





1-61826

0020314.0146  
3/20/02

Article IX

The names and addresses of the incorporators:

| Name            | Address                                |
|-----------------|--|
| A. Thomas Morse | 892 West Park Ave NW, Huron, SD, 57350 |
| _____           | _____                                  |
| _____           | _____                                  |
| _____           | _____                                  |

Article X  
(Other provisions)

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

All Incorporators must sign below and signatures must be notarized.

Dated 3/14/02

A. Thomas Morse \_\_\_\_\_  
\_\_\_\_\_

STATE OF South Dakota

COUNTY OF Hughes

On this the 1<sup>st</sup> day of March 2002, before me personally appeared A. Thomas Morse known to me or satisfactorily proven to be the person(s) who are described in, and who executed the within instrument and acknowledged to me that she/he/they executed the same.

My Commission Expires 1-25-2008

Brenda K. White  
Notary Public

Notarial Seal

The Consent of Appointment below must be signed by the registered agent.

| Consent of Appointment by the Registered Agent |  |
|--|--|
| I, <u>A. Thomas Morse</u>                      | hereby give my consent to serve as the |
| (Name of Registered Agent)                     |  |
| registered agent for <u>Telus-D</u>            |  |
| (Corporate Name)                               |  |
| Dated <u>3/14/02</u>                           | <u>A. Thomas Morse</u>                 |
|  | (Signature of Registered Agent)        |

The proper filing fee must accompany the application. Make checks payable to the Secretary of State.



2003

ANNUAL REPORT

0305220.3232  
5/20/03

FILE DATE 4-1-03  
RECEIVED RECEIVED  
MAR 10 10 01 AM '03

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

1. Corporate Name, Registered Agent and Registered Address:



DB-045197 MAR/0000  
TALUS-D INC.  
MORSE, ARDON THOMAS  
892 WEST PARK VE NW  
HURON SD 57350-5047

S.D. SEC OF STATE  
Telephone # 605 359 7257  
FAX # none  
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 research, development, sale of electronic, mechanical, & medical health diagnostic devices

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

| NAME                      | OFFICE         | STREET ADDRESS              | CITY         | STATE     | ZIP+4        |
|---------------------------|----------------|-----------------------------|--------------|-----------|--------------|
| <u>Ardon Thomas Morse</u> | President      | <u>892 West Park Ave NW</u> | <u>Huron</u> | <u>SD</u> | <u>57350</u> |
| _____                     | 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) 25,000 CLASS Common SERIES \_\_\_\_\_ PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \_\_\_\_\_

5. NUMBER OF SHARES ACTUALLY ISSUED 0 CLASS \_\_\_\_\_ SERIES Share not commercial business

6. The amount of its stated capital is \$ 0 (Money received for issued shares)

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

Dated 3/7/03 By Ardon Thomas Morse  
(Signature)  
Its President  
(Title)

STATE OF SOUTH DAKOTA SS  
COUNTY OF PEBBLE

On this the 7th day of MARCH 2003, before me, Russ Stroud  
personally appeared Ardon Thomas Morse, 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 2-9-2008 Russ Stroud  
Notary Public

(Notarial Seal)

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

SOS CRP 11/01

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

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

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

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

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

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

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

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

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

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
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

2004  
2004  
**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 04/27/04  
RECEIPT NO. 1318166  
RECEIVED

227 4179

1. Corporate Name, Registered Agent and Registered Address:

TALUS-D INC  
Ardon Thomas Morse  
892 Westpark Ave NW  
Huron, SD. 57350  
DB045197

Telephone # 605-354-4234  
FAX # none  
Federal Taxpa  
FILING DATE: Due during the month the  
Certificate of Incorporation was issued, and  
delinquent after the last day of the following  
month.

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

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report 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 research, development and sale of electronic, mechanical, electro-mechanical bird dispersal devices

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

| NAME            | OFFICE         | STREET ADDRESS      | CITY       | STATE | ZIP   |
|-----------------|----------------|---------------------|------------|-------|-------|
| A. Thomas Morse | President      | 892 Westpark Ave NW | Huron, SD. |       | 57350 |
|                 | 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 |
|---|--------|--------|---|
| 25000                                   | common |        | \$1.00  |

| NUMBER OF SHARES ACTUALLY ISSUED | CLASS  | SERIES |
|----------------------------------|--------|--------|
| 1000                             | common |        |

6. The amount of its stated capital is \$ 1000.00 (Money received for issued shares)

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

Dated 4-23-04  
STATE OF South Dakota  
COUNTY OF Beadle

(Signature) Ardon Thomas Morse  
(Title) Pres

On this the 23 day of April, 2004, before me, Rosie J Harrington, known to me, or proved to me, personally appeared Ardon Thomas Morse, 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 9-16-05  
(Notary Public) Rosie J Harrington

(Notarial Seal)



235 1210

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

2005  
**ANNUAL REPORT**  
DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 03/30/05  
RECEIPT NO. 7423860  
RECEIVED  
MAR 30 '05

1. Corporate Name, Registered Agent and Registered Address:

Talus-D Inc  
A. Thomas Morse  
892 Westpark Ave NW  
Huron, SD 57350

03045197

Telephone # 605-352-0565  
FAX # 605-352-0565

S.D. SEC. OF STATE

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

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

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

Any change requires full completion of the front side of this form.

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

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.

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:

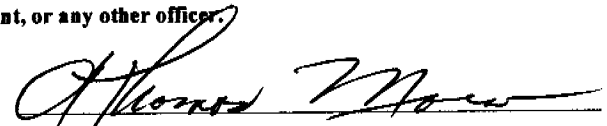
| NUMBER OF SHARES CAN ISSUE (authorized) | CLASS | SERIES | PAR VALUE OR STATE THAT SHARES ARE | NO PAR VALUE |
|---|-------|--------|------------------------------------|--------------|
| _____                                   | _____ | _____  | _____                              | _____        |

| NUMBER OF SHARES ACTUALLY ISSUED | CLASS | SERIES |
|----------------------------------|-------|--------|
| _____                            | _____ | _____  |

6. The amount of its stated capital is \$ \_\_\_\_\_ (Money received for issued shares)

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

Dated \_\_\_\_\_

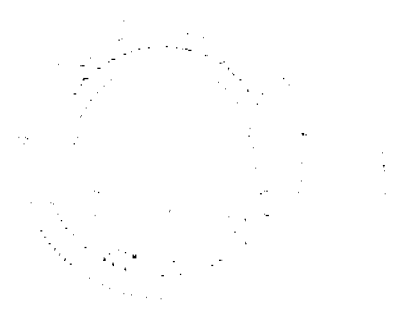
  
(Signature) A. Thomas Morse

President  
(Title)

-----

-----







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)



**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)

286 2978 02/26/2009

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

# ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

|                    |         |
|--------------------|---------|
| FILE DATE          | 3-1-09  |
| RECEIPT NO         | 1881997 |
| <b>RECEIVED</b>    |         |
| FEB 10 2009        |         |
| S.D. SEC. OF STATE |         |

1. Corporate ID and Name:

DB045197

2009

Talus-D Inc  
Morse, Ardon Thomas  
892 Westpark Ave NW  
Huron, SD. 57350

|  |                |
|--|----------------|
| Telephone #  | (605) 352-0565 |
| FAX #  | (605) 352-0565 |
| 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.

|                     |       |       |       |
|---------------------|-------|-------|-------|
| 892 Westpark Ave NW | 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 Ardon Thomas Morse

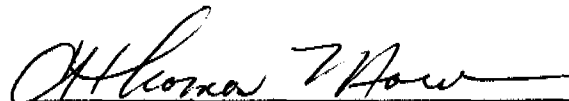
|  |       |       |       |
|--|-------|-------|-------|
| 892 Westpark Ave NW                                    | Huron | SD    | 57350 |
| Street Address (Required to be a South Dakota Address) | City  | State | ZIP+4 |

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

4. The names and business addresses of its 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"/> | Ardon Thomas Morse | 892 Westpark Ave NW | Huron | SD    | 57350 |
|                                     | President          | Street Address      | City  | State | ZIP+4 |
| <input checked="" type="checkbox"/> | Ardon Thomas Morse | 892 Westpark Ave NW | Huron | SD    | 57350 |
|                                     | Vice President     | Street Address      | City  | State | ZIP+4 |
| <input checked="" type="checkbox"/> | Donna L. Morse     | 892 Westpark Ave NW | Huron | SD    | 57350 |
|                                     | Secretary          | Street Address      | City  | State | ZIP+4 |
| <input type="checkbox"/>            |                    |                     |       |       |       |
|                                     | Treasurer          | Street Address      | City  | State | ZIP+4 |
| <input type="checkbox"/>            |                    |                     |       |       |       |
|                                     | Director           | Street Address      | City  | State | ZIP+4 |
| <input type="checkbox"/>            |                    |                     |       |       |       |
|                                     | Director           | Street Address      | City  | State | ZIP+4 |

Dated 2/6/2009

  
 (Signature of an authorized officer)

Ardon Thomas Morse  
(Printed Name)

President  
(Title)



2010

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 03/01/10
RECEIPT NO 1998604
RECEIVED
FEB 16 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB045197 MAR/2009
TALUS-D INC.
MORSE, ARDON THOMAS
892 WEST PARK VE NW
HURON SD 57350-5047

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.

892 Westpark Ave NW Huron SD 57350
Street Address City State ZIP+4

same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

A Thomas Morse
892 Westpark Ave NW 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 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.

- President: A Thomas Morse, 892 Westpark Ave NW, Huron SD 57350
Vice President
Secretary
Treasurer
Director
Director

Dated 2/11/2010

A Thomas Morse
(Signature of an authorized officer)
A Thomas Morse
(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)

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                 | <u>3/8/11</u> |
| RECEIPT NO                | <u>2/2034</u> |
| <b>RECEIVED</b>           |               |
| <b>MAR 08 2011</b>        |               |
| <b>S.D. SEC. OF STATE</b> |               |

|  |                       |
|--|-----------------------|
| Telephone #  | <u>(605) 352-0565</u> |
| FAX #  | <u>(605) 352-0565</u> |
| FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month. |                       |

1. Corporate ID and Name:

DB045197

Talus-D Inc.  
892 Westpark Ave NW  
Huron, SD. 57350-5047

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.

|                     |       |       |            |
|---------------------|-------|-------|------------|
| 892 Westpark Ave NW | Huron | SD    | 57350-5047 |
| Street Address      | City  | State | ZIP+4      |

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

4. The name of the South Dakota Registered Agent A. Thomas Morse

|  |       |       |            |
|--|-------|-------|------------|
| 892 Westpark Ave NW  | Huron | SD    | 57350-5047 |
| Street Address or Rural Route Box Number in This State and | City  | State | ZIP+4      |

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

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

|                                     |                 |                     |       |       |            |
|-------------------------------------|-----------------|---------------------|-------|-------|------------|
| <input checked="" type="checkbox"/> | A. Thomas Morse | 892 Westpark Ave NW | Huron | SD    | 57350-5047 |
|                                     | President       | Street Address      | City  | State | ZIP+4      |
| <input type="checkbox"/>            |                 | Street Address      | City  | State | ZIP+4      |
|                                     | Vice President  | Street Address      | City  | State | ZIP+4      |
| <input type="checkbox"/>            |                 | Street Address      | City  | State | ZIP+4      |
|                                     | Secretary       | Street Address      | City  | State | ZIP+4      |
| <input type="checkbox"/>            |                 | Street Address      | City  | State | ZIP+4      |
|                                     | Treasurer       | Street Address      | City  | State | ZIP+4      |
| <input type="checkbox"/>            |                 | Street Address      | City  | State | ZIP+4      |
|                                     | Director        | Street Address      | City  | State | ZIP+4      |
| <input type="checkbox"/>            |                 | 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 3/7/2011

  
 (Signature of an Authorized Person)

A. Thomas Morse  
(Printed Name)

316 0311



2012

Enter Filing Year

# ANNUAL REPORT

FILE DATE 03/02/2012

RECEIPT NO 26433

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

## DOMESTIC

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

1. Corporate ID and Name:  
DB045197  
TALUS-D INC.  
892 WESTPARK AVE NW  
HURON, SD 57350-5047

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

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

892 WESTPARK AVE NW HURON SD 57350-5047  
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ARDON THOMAS MORSE

892 WEST PARK VE NW HURON SD 57350-5047  
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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

ARDON THOMAS MORSE 892 WESTPARK AVE NW HURON SD 57350  
President Street Address City State ZIP+4

Vice President Street Address City State ZIP+4

Secretary Street Address City State ZIP+4

Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

No person may execute this report knowing it is false in any material 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 03/02/2012

Signature Accepted Electronically  
(Signature of an Authorized Person)

ARDON T MORSE  
(Printed Name)

2013

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 3/14/2013

RECEIPT NO 101477

## 1. Corporate ID and Name:

DB045197  
TALUS-D INC.  
892 WESTPARK AVE NW  
HURON, SD 57350-5047

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

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

|                     |       |       |            |
|---------------------|-------|-------|------------|
| 892 WESTPARK AVE NW | HURON | SD    | 57350-5047 |
| Street Address      | City  | State | ZIP+4      |

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

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

Agent Name: ARDON THOMAS MORSE

|  |       |       |            |
|--|-------|-------|------------|
| 892 WEST PARK VE NW  | HURON | SD    | 57350-5047 |
| Street Address or Rural Route Box Number in This State and | City  | State | ZIP+4      |

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

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

|                                     |                    |                     |       |       |       |
|-------------------------------------|--------------------|---------------------|-------|-------|-------|
| <input checked="" type="checkbox"/> | ARDON THOMAS MORSE | 892 WESTPARK AVE NW | HURON | SD    | 57350 |
|                                     | President          | Street Address      | City  | State | ZIP+4 |
| <input type="checkbox"/>            |                    |                     |       |       |       |
|                                     | Vice President     | Street Address      | City  | State | ZIP+4 |
| <input type="checkbox"/>            |                    |                     |       |       |       |
|                                     | Secretary          | Street Address      | City  | State | ZIP+4 |
| <input type="checkbox"/>            |                    |                     |       |       |       |
|                                     | 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 |

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 03/14/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

ARDON T MORSE

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE 3/12/2014

RECEIPT NO 184043

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

DOMESTIC

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB045197
TALUS-D INC.
892 WESTPARK AVE NW
HURON, SD 57350-5047

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

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

892 WESTPARK AVE NW HURON SD 57350-5047
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ARDON THOMAS MORSE

892 WEST PARK VE NW HURON SD 57350-5047
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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

Table with 5 columns: Name, Street Address, City, State, ZIP+4. Rows include ARDON THOMAS MORSE (President), Vice President, Secretary, Treasurer, and Director.

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 03/12/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ARDON T MORSE

(Printed Name)

2015 Enter Filing Year

ANNUAL REPORT

FILE DATE 2/28/2015  
RECEIPT NO 278258

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

DOMESTIC

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB045197  
TALUS-D INC.  
892 WESTPARK AVE NW  
HURON, SD 57350-5047

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

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

892 WESTPARK AVE NW HURON SD 57350-5047  
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ARDON THOMAS MORSE

892 WEST PARK VE NW HURON SD 57350-5047  
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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

|                                     |                    |                     |       |    |       |
|-------------------------------------|--------------------|---------------------|-------|----|-------|
| <input checked="" type="checkbox"/> | ARDON THOMAS MORSE | 892 WESTPARK AVE NW | HURON | SD | 57350 |
|                                     |                    |                     |       |    |       |
| <input type="checkbox"/>            |                    |                     |       |    |       |
|                                     |                    |                     |       |    |       |
| <input type="checkbox"/>            |                    |                     |       |    |       |
|                                     |                    |                     |       |    |       |
| <input type="checkbox"/>            |                    |                     |       |    |       |
|                                     |                    |                     |       |    |       |
| <input type="checkbox"/>            |                    |                     |       |    |       |
|                                     |                    |                     |       |    |       |

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 02/28/2015

Signature Accepted Electronically  
(Signature of an Authorized Person)  
ARDON T MORSE  
(Printed Name)

2016

ANNUAL REPORT

FILE DATE 4/28/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 409773

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

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB045197

Enter Corporate ID

TALUS-D 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).

892 WESTPARK AVE NW HURON SD 57350-5047
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: ARDON THOMAS MORSE

892 WEST PARK VE NW HURON SD 57350-5047
Actual Street Address or Rural Route Box Number in This State City State ZIP+4

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

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

[X] ARDON THOMAS MORSE 892 WESTPARK AVE NW HURON SD 57350
President Actual Street Address City State ZIP+4

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

[ ] Secretary Actual Street Address City State ZIP+4

[ ] Treasurer Actual Street Address City State ZIP+4

[ ] Director Actual Street Address City State ZIP+4



Director

Actual Street Address

City

State

ZIP+4

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

**ARDON THOMAS MORSE**

(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically.  
A fee of up to \$40 will be assessed for returned payments.

4/28/2016 10:44:36 AM