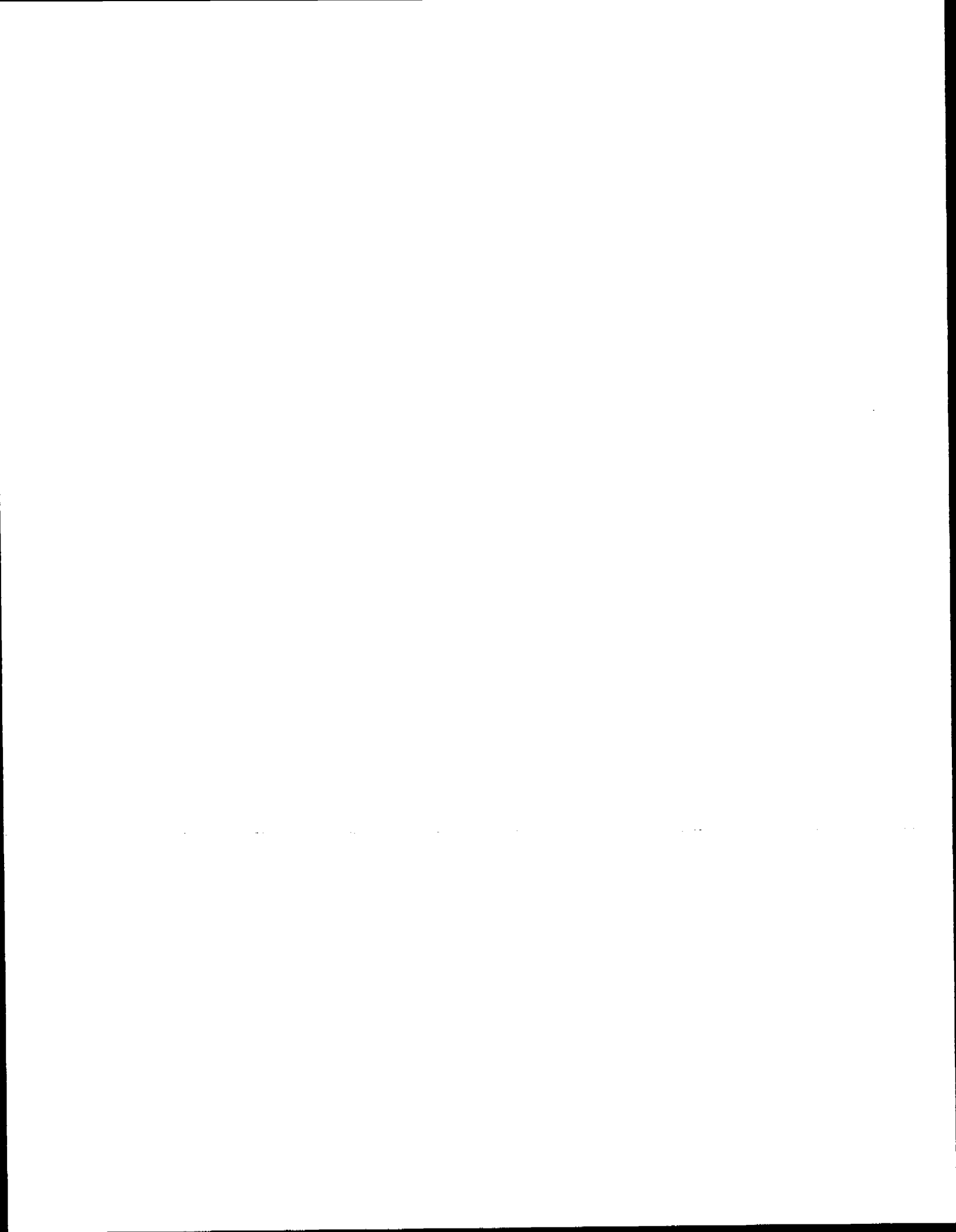
- Dean Gosch, 13150 297th St., Selby, SD 57472-9619
President Street Address City State ZIP+4
Linda Gosch, 13150 297th St., Selby, SD 57472-9619
Vice President Street Address City State ZIP+4
Linda Gosch, 13150 297th St., Selby, SD 57472-9619
Secretary Street Address City State ZIP+4
Linda Gosch, 13150 297th St., Selby, SD 57472-9619
Treasurer Street Address City State ZIP+4
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4

Dated November 9, 2009

Signature of an authorized officer

Dean Gosch
(Printed Name)

President
(Title)



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

ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink
No Filing Fee

FILE DATE _____
RECEIPT NO _____
RECEIVED
MAR 24 2010
S.D. SEC. OF STATE

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

1. Corporate ID, Name and Address:



* D F 0 1 4 0 3 8 *
DF014038 DEC/2008
GOSCH FARMS, INC.
GOSCH, KENNITH L.
PO BOX 970
ABERDEEN SD 57402-0970

2. The name of the South Dakota Registered Agent Kennith L. Gosch

305 6th Ave SE, PO Box 970, Aberdeen, SD 57402-0970

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

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

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

No change

County Section Township Acres

County Section Township Acres

County Section Township Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>5,000</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

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

No change

Name Address City State Zip Shares Kindred

Name Address City State Zip Shares Kindred

Name Address City State Zip Shares Kindred

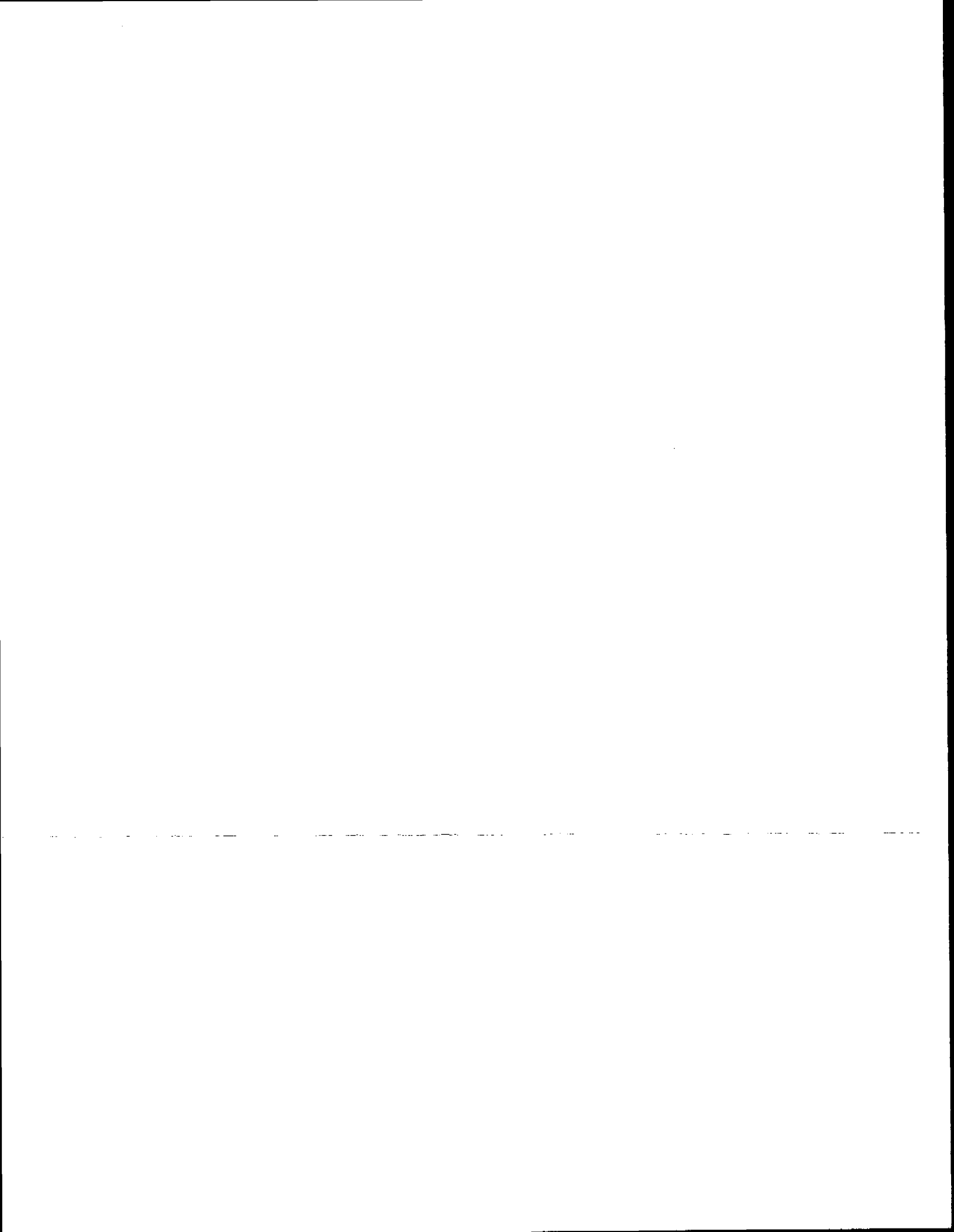
Dated November 9, 2009

X *Dean Gosch*
(Signature of an authorized officer)

Dean Gosch
(Printed Name)

President
(Title)

303 3035



313 1596 12/08/2010

2010

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

ANNUAL REPORT
DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 11/19/10
RECEIPT NO 2090803
RECEIVED
NOV 19 2010
S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent Name and Address:



DF014038
DF014038 DEC/2009
GOSCH FARMS, INC.
GOSCH, KENNITH L.
PO BOX 970
ABERDEEN SD 57402-0970

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.

13150 297th Street, Selby, SD 57472-9619

Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Kennith L. Gosch

305 6th Ave SE, PO Box 970, Aberdeen, SD 57402-0970

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.

Dean Gosch, 13150 297th St, Selby, SD 57472-9619
President Street Address City State ZIP+4

Linda Gosch, 13150 297th St, Selby, SD 57472-9619
Vice President Street Address City State ZIP+4

Linda Gosch, 13150 297th St, Selby, SD 57472-9619
Secretary Street Address City State ZIP+4

Linda Gosch, 13150 297th St, Selby, SD 57472-9619
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 November 4, 2010

(Signature of an Authorized Person)

Dean Gosch
(Printed Name)

Secretary of State Office
1 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)

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly In Ink

No Filing Fee

FILE DATE 11/19/10
RECEIPT NO 0-2090803

RECEIVED
NOV 19 2010
S.D. SEC. OF STATE

1. Corporate ID, Name and Address:



* D F 0 1 4 0 3 8 *
DF014038 DEC/2009
GOSCH FARMS, INC.
GOSCH, KENNITH L.
PO BOX 970
ABERDEEN SD 57402-0970

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

2. The name of the South Dakota Registered Agent Kennith L. Gosch

305 6th Ave SE, PO Box 970, Aberdeen, SD 57402-0970

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

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

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

No change

County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>5,000</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

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

No change

Name	Address	City	State	Zip	Shares

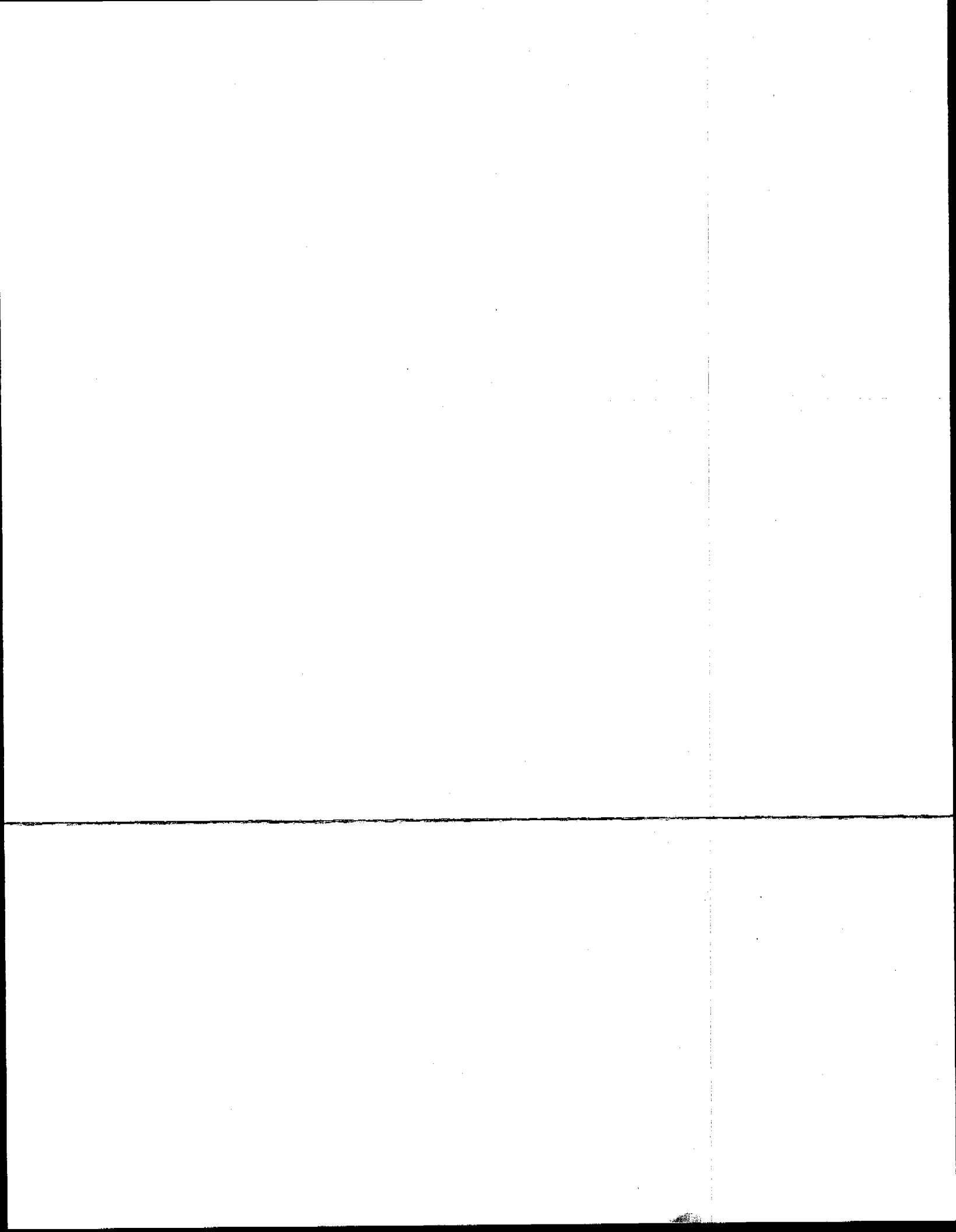
No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated November 4, 2010

(Signature of an Authorized Person)

Dean Gosch
(Printed Name)

313 1597



2011

Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 11/29/2011

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

Corporation

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

RECEIPT NO 8630

1. Corporate Name and Address:

DF014038
 GOSCH FARMS, INC.
 13150 297TH STREET
 SELBY, SD57472-5604

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

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

13150 297TH STREET	SELBY	SD	57472-5604
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: KENNITH L. GOSCH

305 6TH AVE SE	ABERDEEN	SD	57401-4430
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

PO BOX 970	ABERDEEN	SD	57402-0970
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	DEAN GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	President	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	Vice President	Street Address	City	State	ZIP+4

<input type="checkbox"/>	LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	Secretary	Street Address	City	State	ZIP+4

<input type="checkbox"/>	LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	Treasurer	Street Address	City	State	ZIP+4

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

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

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

County	Section	Tow nship	Acres
--------	---------	-----------	-------

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	5000
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Signature Accepted Electronically

(Signature of an Authorized Person)

DEAN GOSCH

(Printed Name)

2012

Enter Filing Year

ANNUAL FARM REPORT

FILE 11/29/2012

RECEIPT NO 77062

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF014038
GOSCH FARMS, INC.
13150 297TH STREET
SELBY, SD 57472-5604

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

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

13150 297TH STREET	SELBY	SD	57472-5604
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: KENNITH L. GOSCH

305 6TH AVE SE	ABERDEEN	SD	57401-4430
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 970	ABERDEEN	SD	57402-0970

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

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

<input checked="" type="checkbox"/>	DEAN GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	5000
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

KENNITH L GOSCH

(Printed Name)

2013

Enter Filing Year

ANNUAL FARM REPORT

FILE 11/20/2013

RECEIPT NO 154131

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF014038
GOSCH FARMS, INC.
13150 297TH STREET
SELBY, SD 57472-5604

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

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

13150 297TH STREET	SELBY	SD	57472-5604
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: KENNITH L. GOSCH

305 6TH AVE SE	ABERDEEN	SD	57401-4430
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 970	ABERDEEN	SD	57402-0970

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

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

<input checked="" type="checkbox"/>	DEAN GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	5000
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

KENNITH L GOSCH

(Printed Name)

2014 Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 12/1/2014

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

Corporation

Please Type or Print Clearly In Ink

RECEIPT NO 250254

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

1. Corporate Name and Address:

DF014038
GOSCH FARMS, INC.
13150 297TH STREET
SELBY, SD 57472-5604

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

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

13150 297TH STREET SELBY SD 57472-5604
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KENNITH L. GOSCH

305 6TH AVE SE ABERDEEN SD 57401-4430

Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 970 ABERDEEN SD 57402-0970

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

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

[X] DEAN GOSCH 13150 297TH ST SELBY SD 57472-5604
President Street Address City State ZIP+4

[X] LINDA GOSCH 13150 297TH ST SELBY SD 57472-5604
Vice President Street Address City State ZIP+4

[] LINDA GOSCH 13150 297TH ST SELBY SD 57472-5604

[] LINDA GOSCH 13150 297TH ST SELBY SD 57472-5604
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

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	5000
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Dated 12/01/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

KENNITH L GOSCH

(Printed Name)

2015

ANNUAL FARM REPORT

FILE DATE 10/6/2015

Enter Filing Year

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

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

RECEIPT NO 341212

Please Type or Print Clearly In Ink

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

Telephone #

1. Corporate Name and Address:

DF014038

GOSCH FARMS, INC.

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

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

13150 297TH STREET SELBY SD 57472-5604

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

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: KENNITH L. GOSCH

305 6TH AVE SE ABERDEEN SD 57401-4430

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

PO BOX 970 ABERDEEN SD 57402-0970

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

Email Address (Optional)

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

[X] DEAN GOSCH 13150 297TH ST SELBY SD 57472-5604

President Actual Street Address City State ZIP+4

[X] LINDA GOSCH 13150 297TH ST SELBY SD 57472-5604

Vice President Actual Street Address City State ZIP+4

[] LINDA GOSCH 13150 297TH ST SELBY SD 57472-5604

Secretary Actual Street Address City State ZIP+4

[] LINDA GOSCH 13150 297TH ST SELBY SD 57472-5604

Treasurer Actual Street Address City State ZIP+4

Director Actual Street Address City State ZIP+4

Director Actual Street Address City State ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	5000
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

Name Actual Street Address City State ZIP+4 Shares

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

Dated 10/06/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

DEAN GOSCH

(Optional)

(Printed Name)

2016

ANNUAL FARM REPORT

FILE DATE 10/17/2016

Enter Filing Year

Corporation

RECEIPT NO 464752

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

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

1. Corporate ID and Name:

DF014038

Enter Corporate ID

GOSCH FARMS, 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).

13150 297TH STREET	SELBY	SD	57472-5604
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: KENNITH L. GOSCH

305 6TH AVE SE	ABERDEEN	SD	57401-4430
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

PO BOX 970	ABERDEEN	SD	57402-0970
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/> DEAN GOSCH	13150 297TH ST	SELBY	SD	57472-5604
President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
Vice President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/> LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
Secretary	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/> LINDA GOSCH	13150 297TH ST	SELBY	SD	57472-5604
Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>				
Director	Actual Street Address	City	State	ZIP+4



Director Actual Street Address City State ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	5000
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

Name Actual Street Address City State ZIP+4 Shares

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

Dated 10/17/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

DEAN GOSCH

(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.

10/17/2016 9:09:33 AM