

K/9901291300

State of South Dakota



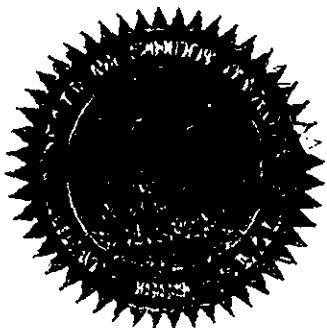
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of KATZ LAW OFFICE, PROF. 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 issued 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 January 4, 1999.

Handwritten signature of Joyce Hazeltine in cursive script.

JOYCE HAZELTINE
Secretary of State

FILED 630
444
day of
Jan 19 99

RECEIVED
JAN 04 1999
S.D. SEC. OF STATE

ARTICLES OF ORGANIZATION
OF
KATZ LAW OFFICE, PROF. L.L.C.

The undersigned hereby form a Limited Liability Company under SDCL Chapter 47-34A and 47-134 and adopt as the Articles of Organization for such company the following:

[Handwritten signatures]

ARTICLE ONE
NAME

The name of the Limited Liability Company is Katz Law Office, Prof. L.L.C.

ARTICLE TWO
DURATION

The period of its duration shall be perpetual.

ARTICLE THREE
PURPOSE

The purpose for which the Limited Liability Company is organized is to engage in the practice of law and to do everything incidental or conducive to the full accomplishment of this purpose through persons qualified to practice law in the State of South Dakota. The Limited Liability Company may exercise the powers and privileges conferred upon Limited Liability Companies by the laws of the State of South Dakota only in furtherance of and subject to the company purpose

ARTICLE FOUR
ADDRESS OF PRINCIPAL PLACE OF BUSINESS AND INITIAL DESIGNATED
OFFICE AND NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

The address of the principal place of business of the Limited Liability Company is 467 Third Street SW, Huron, South Dakota 57350.

The address of the initial designated office of the Limited Liability Company is 467 Third Street SW, Huron, South Dakota 57350.

The initial agent for service of process of the Limited Liability Company is Beverly J. Katz.

ARTICLE FIVE
MEMBERS

All members of the Limited Liability Company are persons duly licensed by the Supreme Court of the State of South Dakota to practice law in the State of South Dakota, and who at all times own their membership interests in their own right. They are individuals who, except for

[Handwritten signature]

illness, accident, time spent in the armed services, on vacations, and on leaves of absence not to exceed one year, are actively engaged in the practice of law in the offices of the Limited Liability Company.

ARTICLE SIX INITIAL CAPITAL

The total amount of cash contributed and the value of the property and services initially contributed by the organizational Members is \$10,000.00.

ARTICLE SEVEN ADDITIONAL CONTRIBUTIONS

The Company may provide, or the Members may provide in the Operating Agreement, that additional contributions shall be made at such times and in such amounts as stated.

ARTICLE EIGHT ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous agreement of all the Members and as provided in the Operating Agreement of the Company, additional Members duly licensed by the Supreme Court of the State of South Dakota to practice law in the State of South Dakota may be admitted on such terms and conditions as specified.

ARTICLE NINE VOTING

On each matter on which the Membership interest is entitled to vote, a Member will have one (1) vote or a fraction of one vote per one percent of Membership interest or fraction of Membership interest owned by the Member, as adjusted from time to time to properly reflect any additional contributions or withdrawals by the Member.

ARTICLE TEN RIGHT OF CONTINUATION

Upon unanimous agreement of the remaining Members of the Company and as provided in the Operating Agreement of the Company, the Company may continue business upon the death, retirement, resignation, expulsion, or bankruptcy of a Member or upon the termination of the Membership of a Member.

ARTICLE ELEVEN DISPOSITION OF MEMBERSHIP INTEREST

Any member who ceases to be eligible as a member must dispose of all his membership interest either to Katz Law Office Prof. L.L.C. or to any person who is a member of Katz Law

1001000

Office Prof. L.L.C. duly licensed by the Supreme Court of the State of South Dakota to practice law in the State of South Dakota.

**ARTICLE TWELVE
MEMBERS LIABILITY**

All members of the Company shall be jointly and severally liable for all acts, errors and omissions of the employees of the Company except during periods of time when the Company shall maintain in good standing lawyers' professional liability insurance that meet the standards set forth in SDCL 47-13A-2 (7).

**ARTICLE THIRTEEN
MANAGEMENT**

The management of the Limited Liability Company is hereby reserved to the Members, and the names and addresses of such Members are as follows:

Beverly J. Katz
2324 Illinois Ave. SW
Huron, South Dakota 57350

Clifton E. Katz
2324 Illinois Ave. SW
Huron, South Dakota 57350

**ARTICLE FOURTEEN
ORGANIZERS**

The names and addresses of the organizers are:

Beverly J. Katz
2324 Illinois Ave. SW
Huron, South Dakota 57350

Clifton E. Katz
2324 Illinois Ave. SW
Huron, South Dakota 57350

**ARTICLE FIFTEEN
OPERATING AGREEMENT**

The initial operating agreement will be adopted by unanimous consent of the Members. The power to alter, amend, or repeal the operating agreement or adopt a new operating agreement is vested in the Members by a unanimous vote of the Members.

**ARTICLE SIXTEEN
OPERATING AGREEMENT**

The president shall be a member and a director, and to the extent possible all other directors and officers shall be persons duly licensed by the Supreme Court of the State of South Dakota to practice law in the State of South Dakota, and who at all times own their membership interests in their own right. Lay directors and officers shall not exercise any authority whatsoever over professional matters.

19910627
115759

RECEIVED
JAN 04 1998
S.D. SEC. OF STATE

FIRST ANNUAL REPORT

1. The name of the Limited Liability Company is Katz Law Office, Prof. L.L.C. and the company is organized under the laws of South Dakota.
2. The address of the initial designated office of the Limited Liability Company is 467 Third Street SW, Huron, SD 57350

The address of the initial agent for service of Process of the Limited Liability Company is 467 Third Street SW, Huron, SD 57350.


3. The address of the principal place of business of the Limited Liability Company is 467 Third Street SW, Huron, SD 57350.
4. The management of the Limited Liability Company is reserved to the Members, and the names and addresses of such Members are as follows:

Beverly J. Katz
2324 Illinois Ave SW
Huron, SD 57350

Clifton E. Katz
2324 Illinois Ave SW
Huron, SD 57350

5. The dollar amount of the total agreed contributions to the Limited Liability Company is \$10,000.00.

Dated this 31st day of December, 1998.


Beverly J. Katz Organizer


Clifton E. Katz Organizer

10-10-99

Receipt No: 754804

990125 1.0687
013799

File Number: DL002024

ART OF ORGANIZATION

For

KATZ LAW OFFICE, PROF. L.L.C.

File at the request of:

KATZ LAW OFFICE
CLIFTON KATZ
467 THIRD ST SW
HURON SD 57350

STATE OF SOUTH DAKOTA

OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on

Date January 4, 1999

Joyce Hazeltine
Secretary of State

Fee Recieved \$90 CONT. \$10,000

SOS CRP 491 10/93

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

0002201.1691
ANNUAL REPORT
DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 1-10-00
RECEIPT NO. 85550619

RECEIVED
JAN 10 2000
S.D. SEC. OF STATE

1. L.L.C. Name and Mailing Address:

DL-002024 JAN/00
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K.
467 THIRD ST SW
HURON SD 57350-1813

Telephone # (605) 352-0634
FAX # (605)
Federal Taxpayer
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 and address of its registered agent for service of process in South Dakota is:

Registered office - 467 Third Street SW, Huron, SD 57350
Registered Agent - Beverly J. Katz, 467 Third Street SW, Huron, SD 57350

4. The address of its principal office is: 467 Third Street SW, Huron, SD 57350

5. The names and business addresses of any managers: N/A

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 10,000.00 *

Date: 01/07/00

[Signature] Member
(Signatures add Title)

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.

* FILING FEE: \$50

If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due to make the total sum equal to the fee due on the below listed fee schedule.

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.).

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

01:220702006
ANNUAL REPORT
DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 1-5-01
RECEIPT NO. 950730

RECEIVED

JAN 5 '01

S.D. SEC. OF STATE

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

DL-002024 JAN 2000
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K.
467 THIRD ST SW

HURON SD 57350-1813

Telephone # (605) 352-0634
FAX # (605) 352-0634
Federal Taxpayer ID # 46-0451668
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:
- Registered office - 467 Third Street SW, Huron, SD 57350
- Registered Agent - Beverly J. Katz, 467 Third Street SW, Huron, SD 57350
4. The address of its principal office is: 467 Third Street SW, Huron, SD 57350
5. The names and business addresses of any managers: N/A
6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 10,000.00.*

Date: 01-04-01

[Signature] Member
(Signature and Title)

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.

*** FILING FEE: \$90**

If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due to make the total sum equal to the fee due on the below listed fee schedule

AGREED CONTRIBUTION	FEE
Not in excess of \$50,000	\$ 90
\$50,001 to \$100,000	\$150
In excess of \$100,000	\$190

*for first \$100,000 plus \$ 50
for each additional \$1,000*

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

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

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11/10
ANNUAL REPORT
DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 12-12-01
RECEIPT NO. 1049188

RECEIVED

DEC 12 01

S.D. SEC. OF STATE

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

DL-002024 JAN/2001
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K.
467 THIRD ST SW
HURON SD 57350-1813

Telephone # (605) 352-0634
FAX # (605) 352-0634
Federal Taxpayer I.
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:

Registered office - 467 Third Street SW, Huron, SD 57350

Registered Agent - Beverly J. Katz, 467 Third Street SW, Huron, SD 57350

4. The address of its principal office is: 467 Third Street SW, Huron, SD 57350

5. The names and business addresses of any managers: N/A

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 10,000.00

Date: 12-11-01

[Signature]
(Signature and Title)

Member

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.

* FILING FEE: \$50

If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due to make the total sum equal to the fee due on the below listed fee schedule.

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).

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2003

ANNUAL REPORT

0301218 3234
1130103

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

FILE DATE 12/03
RECEIPT NO. 1171021
RECEIVED

1. LLC Name, Registered Agent and Mailing Address:



DL-002024 JAN/2002
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K.
467 THIRD ST SW
HURON SD 57350-1813

Telephone # (605) 352-0634 ~~SD SEC OF STATE~~
FAX # (605) 352-0634
Federal Taxpayer ID #
FILING DATE: Due during _____ 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:
Registered Office - 467 Third Street SW, Huron, SD 57350
Registered Agent - Beverly J. Katz, 467 Third Street SW, Huron, SD 57350
- 4. The address of its principal office is: 467 Third Street SW, Huron, SD 57350
- 5. The names and business addresses of any managers: N/A
- 6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 10,000.00

Dated 12-31-02

[Signature] Member
(Signature and Title)

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.

* FILING FEE: \$50
If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due to make the total sum equal to the fee due on the below listed fee schedule.

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.).

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

DBLLCAR.DOC

224 5983 01/09/2004

2004

ANNUAL REPORT

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

FILE DATE 1-1-04
RECEIPT NO. 1277457
DEC 16 '03
S.D. SEC. OF STATE

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



DL002024
DL002024 JAN/2003
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K.
467 THIRD ST SW
HURON SD 57350-1813

Telephone # (605) 352-0634
FAX # (605) 352-0634
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:

Registered Office - 467 Third Street SW, Huron, SD 57350

Registered Agent - Beverly J. Katz, 467 Third Street SW, Huron, SD 57350

4. The address of its principal office is: 467 Third Street SW, Huron, SD 57350

5. The names and business addresses of any managers: None

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 10,000.00 *

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 December 13, 2003

Beverly J. Katz Member
(Signature and Title)

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.gov

Revised 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)

232 3882 01/06/2005

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

FILE DATE 01/01/05
RECEIPT NO. 1393223

RECEIVED

DEC 29 '04

S.D. SEC. OF STATE

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



* D L 0 0 2 0 2 4 *
DLO02024 JAN/2004
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K.
467 THIRD ST SW
HURON SD 57350-1813

Telephone # (605) 352-0634
FAX # (605) 352-0634
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: South Dakota

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

Registered Office - 467 Third Street SW, Huron, SD 57350

Registered Agent - Beverly J. Katz, 467 Third Street SW, Huron, SD 57350

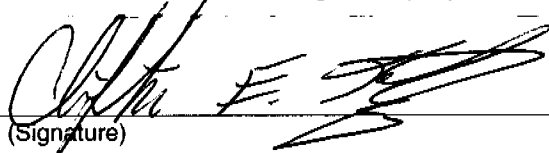
4. The address of its principal office is: 467 Third Street SW, Huron, SD 57350

5. The names and business addresses of any managers: NONE

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 10,000.00

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 December 28, 2004


(Signature)

Member
(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)

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 01/01/06
RECEIPT NO. 1507581

RECEIVED

DEC 21 '05

S.D. SEC. OF STATE

244 0859

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



DL002024
DL002024 JAN/2005
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K.
467 THIRD ST SW
HURON SD 57350-1813

Telephone # (605) 352-0634
FAX # (605) 352-0634

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:

Registered Office - 467 Third Street SW, Huron, SD 57350

Registered Agent - Beverly J. Katz, 467 Third Street SW, Huron, SDD 57350

4. The address of its principal office is: 467 Third Street SW, Huron, SD:57350

5. The names and business addresses of any managers: member managed

Beverly J. Katz or Clifton E. Katz
467 Third Street SW
Huron, SD: 57350

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 December 20, 2005

Signature

Clifton E. Katz

Printed Name

Member

Title

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

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)

257 1110 01/08/2007

2007

ANNUAL REPORT

FILE DATE 01/02/07
RECEIPT NO. 162983

RECEIVED

JAN 02 2007

S.D. SEC. OF STATE

DOMESTIC L.L.C.

PLEASE TYPE OR USE BLACK INK

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

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



* D L 0 0 2 0 2 4 *
DLO02024 JAN/2006
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K.
467 THIRD ST SW
HURON SD 57350-1813

Telephone # (605) 352-0634
FAX # (605) 352-0634

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:

Registered Office - 467 Third Street SW, Huron, SD 57350

Registered Agent - Beverly J. Katz, 467 Third Street SW, Huron, SD 57350


4. The address of its principal office is: 467 Third Street SW, Huron, SD 57350

5. The names and business addresses of any managers: member managed

Beverly J. Katz or Clifton E. Katz
467 Third Street SW
Huron, SD 57350

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 December 29, 2006


Signature

Clifton E. Katz

Printed Name

Member

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)

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

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

RECEIVED
MAR 28 2008
S.D. SEC. OF STATE

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



DL002024
DL002024 JAN/2007
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K.
467 THIRD ST SW
HURON SD 57350-1813

Telephone # 605-352-0634
FAX # 605-352-0634

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:
Registered Office - 467 Third Street SW, Huron, SD 57350.
Registered Agent - Beverly J. Katz, 467 Third St. SW, Huron SD 57350

4. The address of its principal office is: 467 Third St SW, Huron, SD 57350

5. The names and business addresses of any managers: member managed
Beverly J. Katz or Clifton E. Katz
467 3 Third St. SW
Huron, SD 57350

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 March 27, 2008

Beverly J. Katz
Signature

Beverly J. Katz
Printed Name

Member
Title

275 0562

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

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 1-16-09
RECEIVED
14675219
JAN 16 2009
S.D. SEC. OF STATE

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



DL002024
DL002024 JAN/2008
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY K. J
467 THIRD ST SW
HURON SD 57350-1813

Telephone # 605-352-0634
FAX # 605-352-0634
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.

467 Third Street SW Huron SD 57350-1813
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Beverly J. Katz

467 Third Street SW Huron SD 57350-1813
Street Address (Required to be a South Dakota Address) City State ZIP+4

467 Third Street SW Huron SD 57350-1813
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.

Member-Managed
Beverly J. Katz
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated January 14, 2009

Beverly J. Katz
(Signature of an Authorized Manager or Member)
Beverly J. Katz
(Printed Name)
Member
(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)

300 1265 01/13/2010

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	<u>01/20/10</u>
RECEIPT NO	<u>1984334</u>
RECEIVED	
JAN 06 2010	
S.D. SEC. OF STATE	

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



DL002024
DLO02024 JAN/2009
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY J
467 THIRD ST SW
HURON SD 57350-1813

Telephone #	<u>605-352-0634</u>
FAX #	<u>605-352-0634</u>
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.

467 Third Street SW Huron SD 57350-1813
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Beverly J. Katz

467 Third Street SW Huron SD 57350-1813
Street Address (Required to be a South Dakota Address) City State ZIP+4

467 Third Street SW Huron SD 57350-1813
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 December 8, 2009

Beverly J. Katz
(Signature of an Authorized Manager or Member)
Beverly J. Katz
(Printed Name)
Member
(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)

300 1265 01/13/2010

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 01/20/10
 RECEIPT NO 1984334
RECEIVED
JAN 06 2010
S.D. SEC. OF STATE

Telephone # 605-352-0634
 FAX # 605-352-0634
 FILING DATE: Due during the month
 the Certificate of Organization was
 issued, and delinquent after the last
 day of the following month.

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



* D L O O 2 0 2 4 *
DLO02024 JAN/2009
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY J
467 THIRD ST SW
HURON SD 57350-1813

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

467 Third Street SW Huron SD 57350-1813
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Beverly J. Katz

467 Third Street SW Huron SD 57350-1813
Street Address (Required to be a South Dakota Address) City State ZIP+4

467 Third Street SW Huron SD 57350-1813
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 December 8, 2009

Beverly J. Katz
(Signature of an Authorized Manager or Member)
Beverly J. Katz
(Printed Name)
Member
(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)

314 3061 01/19/2011

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:



DL002024 JAN/2010
KATZ LAW OFFICE, PROF. L.L.C.
KATZ, BEVERLY J
467 THIRD ST SW
HURON SD 57350-1813

FILE DATE 01/06/11
RECEIVED
JAN 06 2011
S.D. SEC. OF STATE
2104189

Telephone # 605-352-0634
FAX # 605-352-0634
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.

467 Third Street SW Huron SD 57350-1813
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Beverly J. Katz

467 Third Street SW Huron SD 57350-1813
Street Address or Rural Route Box Number in This State and City State ZIP+4

467 Third Street SW Huron SD 57350-1813
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

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 January 5, 2011

Beverly J. Katz
(Signature of an Authorized Person)
Beverly J. Katz
(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	City	State	ZIP+4
-----------------	------	-------	-------

5. If the address has changed, its new 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
---	------	-------	-------

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)

2013

Enter Filing Year

ANNUAL REPORT

FILE 1/2/2013

RECEIPT NO 85103

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

1. L.L.C. ID and Name:
DL002024
KATZ LAW OFFICE, PROF. L.L.C.
467 THIRD ST SW
HURON, SD 57350-1813

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

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

467 THIRD ST SW HURON SD 57350-1813
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BEVERLY J KATZ

467 THIRD ST SW HURON SD 57350-1813
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.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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 01/02/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

BEVERLY KATZ

(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 12/30/2013

RECEIPT NO 164012

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

DL002024
KATZ LAW OFFICE, PROF. L.L.C.
467 THIRD ST SW
HURON, SD 57350-1813

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

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

467 THIRD ST SW HURON SD 57350-1813
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BEVERLY J KATZ

467 THIRD ST SW HURON SD 57350-1813
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.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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 12/30/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

BEVERLY J KATZ

(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 12/17/2014

RECEIPT NO 254550

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

DL002024
KATZ LAW OFFICE, PROF. L.L.C.
467 THIRD ST SW
HURON, SD 57350-1813

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

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

467 THIRD ST SW HURON SD 57350-1813
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BEVERLY J KATZ

467 THIRD ST SW HURON SD 57350-1813
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.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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 12/17/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

BEVERLY J KATZ

(Printed Name)

2016

ANNUAL REPORT

FILE DATE 12/17/2015

Enter Filing Year

DOMESTIC LLC

RECEIPT NO 360602

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

SDCL 47-34A-211

Please Type or Print Clearly In Ink

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

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

DL002024

KATZ LAW OFFICE, PROF. L.L.C.

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

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

467 THIRD ST SW HURON SD 57350-1813

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: BEVERLY J KATZ

467 THIRD ST SW HURON SD 57350-1813

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 addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) 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 12/17/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

BEVERLY J KATZ

(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.