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B0067-2526 07/19/2018 12:51PM Rec'd by SD SOS

# ANNUAL REPORT

Domestic Nonprofit Corporation  
SDCL 47-24-6, 59-11-24

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

**2018**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

Filing Fee: \$10  

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Total Fee: \$10

1. Business ID and Name:

**NS014918**  
BUSINESS ID

**THE KEYA FOUNDATION INC.**  
BUSINESS NAME

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

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

Actual Street Address  
**118 S WILLOW ST.**  
**EAGLE BUTTE, SD 57625**

Mailing Address  
**118 S WILLOW ST.**  
**EAGLE BUTTE, SD 57625**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name **MARCIA O'LEARY**

Actual Street Address in this State  
**104 O LEARY RANCH ROAD**  
**TIMBER LAKE, SD 57656**

Mailing Address in this State

5. The names and addresses of its principal officers.

Title	Name	Address
President	Blaine J O'Leary	24181 148 St Timber Lake, SD 57656
Treasurer	Veronica Anne Handeland	Timber Lake, SD 57656

6. The names and addresses of its directors (governors).

Name	Address
Monica Lawrence	26283 BIA 4, Mobridge, SD 57601
Marie E Gross	Box 242, Timber Lake, SD 57656
Alli Moran	Box 366, Isabel, SD 57633

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.



No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

07/19/2018

Dated

Email (Optional)

*Justine N Kougl*

Signature of an Authorized Person

**Justine N Kougl**

Printed Name

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