

501-090-1-01

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

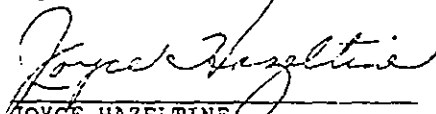
BUSINESS CORPORATION

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of MOSER TRUCKING, INC. duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation 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 Incorporation and attach hereto a duplicate of the Articles of Incorporation of MOSER TRUCKING, INC.



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 September 24, 1998.


JOYCE HAZELTINE
Secretary of State

K
1981

Notary Public
State of South Dakota
1992

[Handwritten Signature]
Notary Public
State of South Dakota

ARTICLES OF INCORPORATION

OF

MOSER TRUCKING, INC.

RECORDED
1992

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, execute this instrument for the purposes of forming a South Dakota corporation under Chapter 47-2 of the Business Corporation Act as set out in the South Dakota codified Laws of 1967, as annotated or amended, and do certify and declare as follows:

ARTICLE I

The name of the corporation shall be "MOSER TRUCKING, INC."

ARTICLE II

The term for which this corporation shall exist shall be perpetual.

ARTICLE III

The purposes for which this corporation is formed are as follows:

- A. To carry on and conduct a general trucking business, to buy, sell, lease, organize, maintain, contract and operate for hire a transportation service in all parts of the world for the purpose of transporting merchandise and freight, including food, livestock, grain and implements of every description whatsoever by means of vehicles of any and every kind, however propelled; to do generally all and every other thing necessary and incident to the business of a trucking company, or necessary and incident to the enjoyment of the powers and privileges herein granted.

921-1-03

B. To buy, sell, trade and deal in and with all kinds of goods, wares, and merchandise of any kind or character and of all natures and to carry on said business as a retailer or wholesaler and to acquire all such merchandise, supplies, materials or other articles which shall be necessary or incident to such business.

C. To purchase, lease, hire or otherwise acquire real and personal property, improved and unimproved of every kind and description, and to sell, dispose of, lease, convey and encumber said property or any part thereof. To acquire, hold, lease, manage, operate, develop, control, build, erect and maintain for the purposes of said company, any buildings, lands, warehouses, easements, privileges, franchises and licenses and to dispose of the land, buildings or other property of the company or any part thereof.

D. To borrow money and to make and issue notes, bonds, debentures and obligations and evidences of indebtedness of all kinds whether secured by mortgage, pledge or otherwise without limitation as to amount and to secure the same by any lien instrument and generally to make and perform agreements and contracts of any kind and description.

E. To do everything necessary and proper for the accomplishment of any of the purposes or the attainment of any of the objects, or the furtherance of any of the powers hereinabove set forth, either alone or in association with any other corporation, firm or individual, and to do every other act or acts, thing or things, incidental to or growing out of and connected with the aforesaid business or powers or any part thereof, providing the same is not inconsistent with the laws under which this corporation is organized.

ARTICLE IV

The company shall have the power to conduct and carry on its business or any part thereof and to have one or more offices and to exercise all or any of its corporate powers and rights in the State of South Dakota and in various other states, territories, colonies and dependencies of the United States, in the District of Columbia and in all or any foreign countries.

ARTICLE V

The capital stock of this corporation shall be \$1,000,000.00 divided into 100,000 shares of common non-assessable par value stock of \$10.00 each.

ARTICLE VI

The preferences, limitations, designations and relative rights of each class or series of stock are as follows: None.

ARTICLE VII

There are no provisions limiting or denying to the stockholders the pre-emptive right to acquire additional or treasury shares of stock of the corporation.

ARTICLE VIII

There are no provisions for the regulation of the internal affairs of the corporation which the incorporators elect to set forth in the Articles.

ARTICLE IX

The address of the initial registered office of the corporation is 105 1st. Ave. East, P. O. Box 51, McLaughlin, South Dakota 57642. The name of the initial registered agent

02/14/00

11/11/00

at such address is Bruce Moser and by signature as an incorporator, I consent to be the registered agent.

ARTICLE X

The number of directors constituting the initial Board of Directors of the corporation is one and the name and address of the Director is as follows:

NAME:	ADDRESS:
Bruce Moser	105 1st. Ave. East P. O. Box 51 McLaughlin, S. D. 57642

ARTICLE XI

The name and address of the incorporator is as follows:

NAME:	ADDRESS:
Bruce Moser	105 1st. Ave. East P. O. Box 51 McLaughlin, S. D. 57642

ARTICLE XII

The corporation shall not commence business until at least \$1,000.00 has been received by it as consideration for the issuance of stock.

ARTICLE XIII

No stockholder shall be liable for the debts of the corporation in any amount greater than his unpaid subscription.

ARTICLE XIV

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

2001/09/23

SEP 23 1998

These Articles of Incorporation are executed in duplicate on this 23 day of September, 1998.

Bruce Moser

STATE OF SOUTH DAKOTA)
:SS
COUNTY OF WALWORTH)

Personally came before me on this 23rd day of September, 1998, the above named Bruce Moser known to me to be the person who executed the foregoing instrument and acknowledged the same.

Denise Tall
NOTARY PUBLIC, State of South Dakota

My commission expires: 05-24-2002

(SEAL)

STATE OF SOUTH DAKOTA)
:SS
COUNTY OF WALWORTH)

Bruce Moser being first duly sworn on oath, deposes and says: he is the person named in and who executed the within and foregoing Articles of Incorporation as an incorporator therein; he has read the Articles and knows the contents thereof; as an incorporator he intends in good faith to form a corporation for the purposes of the promotion of a lawful business as set forth in said Articles of Incorporation and not for the purposes of enabling any corporation or corporations to avoid the provisions of Title

37 of the South Dakota Codified Laws relating to unlawful trade regulations, unlawful trusts and combinations and any other laws amendatory and supplemental thereto.

Bruce Mose

Subscribed and sworn to before me this 23 day of September, 1998.

Daniel Tall
NOTARY PUBLIC, State of South Dakota

My commission expires: 03-24-2002

(SEAL)

Receipt No: 734-523

9811290.1135
11/10/98

File Number: DB040531

ART OF INC

For

MOSER TRUCKING, INC.

File at the request of:

BORMANN BUCKMEIER BAUER & TODD
DANIEL TODD
PO BOX 9
MOBRIDGE SD 57601

STATE OF SOUTH DAKOTA

OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on

Date September 24, 1998

Joyce Hazeltine
Secretary of State

Fee Received \$150 100,000 @ \$10.

SOS CRP 491 10/93

* K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 *

1999

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

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

9912199.3583
12/22/99

FILE DATE 10-28-99
RECEIVED 837135
OCT 28 99
RECEIVED
SEP 2 1999
S.D. SEC. OF STATE
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-040531 SEP/00
MOSER TRUCKING, INC.
MOSER, BRUCE
105 1ST AVE E
PO BOX 51
MCLAUGHLIN, SD 57642-0051

Telephone # _____
FAX # _____
Federal Taxpayer IC _____
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 Trucking

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Bruce Moser</u>	President	<u>105 1st Ave. East</u>	<u>McLaughlin</u>	<u>S.D.</u>	<u>57642-0051</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)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>100,000</u>	<u>Common</u>	<u>non-assessable</u>	<u>\$.10. 00 each</u>

5. NUMBER OF SHARES ACTUALLY ISSUED
1700

6. The amount of its stated capital is \$ 17000.00 (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 9-1-99 19__

By Bruce Moser
(Signature)
Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Corson

I, Sheila Buehler, a notary public, do hereby certify that on this 1 day of September 1999, personally appeared before me Bruce Moser who, being by me first duly sworn, declared that he/she is the President of Moser Trucking Inc. the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 02-24-2000

Sheila Buehler
Notary Public

(Notarial Seal)

SOS CRP 6/98

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 _____ 19 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____ 19 _____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of
the corporation, and the statements therein contained are true.

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 _____ 19 _____

(signature)

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. _____

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1. The name of the corporation is _____
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ZIP + 4 _____
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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)

2001

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

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 9-1-01
RECEIPT NO. 1010958

RECEIVED RECEIVED
AUG 29 '01 AUG 22 '01
D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

D3-040531 SEP/2000
MOSER TRUCKING, INC.
MOSER, BRUCE
105 1ST AVE E
PO BXO 51
MCLAUGHLIN SD 57642-0051

Telephone # _____
FAX # _____
Federal Taxpayer
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 _____

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	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

5. 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 in the presence of a notary public.

Dated 8-28-01 By Bruce Moser
(Signature)
Its President
(Title)

STATE OF South Dakota ss
COUNTY OF CORSON

On this the 28 day of August, 2001, before me, Bruce Moser, 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 02-24-2006
Sheila Buchler
Notary Public

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 8-21-01

Bruce Moser
(Signature)
President
(Title)

STATE OF South Dakota ss
COUNTY OF Corsica

On this the 21 day of August, 2001, before me Sheila Buechler, known to me, or proved to me, personally appeared Bruce Moser, 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 02-24-06

Sheila Buechler
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)

2002

ANNUAL REPORT

0210216.4812
10/9/02

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 9-1-02
RECEIPT NO. 1127460
RECEIVED
MAR 15 '02

1. Corporate Name, Registered Agent and Registered Address:



DB-040531 SEP/2001
MOSER TRUCKING, INC.
MOSER, BRUCE
105 1ST AVE E
PC BXO 51
MCLAUGHLIN SD 57642-0051

S.D. SEC. OF STATE
Telephone # 605-823-4736
FAX # _____
Federal Taxpayer IC _____
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.

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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+4
_____	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

5. 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 in the presence of a notary public.

Dated 8-14-02

By Bruce Moser
(Signature)
Its President
(Title)

STATE OF S.D. ss
COUNTY OF Lawson

On this the 14 day of August, 2002, before me, Sheila Buechler, personally appeared Bruce Moser, 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 02-24-2006

Sheila Buechler
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 _____
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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)

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

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_____ 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

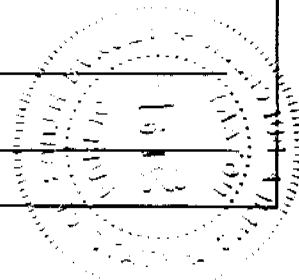
(Notarial Seal)

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)



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

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

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_____ 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 any other officer.

Dated _____

(Signature)

(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)

242 3693 11/10/2005

2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 11/07/05
RECEIPT NO. RECEIVED
1493034
NOV 07 '05

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:



* DB040531 *
DB040531 SEP/2004
MOSER TRUCKING, INC.
MOSER, BRUCE
105 1ST AVE E
PO BXO 51
MCLAUGHLIN SD 57642-0051

Telephone # _____
FAX # _____

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, 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 address of the principal office 105 1st Ave E McLaughlin SD 57642-0051

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Bruce Moser</u>	President	<u>PO Box 51</u>	<u>McLaughlin</u>	<u>SD</u>	<u>57642</u>
<u>Shirley Hoffman</u>	Vice President	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>Shirley Hoffman</u>	Secretary	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>Bruce Moser</u>	Treasurer	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

4. Provide a brief description of the nature of the business _____

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

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>100,000</u>		

6. NUMBER OF ISSUED AND OUTSTANDING SHARES CLASS SERIES

4300

The statement may be signed by any authorized officer of the Corporation.

Dated 10-31-05

Bruce Moser
Signature

Bruce Moser
Printed Name

President

Title

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

SOS CRP 07/05

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)

253 1727 09/20/2006

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 09/11/06
 RECEIPT NO. 1593470
RECEIVED
 SEP 11 '06
 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:



* DB040531 *
 DB040531 SEP/2005
 MOSER TRUCKING, INC.
 MOSER, BRUCE
 105 1ST AVE E
 PO BOX 51
 MCLAUGHLIN SD 57642-0051

Telephone # 605-823-4405
 FAX # 605-823-4525

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, 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 address of the principal office _____

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	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. Provide a brief description of the nature of the business _____

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
-----------------------------	-------	--------

NUMBER OF ISSUED SHARES	CLASS	SERIES
-------------------------	-------	--------

The statement may be signed by any authorized officer of the Corporation.

Dated 9-8-06

Bruce Moser
Signature

Bruce Moser
Printed Name

President
Title

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

SOS CRP 07/05

**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)

2008

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: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 09/15/08
 RECEIPT NO 1833300
RECEIVED
SEP 15 2008
S.D. SEC. OF STATE

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

280 2969



DB040531
DB040531 SEP/2007
MOSER TRUCKING, INC.
MOSER, BRUCE
105 1ST AVE E
PO BOX 51
MCLAUGHLIN SD 57642-0051

1. Corporate Name, Registered Agent Name and Address:

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

105 1st Ave E Mclaughlin SD 57642-0051
 Street Address City State ZIP+4
PO Box 51 Mclaughlin SD 57642-0051
 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Bruce Moser - Moser Trucking, Inc

105 1st Ave E Mclaughlin SD 57642-0051
 Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 51 Mclaughlin SD 57642-0051
 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"/>	<u>Bruce Moser</u>	<u>105 1st Ave E</u>	<u>Mclaughlin</u>	<u>SD</u>	<u>57642-0051</u>
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Shirley Moser</u>	<u>105 1st Ave E</u>	<u>Mclaughlin</u>	<u>SD</u>	<u>57642-0051</u>
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Shirley Moser</u>	<u>same</u>			
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	<u>Bruce Moser</u>	<u>same</u>			
	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 9-12-08

Shirley Moser
 (Signature of an authorized officer)
Shirley Moser
 (Printed Name)
Vice President/Secretary
 (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

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 09/10/09
RECEIVED
1940963
AUG 13 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB040531 SEP/2008
MOSER TRUCKING, INC.
MOSER, BRUCE
PO BOX 51
MCLAUGHLIN SD 57642-0051

Telephone # 605-823-4736
FAX # 605-823-4525
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.

105 1st Ave E
~~105 1st Ave E~~ McLaughlin S.D. 57642
Street Address City State ZIP+4
PO Box 51 McLaughlin SD 57642
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

~~105 1st Ave E~~ Bruce Moser
105 1st Ave E McLaughlin SD 57642
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 51 McLaughlin SD 57642-0051
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.

[x] Bruce Moser 101 2nd Ave SE McLaughlin SD 57642-0051
President Street Address City State ZIP+4
[x] Shirley Moser 101 2nd Ave SE McLaughlin SD 57642-0051
Vice President Street Address City State ZIP+4
[x] Shirley Moser 101 2nd Ave SE McLaughlin SD 57642-0051
Secretary Street Address City State ZIP+4
[x] Bruce Moser 101 2nd Ave SE McLaughlin SD 57642-0051
Treasurer Street Address City State ZIP+4
[] Director Street Address City State ZIP+4
[] Director Street Address City State ZIP+4

Dated 8-12-09

Shirley Moser
(Signature of an authorized officer)
Shirley Moser
(Printed Name)
D.P.
(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 Moser Trucking, Inc

2. The name of the registered agent on file Bruce Moser

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

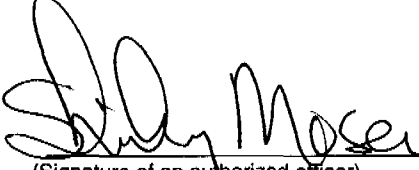
<u>105 1st Ave E</u>	<u>mclaughlin</u>	<u>SD</u>	<u>57642-0051</u>
Street Address (Required)	City	State	ZIP+4
<u>PO BOX 51</u>	<u>Mclaughlin</u>	<u>SD</u>	<u>57642-0051</u>
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

<u>101 2nd Ave E</u>	<u>Mclaughlin</u>	<u>SD</u>	<u>57642-0051</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO BOX 51</u>	<u>Mclaughlin mclaughlin</u>	<u>SD</u>	<u>57642-0051</u>
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 8-11-09


(Signature of an authorized officer)
Shirley Moser
(Printed Name)
VP
(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 09/21/10
RECEIPT NO 2009841
RECEIVED
AUG 31 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB040531 SEP/2009
MOSER TRUCKING, INC.
MOSER, BRUCE
PO BOX 51
MCLAUGHLIN SD 57642-0051

Telephone # 605-823-4406
FAX # 605-823-4525
FILING DATE: Due during the month the Certificate of Incorporation 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.

213 Main Street Mclaughlin SD 57642
PO Box 139 Mclaughlin SD 57642

4. The name of the South Dakota Registered Agent Bruce Moser

101 2nd Ave Mclaughlin SD 57642
PO Box 51 Mclaughlin SD 57642

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.

Table with columns: Officer Name, Street Address, City, State, ZIP+4. Includes entries for Bruce Moser (President), Shirley Moser (Vice President, Secretary, Treasurer), and Bruce Moser (Director).

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

Dated 8-30-10

Signature of Shirley Moser
Shirley Moser
(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)

2011

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 9/25/2012

RECEIPT NO 65212

1. Corporate ID and Name:

DB040531
MOSER TRUCKING, INC.
105 1ST AVE E
MCLAUGHLIN, SD 57642

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

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

105 1ST AVE E	MCLAUGHLIN	SD	57642
---------------	------------	----	-------

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

PO BOX 51	MCLAUGHLIN	SD	57642
-----------	------------	----	-------

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

4. The name of the South Dakota Registered Agent

Agent Name: BRUCE MOSER

101 2ND AVE E	MCLAUGHLIN	SD	57642
---------------	------------	----	-------

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

PO BOX 51	MCLAUGHLIN	SD	57642-0051
-----------	------------	----	------------

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"/>	BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E	MC LAUGHLIN	SD	57642
	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 09/25/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

SHIRLEY MARIE MOSER

(Printed Name)

2012

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 8/17/2013

RECEIPT NO 135515

1. Corporate ID and Name:
DB040531
MOSER TRUCKING, INC.
105 1ST AVE E
MCLAUGHLIN, SD 57642

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

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

105 1ST AVE E	MCLAUGHLIN	SD	57642
---------------	------------	----	-------

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

PO BOX 51	MCLAUGHLIN	SD	57642
-----------	------------	----	-------

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

4. The name of the South Dakota Registered Agent

Agent Name: BRUCE MOSER

101 2ND AVE E	MCLAUGHLIN	SD	57642
---------------	------------	----	-------

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

PO BOX 51	MCLAUGHLIN	SD	57642-0051
-----------	------------	----	------------

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"/>	BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E	MC LAUGHLIN	SD	57642
	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 08/17/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

SHIRLEY M MOSER

(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 8/17/2013

RECEIPT NO 135516

1. Corporate ID and Name:

DB040531
MOSER TRUCKING, INC.
105 1ST AVE E
MCLAUGHLIN, SD 57642

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

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

105 1ST AVE E	MCLAUGHLIN	SD	57642
---------------	------------	----	-------

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

PO BOX 51	MCLAUGHLIN	SD	57642
-----------	------------	----	-------

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

4. The name of the South Dakota Registered Agent

Agent Name: BRUCE MOSER

101 2ND AVE E	MCLAUGHLIN	SD	57642
---------------	------------	----	-------

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

PO BOX 51	MCLAUGHLIN	SD	57642-0051
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Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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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"/>	BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E	MC LAUGHLIN	SD	57642
	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 08/17/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

SHIRLEY M MOSER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 8/30/2014

RECEIPT NO 228052

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:
DB040531
MOSER TRUCKING, INC.
105 1ST AVE E
MCLAUGHLIN, SD 57642

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

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

105 1ST AVE E	MCLAUGHLIN	SD	57642
---------------	------------	----	-------

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

PO BOX 51	MCLAUGHLIN	SD	57642
-----------	------------	----	-------

Mailing Address	City	State	ZIP+4
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4. The name of the South Dakota Registered Agent

Agent Name: BRUCE MOSER

101 2ND AVE E	MCLAUGHLIN	SD	57642
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Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
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PO BOX 51	MCLAUGHLIN	SD	57642-0051
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Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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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"/>	BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
-------------------------------------	------------------	-------------------------	-------------	----	-------

President	Street Address	City	State	ZIP+4
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<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
-------------------------------------	---------------------	-------------------------	-------------	----	-------

Vice President	Street Address	City	State	ZIP+4
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<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
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Secretary	Street Address	City	State	ZIP+4
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<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
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Treasurer	Street Address	City	State	ZIP+4
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<input checked="" type="checkbox"/>	BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
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Director	Street Address	City	State	ZIP+4
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<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E	MC LAUGHLIN	SD	57642
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Director	Street Address	City	State	ZIP+4
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 08/30/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

SHIRLEY M MOSER

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 7/18/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 320205

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

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB040531

MOSER TRUCKING, INC.

Telephone #

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

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

105 1ST AVE E MCLAUGHLIN SD 57642
Actual Street Address or Rural Route Box Number City State ZIP+4
PO BOX 51 MCLAUGHLIN SD 57642
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: BRUCE MOSER

101 2ND AVE E MCLAUGHLIN SD 57642
Actual Street Address or Rural Route Box Number in This State City State ZIP+4
PO BOX 51 MCLAUGHLIN SD 57642-0051
Mailing Address in This State, if Different from Street Address City State ZIP+4
Email Address (Optional)

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.

[X] BRUCE DEAN MOSER 101 2ND AVE E PO BOX 51 MC LAUGHLIN SD 57642
President Actual Street Address City State ZIP+4

[X] SHIRLEY MARIE MOSER 101 2ND AVE E PO BOX 51 MC LAUGHLIN SD 57642
Vice President Actual Street Address City State ZIP+4

[X] SHIRLEY MARIE MOSER 101 2ND AVE E PO BOX 51 MC LAUGHLIN SD 57642
Secretary Actual Street Address City State ZIP+4

[X] SHIRLEY MARIE MOSER 101 2ND AVE E PO BOX 51 MC LAUGHLIN SD 57642
Treasurer Actual Street Address City State ZIP+4

<input checked="" type="checkbox"/>	BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
Director		Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	SHIRLEY MARIE MOSER	101 2ND AVE E	MC LAUGHLIN	SD	57642
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.

Dated 07/18/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email BANDS@WESTRIV.COM

SHIRLEY M M MOSER

(Optional)

(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.

7/18/2015 8:42:48 PM

2016

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

ANNUAL REPORT
 DOMESTIC CORPORATION

SDCL 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 7/4/2016

RECEIPT NO 432270

1. Corporate ID and Name:

DB040531

Enter Corporate ID

MOSER TRUCKING, 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).

105 1ST AVE E	MCLAUGHLIN	SD	57642
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Actual Street Address or Rural Route Box Number	City	State	ZIP+4
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PO BOX 51	MCLAUGHLIN	SD	57642
-----------	------------	----	-------

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

4. The name of the South Dakota Registered Agent

Agent Name: BRUCE MOSER

101 2ND AVE E	MCLAUGHLIN	SD	57642
---------------	------------	----	-------

Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
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PO BOX 51	MCLAUGHLIN	SD	57642-0051
-----------	------------	----	------------

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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5. The names and business addresses of its 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.

<input checked="" type="checkbox"/> BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> SHIRLEY MARIE MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
Treasurer	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> BRUCE DEAN MOSER	101 2ND AVE E PO BOX 51	MC LAUGHLIN	SD	57642
Director	Actual Street Address	City	State	ZIP+4



SHIRLEY MARIE MOSER

101 2ND AVE E

MC LAUGHLIN

SD

57642

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)

SHIRLEY M MOSER

(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.

7/4/2016 8:03:16 PM