

0307323.0169
7/1/03

Receipt Number: 1259182

File Number DL005844



ARTICLES_OF_ORGANIZATION

For

OSWALD TRUCKING, L.L.C.

Filed at the request of:

FOSHEIM HABERSTICK & HUTCHINSON
CARL HABERSTICK
289 DAKOTA AVE S
HURON SD 57350

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: May 08, 2003

Chi Nelson

Secretary of State

Fee Received: \$430 contribution \$650.000

State of South Dakota



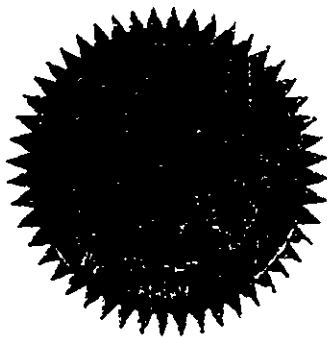
OFFICE OF THE SECRETARY OF STATE

Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL005844

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **OSWALD TRUCKING, L.L.C.** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this May 8, 2003.

Chris Nelson

Chris Nelson
Secretary of State

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE
PIERRE, S.D. 57501
(605)773-1845
FAX (605)773-4550

ARTICLES OF ORGANIZATION
OF A
DOMESTIC LIMITED LIABILITY COMPANY

0307223.0169
7/1/03 RECEIVED

MAY 8 03

S.D. SEC. OF STATE

- 1 The name of the Limited Liability Company is Oswald Trucking, L.L.C.
- 2 The duration of the company, other than perpetual is Perpetual
- 3 The address of the initial designated office is: 40453 206th Street, Huron, SD 57350
- 4 The name and street address of the initial agent for service of process is: Danny Oswald, 40453 206th Street, Huron, SD 57350
- 5 The name and address of each organizer
- Danny Oswald
40453 206th Street
Huron, SD 57350

6 If the company is to be a manager-managed company rather than a member-managed company, the name and address of each initial manager is: N/A

7 Whether one or more of the members of the company are to be liable for its debts and obligations under SDCL 47-34A-303 (c)
No

8 Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization
No

The Articles of Organization must be signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date: 5-7-03

Danny Oswald
(Signature and Title)
Danny Oswald - Member

(Signature and Title)

(Signature and Title)

FILING INSTRUCTIONS:

- One or more persons may organize a Limited Liability Company
- The articles must be accompanied by the first Annual Report
- One original and one exact or conformed copy must be submitted

urlorg.pdf

430
d/1005744

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

**FIRST ANNUAL REPORT
OF A
LIMITED LIABILITY COMPANY**

030732950160
711:03
MAY 8 13

S.D. SEC. OF STATE

- 1 The name of the Limited Liability Company is Oswald Trucking, L.L.C.
- 2 The state or country under whose law it is organized is South Dakota
- 3 The address of its registered office and the name of its registered agent for service of process in South Dakota is
Danny Oswald, 40453 206th Street, Huron, SD 57350
- 4 The address of its principal office is 40453 206th Street, Huron, SD 57350
- 5 The names and business addresses of any managers
Danny Oswald
40453 206th Street
Huron, SD 57350
- 6 The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 660,000.00

Date: 5-7-03

Danny Oswald
Signature and Title
Danny Oswald - Member

*** FILING FEE:**

AGREED CONTRIBUTION	FEE
Not in excess of \$50,000	\$ 90
\$50,001 to \$100,000	\$150
In excess of \$100,000	\$150 for first \$100,000 plus \$ 50 for each additional \$1,000

The maximum amount charged may not exceed sixteen thousand dollars (\$16,000).

LLCAR

2004**ANNUAL REPORT**DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

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

DL005844 MAY/0000
OSWALD TRUCKING, L.L.C.
OSWALD, DANNY
40453 206TH STREET
HURON SD 57350-6602RECEIVED
FILE DATE 6/15/04
JUN 15 04
RECEIPT NO. 1336354
MAY 26 04
S.D. SEC. of STATE
S.D. SEC. of STATETelephone # 605 352-1942
FAX #
Federal Tax:
FILING DATE: Due during the month the Certificate
of Organization was issued, and delinquent after the
last day of the following month.

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

South Dakota

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

Danny Oswald 40453 206 St
Huron SD 57350

4. The address of its principal office is:

40453 206 St
Huron SD 57350

5. The names and business addresses of any managers:

Danny Oswald
40453 206 St
Huron SD 57350

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 660,000.00 *

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

Dated

5-20-2004

(Signature and Title)

Pat Oswald record keeper
+ Secretary**FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS***If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due, less the previous fee already paid on contributions, to make the cumulative fee equal to the filing fee due on the fee schedule listed below.

Total agreed contributions.....	25,000	 or less	\$100
Over \$25,000 and not exceeding	100,000	.....	125
Over \$100,000 and not exceeding	500,000	.....	200
Over \$500,000 and not exceeding	1,000,000	.....	300
Over \$1,000,000 and not exceeding	1,500,000	.....	400
Over \$1,500,000 and not exceeding	2,000,000	.....	500
Over \$2,000,000 and not exceeding	2,500,000	.....	600
Over \$2,500,000 and not exceeding	3,000,000	.....	700
Over \$3,000,000 and not exceeding	3,500,000	.....	800
Over \$3,500,000 and not exceeding	4,000,000	.....	900
Over \$4,000,000 and not exceeding	4,500,000	.....	1,000
Over \$4,500,000 and not exceeding	5,000,000	.....	1,100
For each additional \$500,000, \$250 in addition to \$1,100			

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

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.govRevised 7/03
DBLLCAR.DOC

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

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

FILING FEE: \$10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____
2. The previous address of its registered office _____

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

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

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

Date _____

(Signature)

(Title)

llcstchnge.doc (LLCStch)

239 0937 07/15/2005

2005

ANNUAL REPORT

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

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

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



DL005844 MAY/2004
OSWALD TRUCKING, L.L.C.
OSWALD, DANNY
40453 206TH STREET
HURON SD 57350-6602

FILE DATE 06/24/05
RECEIPT NO. 7453932
RECEIVED
JUN 24 05
S.D. SEC. DESK

Telephone # 605-352-1942
FAX # _____
Federal Taxpa
FILING DATE: Due during the month the Certificate
of Organization was issued, and delinquent after the
last day of the following month.

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

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
Danny Oswald
40453 206th St
Huron SD 57350

4. The address of its principal office is: 40453 206th St

5. The names and business addresses of any managers:

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 0

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

Dated 6-21-05

Danny Oswald
(Signature)

Secretary
(Title)

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

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

FILING FEE: \$10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is Oswald Trucking LLC
2. The previous address of its registered office 40453 206th St
Sioux SD 57350 ZIP
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

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

Date _____

(Signature)

(Title)

249 2279 06/05/2006

2006

ANNUAL REPORT

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

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

FILE DATE 5/19/06
RECEIVED 560124
S.D. SEC. OF STATE

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



DL005844 MAY/2005
OSWALD TRUCKING, L.L.C.
OSWALD, DANNY
40453 206TH STREET
HURON SD 57350-6602

Telephone # 605-352-1942
FAX # _____

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

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

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
Danny Oswald 40453 206 St Huron SD

4. The address of its principal office is: 40453 206 St

5. The names and business addresses of any managers:

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

Dated 4-20-06

Danny Oswald
Signature

Danny Oswald
Printed Name

Sec. manager
Title

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

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

FILING FEE: \$10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____
2. The previous address of its registered office _____

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

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

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

Date _____

(Signature)

(Title)

264 0008
2007**ANNUAL REPORT**

DOMESTIC L.L.C.

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGSFILE DATE 06/19/07
RECEIPT NO. 168835**RECEIVED****JUN 19 2007****S.D. SEC. OF STATE**

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

*DL005844*
DL005844 MAY/2006
OSWALD TRUCKING, L.L.C.
OSWALD, DANNY
40453 206TH STREET
HURON SD 57350-6602Telephone # 605-352-1942
FAX # _____FILING DATE: Due during the month the Certificate
of Organization was issued, and delinquent after the
last day of the following month.2. The state or country under whose law it is organized is: South Dakota

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

Danny Oswald, 40453 206th Huron SD 573504. The address of its principal office is: 40453 206thHuron SD 57350

5. The names and business addresses of any managers:

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.Dated 6-18
SignaturePAT Oswald
Printed NameSec Mbr
TitleRETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

Revised 7/05 DBLLCAR.DOC

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

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

FILING FEE: \$10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____
2. The previous address of its registered office _____

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

ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____

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

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

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

Date _____

(Signature)

(Printed Name)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

278 2365
2008

ANNUAL REPORT

DOMESTIC L.L.C.

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 07/08/08
RECEIPT NO. 1813875
RECEIVED
P **JUL 08 2008**
S.D. SEC. OF STATE

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



DL005844 MAY/2007
OSWALD TRUCKING, L.L.C.
OSWALD, DANNY
40453 206TH STREET
HURON SD 57350-6602

Telephone # 605 352 1942
FAX # _____

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

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

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

Danny R Oswald
40453 206 St Huron SD 57350

4. The address of its principal office is: 40453 206th St
Huron

5. The names and business addresses of any managers:

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

Dated 6-30-08

Danny R Oswald
Signature

Danny R Oswald
Printed Name

Sec, manager
Title

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

Revised 7/05 DBLLCAR.DOC

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

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

FILING FEE: \$10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____
2. The previous address of its registered office _____

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

ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____

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

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

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

Date _____

(Signature)

(Printed Name)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

2009

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

ANNUAL REPORT DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 07/01/09
RECEIPT NO 1925741
RECEIVED
JUL 01 2009
S.D. SEC. OF STATE

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



DL005844
DL005844 MAY/2008
OSWALD TRUCKING, L.L.C.
OSWALD, DANNY
40453 206TH STREET
HURON SD 57350-6602

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

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

40453 206th St Huron SD 57350
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Danny Oswald
40453 206th St Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 6-30-2009

(Signature of an Authorized Manager or Member)

Danny Oswald
(Printed Name)

Sec
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2010

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

ANNUAL REPORT DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	06/11/10
RECEIPT NO	2038521
RECEIVED	
JUN 11 2010	
S.D. SEC. OF STATE	

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



DL005844 MAY/2009
OSWALD TRUCKING, L.L.C.
OSWALD, DANNY
40453 206TH STREET
HURON SD 57350-6602

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

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

40453 206 St Huron SD 57350
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Danny Oswald
40453 206 St Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4
---------	----------------	------	-------	-------

Manager	Street Address	City	State	ZIP+4
---------	----------------	------	-------	-------

Manager	Street Address	City	State	ZIP+4
---------	----------------	------	-------	-------

Dated 5-31-10

Danny Oswald

(Signature of an Authorized Manager or Member)

Danny Oswald
(Printed Name)

Sec
(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)

322 3459 07/27/2011

2011

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

ANNUAL REPORT DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

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



DL005844 MAY/2010
OSWALD TRUCKING, L.L.C.
OSWALD, DANNY
40453 206TH STREET
HURON SD 57350-6602

RECEIVED
JUN 07 2011
S.D. SEC. OF STATE

FILE DATE	06/07/11
RECEIPT NO	2163333
RECEIVED	
MAY 31 2011	
S.D. SEC. OF STATE	

Telephone # _____

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

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

<u>40453 206th St</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
Street Address	City	State	ZIP+4

_____	_____	_____	_____
Mailing Address	City	State	ZIP+4

Email Address _____

4. The name of the South Dakota Registered Agent Oswald Trucking LLC Danny Oswald

<u>40453 206th St</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

Email Address _____

5. If member-managed, do not complete. If manager-managed, please complete.

_____	_____	_____	_____	_____
Manager	Street Address	City	State	ZIP+4

_____	_____	_____	_____	_____
Manager	Street Address	City	State	ZIP+4

_____	_____	_____	_____	_____
Manager	Street Address	City	State	ZIP+4

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

Dated 5-27-2011

Pat Oswald
(Signature of an Authorized Person)

Email _____

PAT Oswald
(Printed Name)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

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

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

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

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

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

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

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

Email Address _____

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

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

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 6/14/2012

RECEIPT NO 47215

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

DL005844
OSWALD TRUCKING, L.L.C.
40453 206 ST
HURON, SD 57350

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

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

40453 206 ST	HURON	SD	57350
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: DANNY OSWALD

40453 206TH STREET	HURON	SD	57350-6602
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐

Manager	Street Address	City	State	ZIP+4
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☐

Manager	Street Address	City	State	ZIP+4
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☐

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

Date 06/14/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

PAT OSWALD

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 5/31/2013

RECEIPT NO 119954

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

DL005844
OSWALD TRUCKING, L.L.C.
40453 206 ST
HURON, SD 57350

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

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

40453 206 ST	HURON	SD	57350
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: DANNY OSWALD

40453 206TH STREET	HURON	SD	57350-6602
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐

Manager	Street Address	City	State	ZIP+4
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☐

Manager	Street Address	City	State	ZIP+4
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☐

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

Date 05/31/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

PAT OSWALD

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 5/12/2014

RECEIPT NO 200183

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

DL005844
OSWALD TRUCKING, L.L.C.
40453 206 ST
HURON, SD 57350

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

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

40453 206 ST	HURON	SD	57350
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: DANNY OSWALD

40453 206TH STREET	HURON	SD	57350-6602
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐

Manager	Street Address	City	State	ZIP+4
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☐

Manager	Street Address	City	State	ZIP+4
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☐

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

Dated 05/12/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

PAT I OSWALD

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 5/27/2015

RECEIPT NO 305411

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

DL005844
OSWALD TRUCKING, L.L.C.
40453 206 ST
HURON, SD 57350

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

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

40453 206 ST	HURON	SD	57350
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: DANNY OSWALD

40453 206TH STREET	HURON	SD	57350-6602
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐

Manager	Street Address	City	State	ZIP+4
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☐

Manager	Street Address	City	State	ZIP+4
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☐

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

Dated 05/27/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

PAT OSWALD

(Printed Name)

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 5/30/2016

RECEIPT NO 421156

1. LLC ID and Name:

DL005844

Enter LLC ID

OSWALD TRUCKING, L.L.C.

Enter LLC Name

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

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

40453 206 ST

HURON

SD

57350

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

DANNY OSWALD

40453 206TH STREET

HURON

SD

57350-6602

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

☐

Manager

Actual Street Address

City

State

ZIP+4

☐

Manager

Actual Street Address

City

State

ZIP+4

☐

Manager

Actual Street Address

City

State

ZIP+4

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

Dated 05/30/2016

Signature Accepted Electronically
(Signature of an Authorized Person)
PAT I OSWALD
(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. 5/30/2016 2:47:33 PM
A fee of up to \$40 will be assessed for returned payments.