352 7146

Receipt Number: B 1705885

File Number DL014514

DL014514

ARTICLES OF ORGANIZATION

ARTICLES_OF_ORGANIZATION

For

HILGENKAMP APPRAISAL SERVICES, LLC

Filed at the request of:

BANGS MCCULLEN LAW FIRM
RILEY J WILSON
PO Box 2670
RAPID CITY SD 57709

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Wednesday, August 22, 2007**

Chris Nelson

Secretary of State

Fee Received: $125.00

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Organization
Limited Liability Company

ORGANIZATIONAL ID #: DL014514

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **HILGENKAMP APPRAISAL SERVICES, LLC** 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 August 22, 2007.

Chris Nelson

Chris Nelson
Secretary of State

Cert of Organization LLC Merge

352 7148

Filed this 22nd day of Aug, 2007
Chris Nelson
SECRETARY OF STATE

RECEIVED
AUG 2 2 2007
S.D. SEC. OF STATE

ARTICLES OF ORGANIZATION
OF
HILGENKAMP APPRAISAL SERVICES, LLC
(a South Dakota limited liability company)

The undersigned, pursuant to the South Dakota Uniform Limited Liability Company Act, SDCL Chapter 47-34A, hereby adopts the following Articles of Organization for a domestic limited liability company.

1. The name of the Limited Liability Company is:

   Hilgenkamp Appraisal Services, LLC.

2. The duration of the Limited Liability Company is **perpetual**.

3. The address of the initial designated office of the Limited Liability Company is:

   3075 Golf Course Road, Wall, South Dakota 57790

4. The name and street address of the initial agent for service of process is:

   Daniel P. Hilgenkamp, 3075 Golf Course Road, Wall, SD 57790

5. The name and address of the organizer is:

   Daniel P. Hilgenkamp, 3075 Golf Course Road, Wall, SD 57790

6. The Limited Liability Company shall be a **member-managed** company rather than a manager-managed company.

7. No member of the Limited Liability Company shall be liable for its debts and obligations under SDCL 47-34A-303(c).

8. No other provisions are included in these Articles of Organization.

IN WITNESS WHEREOF the undersigned has executed these Articles of Organization this 21 August, 2007.

Daniel P. Hilgenkamp

DL 14514

352 7149

STATE OF SOUTH DAKOTA:
SS
COUNTY OF PENNINGTON :

On this the 21 day of August, 2007, before me, the undersigned officer, personally appeared Daniel P. Hilgenkamp, known to me or satisfactorily proven to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

(SEAL) SEAL RILEY J. WILSON NOTARY PUBLIC State of South Dakota SEAL

Notary Public, South Dakota
My Commission Expires: My Commission Expires September 14, 2012

CONSENT OF APPOINTMENT
BY THE REGISTERED AGENT

I, Daniel P. Hilgenkamp, hereby give my consent to serve as the registered agent for Hilgenkamp Appraisal Services, LLC.

Dated August 21, 2007.

Daniel P. Hilgenkamp

2008

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 8/13/8
RECEIPT NO 1823472

RECEIVED
AUG 13 2008
S.D. SEC. OF STATE

279 3374 COPY 2008

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

DL014514

DL014514 AUG/0000
HILGENKAMP APPRAISAL SERVICES, LLC
HILGENKAMP, DANIEL P
3075 GOLF COURSE ROAD
WALL SD 57790-2023

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.

3075 Golf Course Rd | Wall | SD | 57790-2023
Street Address | City | State | ZIP+4

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

3. The name of the South Dakota Registered Agent Daniel P. Hilgenkamp

3075 Golf Course Rd | Wall | SD | 57790-2023
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

Same As Above
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
Daniel P. Hilgenkamp President	3075 Golf Course Rd	Wall	SD	57790-2023

Dated August 1, 2008

Daniel P. Hilgenkamp
(Signature of an Authorized Manager or Member)

Daniel P. Hilgenkamp
(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)

2009 ANNUAL REPORT
DOMESTIC L.L.C.

294 0845

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 08/03/09
RECEIPT NO 1936298
RECEIVED
AUG 03 2009
S.D. SEC. OF STATE

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

DL014514
DL014514 AUG/2008
HILGENKAMP APPRAISAL SERVICES, LLC
HILGENKAMP, DANIEL P
3075 GOLF COURSE ROAD
WALL SD 57790-2023

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.

3075 Golf Course Rd | Wall | SD | 57790-2023
Street Address | City | State | ZIP+4

3075 Golf Course Rd | Wall | SD | 57790-2023
Mailing Address (Optional) | City | State | ZIP+4

3. The name of the South Dakota Registered Agent Daniel P. Hilgenkamp / Hilgenkamp Appraisal Services, LLC

3075 Golf Course Rd | Wall | SD | 57790-2023
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

3075 Golf Course Rd | Wall | SD | 57790-2023
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
Daniel P. Hilgenkamp	3075 Golf Course Rd	Wall, SD		57790-2023

Dated 7-27-09

(Signature of an Authorized Manager or Member)

Daniel P Hilgenkamp
(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)

309 0588 08/04/2010

2010 ANNUAL REPORT
DOMESTIC L.L.C.

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 08/02/10
RECEIPT NO 20543370
RECEIVED
AUG 02 2010
S.D. SEC. OF STATE

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

DL014514
DL014514 AUG/2009
HILGENKAMP APPRAISAL SERVICES, LLC
HILGENKAMP, DANIEL P
3075 GOLF COURSE ROAD
WALL SD 57790-2023

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 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.

3075 Golf Course Rd | Wall | SD | 57790-2023
Street Address | City | State | ZIP+4

SAME AS ABOVE
Mailing Address (Optional) | City | State | ZIP+4

4. The name of the South Dakota Registered Agent Daniel P. Hilgenkamp Hilgenkamp Appraisal Services, LLC

3075 Golf Course Rd | Wall | SD | 57790-2023
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

SAME AS ABOVE
Mailing Address (Optional – Required to be a South Dakota 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
Daniel P. Hilgenkamp	3075 Golf Course Rd	Wall	SD	57790-2023

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

Dated 7-30-10

Daniel P. Hilgenkamp, president
(Signature of an Authorized Person)

DANIEL P. HILGENKAMP, President
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (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)

324 1261 08/04/2011

2011 ANNUAL REPORT
DOMESTIC L.L.C.

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 8-4-2011
RECEIPT NO RECEIVED 3174435
AUG 04 2011
S.D. SEC. OF STATE

Telephone # _____

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

DL0145 14

DL014514
HILGENKAMP APPRAISAL SERVICES, LLC
HILGENKAMP, DANIEL P
3075 GOLF COURSE ROAD
WALL SD 57790-2023

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.

3075 Golf Course Rd | Wall | SD | 57790-2023
Street Address | City | State | ZIP+4

Same as above
Mailing Address | City | State | ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Daniel P. Hilgenkamp

3075 Golf Course Rd | Wall | SD | 57790-2023
Street Address or Rural Route Box Number in This State and | City | State | ZIP+4

Same as above
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 8-3-2011

Email _

Daniel P. Hilgenkamp
(Signature of an Authorized Person)

Daniel P. Hilgenkamp
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____
(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

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 7/30/2012

RECEIPT NO 54968

1. L.L.C. ID and Name:
DL014514
HILGENKAMP APPRAISAL SERVICES, LLC
3075 GOLF COURSE RD
WALL, SD 57790

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

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

Street Address	City	State	ZIP+4
3075 GOLF COURSE RD	WALL	SD	57790
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DANIEL P HILGENKAMP

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
3075 GOLF COURSE ROAD	WALL	SD	57790-2023
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
☐					
☐					
☐					

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 07/30/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

DANIEL P HILGENKAMP
(Printed Name)

7/30/2012 2:43:20 PM

2013 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 7/30/2013
RECEIPT NO 131635

1. L.L.C. ID and Name:
DL014514
HILGENKAMP APPRAISAL SERVICES, LLC
3075 GOLF COURSE RD
WALL, SD 57790

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

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

3075 GOLF COURSE RD	WALL	SD	57790
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DANIEL P HILGENKAMP

3075 GOLF COURSE ROAD	WALL	SD	57790-2023
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
☐					
☐					
☐					

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 07/30/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
DANIEL P. HILGENKAMP
(Printed Name)

7/30/2013 1:20:59 PM

2014 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 9/2/2014
RECEIPT NO 228424

1. L.L.C. ID and Name:
DL014514
HILGENKAMP APPRAISAL SERVICES, LLC
3075 GOLF COURSE RD
WALL, SD 57790

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

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

Street Address	City	State	ZIP+4
3075 GOLF COURSE RD	WALL	SD	57790
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DANIEL P HILGENKAMP

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
3075 GOLF COURSE ROAD	WALL	SD	57790-2023
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
☐					
☐					
☐					

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 09/02/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
DANIEL P HILGENKAMP
(Printed Name)

9/2/2014 12:01:05 PM

2015

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

Please Type or Print Clearly In Ink

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

FILE DATE 9/14/2015

RECEIPT NO 335088

Telephone # _____

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

DL014514

HILGENKAMP APPRAISAL SERVICES, LLC

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

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

3075 GOLF COURSE RD	WALL	SD	57790
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: DANIEL P HILGENKAMP

3075 GOLF COURSE ROAD	WALL	SD	57790-2023
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

Email Address (Optional)

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	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.

Dated 09/14/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email _____

(Optional)

DANIEL P HILGENKAMP

(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.

9/14/2015 10:35:13 AM

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 10/14/2016

RECEIPT NO 464465

1. LLC ID and Name:

DL014514
Enter LLC ID

HILGENKAMP APPRAISAL SERVICES, LLC
Enter LLC Name

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

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

3075 GOLF COURSE RD	WALL	SD	57790
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: DANIEL P HILGENKAMP

3075 GOLF COURSE ROAD	WALL	SD	57790-2023
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 10/14/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

DANIEL P HILGENKAMP

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. 10/14/2016 12:19:52 PM
A fee of up to $40 will be assessed for returned payments.