

1996

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 1-8-96
RECEIPT NO. 51475

RECEIVED

JAN 8 1996

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

CH-000358 JAN/93
CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
JOHNSON, RONALD R.
310 MAIN
LEMMON, SD 57638-1597

Day Time Phone # 605-374-3741Federal Identification # [REDACTED]

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM
THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF
THIS FORM IS REQUIRED TO BE COMPLETED

2. The nature of the affairs which the corporation is conducting in South Dakota is solely the affairs of an
organized church operated as a religious corporation
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 500,000.00
• Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Chuck Anderson</u>	President	<u>RCR 82, Box 51</u>	<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>
<u>Mark Evans</u>	Vice President	<u>Star Rt. 2, Box 43</u>	<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>
<u>Koreen Anderson</u>	Secretary	<u>HC 82, Box 51</u>	<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>
<u>Ethel Lillehaug</u>	Treasurer	<u>PO Box 431</u>	<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Todd Oster</u>		<u>703 6th St. East</u>	<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>
<u>Brad Perschan</u>	Director		<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>
<u>John Larson</u>		<u>RCR 82, Box 11</u>	<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>
<u>Ronald R. Johnson</u>	Director	<u>609-6th Ave. West,</u>	<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>
<u>Deb Ruen</u>			<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>
<u>Audrey Robinson</u>	Director	<u>605-10 Street West,</u>	<u>Lemmon,</u>	<u>SD</u>	<u>57638</u>

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

Dated January 4th 1996

By Ronald R. Johnson
(Signature) must be signed in the presence of a notary

STATE OF South Dakota
COUNTY OF Perkins ss

Its Secretary
(Title)

I, Ronald R. Johnson, a notary public, do hereby certify that on this 4th day of January 1996,

personally appeared before me Koreen Anderson who, being by me first duly sworn, declared that he/she is the

Secretary of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 7-8-98

Ronald R. Johnson
Notary Public, South Dakota
Ronald R. Johnson

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-6077
605-773-4845

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

FILING FEE: *\$5 In addition to annual report fee
* No fee for postal renumbering. (must be stated on the form)

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 registered office address: _____
ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date _____ 19 _____

(signature) must be signed in the presence of a notary

(title)

STATE OF _____
COUNTY OF _____ ss

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 the corporation named
above, and 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)

1999

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 1-4-99
RECEIPT NO. 160220

RECEIVED

DEC 18 1998

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

CH-000358 JAN/96
CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
JOHNSON, RONALD R.
310 MAIN
LEMMON, SD 57638-1597

Day Time Phone # 605-374-3892

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Christian Church

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 515,000.00
*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Tim Kuale</u>	President	<u>19105 102nd St (PO195)</u>	<u>LEMMON</u>	<u>SD</u>	<u>57638</u>
<u>Walt Ellison</u>	Vice President	<u>HC 63 Box 255</u>	<u>LEMMON</u>	<u>ND</u>	<u>57638</u>
<u>Sharon Crevier</u>	Secretary	<u>112 5th St E</u>	<u>LEMMON</u>	<u>SD</u>	<u>57638</u>
<u>Ethel Lillehaug</u>	Treasurer	<u>HC 78 Box 431</u>	<u>LEMMON</u>	<u>ND</u>	<u>57638</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Korn Lillehaug</u>	Director	<u>206 4th St E</u>	<u>LEMMON</u>	<u>SD</u>	<u>57638</u>
<u>Clara Johnson</u>	Director	<u>422 4th St E</u>	<u>LEMMON</u>	<u>SD</u>	<u>57638</u>
<u>Bruce Voshell</u>	Director	<u>HC 78 Box 14-A</u>	<u>LEMMON</u>	<u>ND</u>	<u>57638</u>
<u>Galek Brute</u>	Director	<u>510 2nd St E</u>	<u>LEMMON</u>	<u>SD</u>	<u>57638</u>
<u>Gerry Jacobson</u>	Director	<u>609 2nd St E</u>	<u>LEMMON</u>	<u>SD</u>	<u>57638</u>
<u>Larry Gribble</u>	Director	<u>4th 4th St E</u>	<u>LEMMON</u>	<u>SD</u>	<u>57638</u>

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

Dated Dec 17th 1998By Tim Kuale
(Signature) must be signed in the presence of a notaryIts congregational president
(Title)

STATE OF South Dakota ss
COUNTY OF Pink

I, Kimberly Lynn, a notary public, do hereby certify that on this 17th day of December 1998.

personally appeared before me Tim Kuale who, being by me first duly sworn, declared that he/she is the
congregational president of the corporation named above, and signed the foregoing document as officer of
the corporation, and the statements therein contained are true.

My Commission Expires 3-22-2003

Kimberly Lynn
Notary Public South Dakota

(Notarial Seal)

2002
 SECRETARY OF STATE
 STATE CAPITOL
 500 E. CAPITOL AVE.
 PIERRE, S.D. 57501
 (605)773-4845
 Fax (605)773-4550

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 1-8-02
 RECEIPT NO. 1059166

RECEIVED

JAN 08 '02

1. Corporate Name, Registered Agent and Registered Address:

CH-000358 JAN/1999
 CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
 JOHNSON, RONALD R.
 310 MAIN
 LEMMON SD 57638-1597

Day Time Phone # 605.389.3892

Federal Identification # _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED
 FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE
 COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Religious

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 1,483,100.00
 • Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Dale Kvale</u>	President	<u>20626 111th St</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
<u>Tony Waller</u>	Vice President	<u>203 9th St W</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
<u>Charlotte Kvale</u>	Secretary	<u>PO Box 195</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
<u>Ethel Lillehaug</u>	Treasurer	<u>PO Box 431</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Tim Kvale</u>	Director	<u>PO Box 195</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
<u>Chris Block</u>	Director	<u>810 Theatre Rd</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
<u>Kim Sam Colville</u>	Director	<u>403 19th St SE</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>

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

Dated January 4 2002

STATE OF South Dakota

COUNTY OF Butte

On this the 4th day of January
 personally appeared Charlotte Kvale 2002, before me,

to be the Financial Secretary
 instrument and acknowledged to me that such corporation executed the same.

My Commission Expires
 (Notary Seal)

Charlotte Kvale
 (Signature)

Financial Secretary
 (Title)

Kim Colville

known to me, or proved to me,
 of the corporation that is described in and that executed the within

Kim Colville
 (Notary Public)

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE,
OR REGISTERED AGENT, OR BOTH

FILING FEE: \$5 in addition to corporate 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 Calvary Lutheran Church, Lemmon, S. DAK.

2. The previous street address, or a statement that there is no street address, of its registered office 310 Main
Lemmon SD ZIP 57638

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.

609 6th Ave W
Lemmon, SD ZIP 57638

4. The name of its previous registered agent is JOHNSON, Ronald R

5. The name of its successor registered agent is * JOHNSON, Ronald R.

* 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 public.

Date 1-4-02

(Signature)

(Title)

STATE OF South Dakota ss

COUNTY OF Pennington

On this the 4th day of January, 2002, before me, Charlotte Korte Kimberly A Lyon, known to me, or proved to me, personally appeared Charlotte Korte to be the Financial Secretary 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 3-22-2003

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 of registered agent)

2004 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILED **RECEIVED** 1-24
RECEIPT NO. 127984
DEC 23 '03
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



* CH000358 * JAN/2002

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.

JOHNSON, RONALD R.

609 6TH AVE W

LEMMON SD 57638-1705

Day Time Phone # 605-374-3892

Federal Taxpa

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON
THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Religious

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 1,399,300.00 *

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Tony Waller	President	203 9th St. W.	Lemmon,	SD	57638
Kim Colville	Vice President	403 19th St SE	Lemmon	SD	57638
Stacy Daley	Secretary	PO Box 385	Lemmon	SD	57638
Christina Block	Treasurer	810 Theatre Rd	Lemmon	SD	57638

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list
them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Tim Kvale	Director	PO Box 195	Lemmon	SD	57638
Sara Moen	Director	210 3rd Ave E	Lemmon	SD	57638
Ruth Waller	Director	203 9th St. W	Lemmon	SD	57638

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

Dated 12-19-03By Christina Block
(Signature)Its Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Perkins ss

On this 19 day of December, 2003, before me, Anita Stugelmeier
personally appeared Christina Block, known to me, or proved to me,
to be the Treasurer 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 8/24/06

(Notarial Seal)

Notary Public

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

nsar.pdf

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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 Calvary Lutheran Church, Lemmon, SD 57638
2. The previous street address, or a statement that there is no street address, or its registered office 609 6th Ave. West; Lemmon, SD ZIP 57638
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. 303 2nd Ave W; PO Box 337; Lemmon, SD ZIP 57638-0337
4. The name of its previous registered agent is Johnson, Ronald R.
5. The name of its successor (current) registered agent is * Kvale, Charlotte J.

***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 12-19-03

Christina Block
(Signature) must be signed in the presence of a notary)

Treasurer
(Title)

STATE OF South Dakota ss
COUNTY OF Perkins

I, Anita Stugelmeier, a notary public, do hereby certify that on this 19th day of December, personally appeared before me Christina Block

who, being by me first duly sworn, declared that he/she is the Treasurer of Calvary Lutheran Church that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 8/24/04

Anita Stugelmeier
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Charlotte Kvale, hereby give my consent to serve as the
(name of registered agent)

registered agent for Calvary Lutheran Church
(corporate name)

Dated 12-16-03

Charlotte Kvale
(signature of registered agent)

2004 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGSFILED **RECEIVED** 1-24
RECEIPT NO. 127984
DEC 23 '03
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

* CH000358 *
CH000358 JAN/2002CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
JOHNSON, RONALD R.
609 6TH AVE W
LEMMON SD 57638-1705

Day Time Phone # 605-374-3892

Federal Tax:
FILING DATE: Due during the month the Certificate
of Incorporation was issued, and delinquent after
the last day of the following month.IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON
THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.2. The nature of the affairs which the corporation is conducting in South Dakota is Religious

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 1,399,300.00 *

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Tony Waller	President	203 9th St. W.	Lemmon,	SD	57638
Kim Colville	Vice President	403 19th St SE	Lemmon	SD	57638
Stacy Daley	Secretary	PO Box 385	Lemmon	SD	57638
Christina Block	Treasurer	810 Theatre Rd	Lemmon	SD	57638

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Tim Kvale	Director	PO Box 195	Lemmon	SD	57638
Sara Moen	Director	210 3rd Ave E	Lemmon	SD	57638
Ruth Waller	Director	203 9th St. W	Lemmon	SD	57638

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.Dated 12-19-03By Christina Block
(Signature)
Its Treasurer
(Title)STATE OF South Dakota
COUNTY OF Perkins ssOn this 19 day of December, 2003, before me, Anita Stugelmeier
personally appeared Christina Block, known to me, or proved to me,
to be the Treasurer 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 8/24/06

(Notarial Seal)

Notary Public

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

nsar.pdf

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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 Calvary Lutheran Church, Lemmon, SD 57638
2. The previous street address, or a statement that there is no street address, or its registered office 609 6th Ave. West; Lemmon, SD ZIP 57638
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. 303 2nd Ave W; PO Box 337; Lemmon, SD ZIP 57638-0337
4. The name of its previous registered agent is Johnson, Ronald R.
5. The name of its successor (current) registered agent is * Kvale, Charlotte J.

***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 12-19-03

Christina Block
(Signature) must be signed in the presence of a notary)

Treasurer
(Title)

STATE OF South Dakota ss
COUNTY OF Perkins

I, Anita Stugelmeier, a notary public, do hereby certify that on this 19th day of December, personally appeared before me Christina Block

who, being by me first duly sworn, declared that he/she is the Treasurer of Calvary Lutheran Church that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 8/24/04

Anita Stugelmeier
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Charlotte Kvale, hereby give my consent to serve as the
(name of registered agent)

registered agent for Calvary Lutheran Church
(corporate name)

Dated 12-16-03

Charlotte Kvale
(signature of registered agent)

2005 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 02/09/05
RECEIPT NO. 748689
RECEIVED

FEB 09 '05

S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:



CH000358 JAN/2004

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
KVALE, CHARLOTTE J
303 2ND AVE W
PO BOX 337
LEMMON SD 57638-0337

Day Time Phone # 605-374-3892

Federal Tax#

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON
THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is

Religious

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$

\$1483,500.00

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Chuck Anderson	President	19287 108 th St.	Lemmon	SD	57638
	Vice President				
Melissa McConnell	Secretary	209 6 th Ave W	Lemmon	SD	57638
Christina Block	Treasurer	810 Theatre Rd	Lemmon	SD	57638

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list
them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Charles Edwards	Director	311 7 th Ave W	Lemmon	SD	57638
Stacy Schopp	Director	400 2 nd Ave W	Lemmon	SD	57638
Neal Pinnow	Director	311 6 th Ave W	Lemmon	SD	57638

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

Dated 2-7-05

(Signature)

(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent)

244 3172 01/17/2006

2006 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 01/06/06
RECEIPT NO. 1513058
RECEIVED

JAN 06 '06

S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:



CH000358
CH000358 JAN/2005
CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
KVALE, CHARLOTTE J
303 2ND AVE W
PO BOX 337
LEMMON SD 57638-0337

Day Time Phone # 605-374-3892

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is church + Religious

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 591,457.00
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Charles Anderson	President	19287 108 th St	Lemmon	SD	57638
Charles Edwards	Vice President	311 7 th Ave W.	Lemmon	SD	57638
Melissa McConnell	Secretary	209 6 th Ave W.	Lemmon	SD	57638
Christina Block	Treasurer	810 Theatre Rd	Lemmon	SD	57638

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Charles Anderson	Director	19287 108 th St	Lemmon	SD	57638
Charles Edwards	Director	311 7 th Ave W	Lemmon	SD	57638
Ned P. Nowar	Director	311 6 th Ave W	Lemmon	SD	57638

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

Dated 1-3-06

Charlotte Kvale
(Signature)
Financial Secretary
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____

ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent)

257 3796 01/25/2007

2007 NONPROFIT REPORT

FILE DATE 01/19/07
RECEIPT NO. 634310

RECEIVED

JAN 19 2007

S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



CH000358 JAN/2006

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
KVALE, CHARLOTTE J
303 2ND AVE W
PO BOX 337
LEMMON SD 57638-0337

Day Time Phone # 605-374-3892

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is religious - church.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 579,236.00
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☐ Charles Edwards	President	710 10 th St. W	Lemmon	SD	57638
☐ Jack Anderson	Vice President	901 10 th St. W	Lemmon	SD	57638
☐ Sharon Crevier	Secretary	506 3 rd St. E	Lemmon	SD	57638
☐ Christina Block	Treasurer	310 Theatre Rd	Lemmon	SD	57638

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☐ Kermit Kahl	Director	19148 Summerville Rd	Shadehill	SD	57638
☐ Cheryl Miller	Director	19562 DeW. H Rd	Shadehill	SD	57638
☐ Ruth Waller	Director	203 9 th St. W	Lemmon	SD	57638

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

Dated 1/16/07

(Signature)

(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent)

2008 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 2-7-08
RECEIPT NO 1764338

RECEIVED

FEB 07 2008

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



CH000358 JAN/2007

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
KVALE, CHARLOTTE J
303 2ND AVE W
PO BOX 337
LEMMON SD 57638-0337

Day Time Phone # 605-374-3892

Federal Taxps

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is religious

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 505,235.00
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☒ Jack Anderson	President	901 10 th St W	Lemmon	SD	57638
☐ Randy Miller	Vice President	1956 1/2 DeWitt Rd	Shadehill	SD	57638
☒ Sharon Crevier	Secretary	506 3 rd St E	Lemmon	SD	57638
☒ Chris Block	Treasurer	810 Theatre Rd	Lemmon	SD	57638

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☒ Charlotte Kvale	Director	19105 102 nd St	Lemmon	SD	57638
☒ Brady Ham	Director	19430 DeWitt Rd	Shadehill	SD	57638
☒ Deb Ruen	Director	406 6 th Ave W	Lemmon	SD	57638

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

Dated 12-19-07

(Signature)

(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent)

2009

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

ANNUAL REPORT DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

1. Corporate Name, Registered Agent Name and Address:



CH000358 JAN/2008

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
KVALE, CHARLOTTE J
303 2ND AVE W
PO BOX 337
LEMMON SD 57638-0337

FILE DATE 07/07/09

RECEIPT NO 1927005

RECEIVED

JUL 07 2009

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.

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

303 2nd Ave W Lemmon SD 57638
Street Address City State ZIP+4

PO Box 337 Lemmon SD 57638
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Charlotte Kvale
303 2nd Ave W Lemmon SD 57638
Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 195 Lemmon SD 57638
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 three directors.

☒ Ron Holdahl 101 21st St NE Lemmon SD 57638
President Street Address City State ZIP+4

☒ Jim Lorenz 706 7th Ave W Apt Lemmon SD 57638
Vice President Street Address City State ZIP+4

☒ Cheryl Miller 195 62 DelWt Rd Lemmon SD 57638
Secretary Street Address City State ZIP+4

☒ Chris Block 810 Theatre Rd Lemmon SD 57638
Treasurer Street Address City State ZIP+4

☒ Audrey Robinson 10162 SD Hwy 73 Lemmon, SD 57638
Director Street Address City State ZIP+4

☒ Brady Ham PO Box 47 Lemmon, SD 57638
Director Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

Dated 6-30-09

Christina Block
(Signature of an authorized officer)

Christina Block
(Printed Name)

Treasurer
(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)

2010

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

ANNUAL REPORT DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

1. Corporate Name, Registered Agent Name and Address:



CH000358 JAN/2009

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
KVALE, CHARLOTTE J
PO BOX 337
LEMMON SD 57638-0337

FILE DATE 01/11/10RECEIPT NO 1986281**RECEIVED****JAN 11 2010****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.

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

<u>303 2nd Ave W</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638-0337</u>
Street Address	City	State	ZIP+4
<u>PO Box 337</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638-0337</u>
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent

<u>Charlotte Kvale</u>			
<u>303 2nd Ave W</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638-0337</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box 337</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638-0337</u>
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 three directors.

☒	<u>Chuck Anderson</u>	<u>19287 108th St</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
	President	Street Address	City	State	ZIP+4
☐	<u>Vice President</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>ZIP+4</u>
☐	<u>Cheryl Miller</u>	<u>19562 DeWitt Rd</u>	<u>Shadehill</u>	<u>SD</u>	<u>57638</u>
	Secretary	Street Address	City	State	ZIP+4
☐	<u>Christina Block</u>	<u>816 Theatre Rd</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
	Treasurer	Street Address	City	State	ZIP+4
☐	<u>Randy Miller</u>	<u>19562 DeWitt Rd</u>	<u>Shadehill</u>	<u>SD</u>	<u>57638</u>
	Director	Street Address	City	State	ZIP+4
☐	<u>Tim Kvale</u>	<u>PO Box 195</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
	Director	Street Address	City	State	ZIP+4
☐	<u>Audrey Robinson</u>	<u>10162 50 Hwy 73</u>	<u>Lemmon</u>	<u>SD</u>	<u>57638</u>
	Director	Street Address	City	State	ZIP+4

Dated 1/03/09

(Signature of an authorized officer)

(Printed Name)

(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)

317 3068 04/18/2011

2011

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

1. Corporate Name, Registered Agent Name and Address:



CH000358
CH000358 JAN/2010

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
KVALE, CHARLOTTE J
PO BOX 337
LEMMON SD 57638-0337

RECEIVED
MAR 07 2011
S.D. SEC. OF STATE

FILE DATE 03/07/11
RECEIPT NO 2130784
RECEIVED

FEB 07 2011

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.

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.

303 2nd Ave W. Lemmon SD 57638
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Charlotte Kvale

303 2nd Ave W Lemmon SD 57638
Street Address or Rural Route Box Number in This State and City State ZIP+4

PO Box 337 Lemmon SD 57638
Mailing Address in This State, if Different from Street Address City State ZIP+4

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

☒ Chuck Edwards 710 10th St. W Lemmon SD 57638
President Street Address City State ZIP+4

☒ Chuck Anderson 19287 108th St. Lemmon SD 57638
Vice President Street Address City State ZIP+4

☒ Sharon Crevier 506 3rd St. E Lemmon SD 57638
Secretary Street Address City State ZIP+4

☒ Joyce Waller 804 2nd Ave E Lemmon SD 57638
Treasurer Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

☐ _____
Director Street Address City State ZIP+4

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

Dated 1-31-11

Charlotte Kvale
(Signature of an Authorized Person)

Charlotte Kvale
(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)

2012

Enter Filing Year

ANNUAL REPORT

FILE DATE 01/09/2012

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

DOMESTIC CHURCH

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

RECEIPT NO 15938

1. Corporate Name and Mailing Address:

CH000358

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.

303 2ND AVE W

LEMMON, SD 57638-1411

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

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

303 2ND AVE W

LEMMON

SD

57638-1411

Street Address

City

State

ZIP+4

PO BOX 337

LEMMON

SD

57638-0337

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

CHARLOTTE J KVALE

303 2ND AVE W

LEMMON

SD

57638-1411

Street Address or Rural Route Box Number in This State and

City

State

ZIP+4

PO BOX 337

LEMMON

SD

57638-0337

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐

President

Street Address

City

State

ZIP+4

☐

Vice President

Street Address

City

State

ZIP+4

☐

Secretary

Street Address

City

State

ZIP+4

☐

Treasurer

Street Address

City

State

ZIP+4

☐

Director

Street Address

City

State

ZIP+4

☐

Director

Street Address

City

State

ZIP+4

☐

Director

Street Address

City

State

ZIP+4

☒

CHARLES EDWARDS

211-4TH AVE E

LEMMON

SD

57638

President

Street Address

City

State

ZIP+4

☒

SHARON CREVIER

506-3RD STREET EAST

LEMMON

SD

57638

Secretary

Street Address

City

State

ZIP+4

☒

JOYCE WALLER

10437-US HWY 73

LEMMON

SD

57638

Treasurer

Street Address

City

State

ZIP+4

☒

CHARLES ANDERSON

19287-108TH ST.

LEMMON

SD

57638

Vice President

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 01/09/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

CHARLES EDWARDS
(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC CHURCH

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 12/27/2012

RECEIPT NO 83904

1. Corporate Name and Mailing Address:

CH000358
CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
303 2ND AVE W
LEMMON, SD 57638-1411

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

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

303 2ND AVE W	LEMMON	SD	57638-1411
Street Address	City	State	ZIP+4
PO BOX 337	LEMMON	SD	57638-0337
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CHARLOTTE J KVALE

303 2ND AVE W	LEMMON	SD	57638-1411
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 337	LEMMON	SD	57638-0337
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐

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

☐

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

☐

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

☐

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

☐

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

☐

Director	Street Address	City	State	ZIP+4
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☐

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

☒

CHARLOTTE KVALE	19105 102ND ST. PO BOX195	LEMMON	SD	57638
-----------------	---------------------------	--------	----	-------

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

☒

SHARON CREVIER	506-3RD STREET EAST	LEMMON	SD	57638
----------------	---------------------	--------	----	-------

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



JOYCE WALLER

10437-US HWY 73

LEMMON

SD

57638

Treasurer

Street Address

City

State

ZIP+4



CHARLES ANDERSON

19287-108TH ST.

LEMMON

SD

57638

Vice President

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

Signature Accepted Electronically

(Signature of an Authorized Person)

CHARLOTTE KVALE

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC CHURCH

Please Type or Print Clearly In Ink

FILE 12/17/2013

RECEIPT NO 160797

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

1. Corporate Name and Mailing Address:

CH000358
CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
303 2ND AVE W
LEMMON, SD 57638-1411

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

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

303 2ND AVE W	LEMMON	SD	57638-1411
Street Address	City	State	ZIP+4
PO BOX 337	LEMMON	SD	57638-0337
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CHARLOTTE J KVALE

303 2ND AVE W	LEMMON	SD	57638-1411
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 337	LEMMON	SD	57638-0337
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☐

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

☐

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

☐

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

☐

Treasurer	Street Address	City	State	ZIP+4
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☐

Director	Street Address	City	State	ZIP+4
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☐

Director	Street Address	City	State	ZIP+4
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☐

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

☒

CHARLOTTE KVALE	19105 102ND ST. PO BOX195	LEMMON	SD	57638
-----------------	---------------------------	--------	----	-------

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

☒

PAT DURICK	800-8TH ST. W.	LEMMON	SD	57638
------------	----------------	--------	----	-------

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



ALISE KLING

PO BOX 84

MORRISTOWN

SD

57645

Treasurer

Street Address

City

State

ZIP+4



CLARK JOHNSON

402-4TH AVE. WEST

LEMMON

SD

57638

Vice President

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 12/17/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

JANET V. POTTER

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC CHURCH

Please Type or Print Clearly In Ink

FILE DATE 1/4/2015

RECEIPT NO 259655

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

1. Corporate Name and Mailing Address:

CH000358
CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.
303 2ND AVE W
LEMMON, SD 57638-1411

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

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

Street Address	City	State	ZIP+4
303 2ND AVE W	LEMMON	SD	57638-1411
PO BOX 337	LEMMON	SD	57638-0337

4. The name of the South Dakota Registered Agent

Agent Name: CHARLOTTE J KVALE

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
303 2ND AVE W	LEMMON	SD	57638-1411
PO BOX 337	LEMMON	SD	57638-0337

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.

	President	Street Address	City	State	ZIP+4
☐					
☐	Vice President	Street Address	City	State	ZIP+4
☒	JAMES STOCK	PO BOX 337	LEMMON	SD	57638
☐	Secretary	Street Address	City	State	ZIP+4
☐	Treasurer	Street Address	City	State	ZIP+4
☒	PRESTON ZORC	18899 FLAT CREEK RD	LEMMON	SD	57638
☐	Director	Street Address	City	State	ZIP+4
☐	Director	Street Address	City	State	ZIP+4
☒	CLARK JOHNSON	402-4TH AVE. WEST	LEMMON	SD	57638
☒	KOREEN ANDERSON	19287 108TH ST	LEMMON	SD	57638



STEVE SCHELL

704 6TH AVE W

LEMMON

SD

57638

Vice President

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 01/04/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

KOREEN K ANDERSON

(Printed Name)

2016

STATEMENT OF CHANGE OF REGISTERED OFFICE

FILE DATE 1/25/2016

Enter Filing Year

DOMESTIC CHURCH

RECEIPT NO 372367

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: \$10.00 Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:

CH000358

Enter Corporate ID

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.

Enter Corporate Name

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

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

Agent Name: CHARLOTTE J KVALE

303 2ND AVE W	LEMMON	SD	57638-1411
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 337	LEMMON	SD	57638-0337
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. If the address has changed, its new address.

New Agent Name: KOREEN ANDERSON

303 2ND AVE	LEMMON	SD	57638
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 337	LEMMON	SD	57638
Mailing Address in This State, if Different from 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 01/25/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

KOREEN ANDERSON

(Printed Name)

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CHURCH

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

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 1/25/2016

RECEIPT NO 372367

1. Corporate ID and Name:

CH000358

Enter Corporate ID

CALVARY LUTHERAN CHURCH, LEMMON, S. DAK.

Enter Corporate Name

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

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

303 2ND AVE W	LEMMON	SD	57638-1411
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 337	LEMMON	SD	57638-0337
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KOREEN ANDERSON

303 2ND AVE	LEMMON	SD	57638
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 337	LEMMON	SD	57638
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

☒ STEVE SCHELL	704 6TH AVE W	LEMMON	SD	57638
President	Actual Street Address	City	State	ZIP+4

☒ MORGAN HAM	19430 DEWITT RD	SHADEHILL	SD	57638
Secretary	Actual Street Address	City	State	ZIP+4

☒ CHRIS BLOCK	810 THEATER RD	LEMMON	SD	57638
Director	Actual Street Address	City	State	ZIP+4

☒ CHERYL MILLER	19562 DEWITT RD	SHADEHILL	SD	57638
Director	Actual Street Address	City	State	ZIP+4



KOREEN ANDERSON

Treasurer

19287 108TH ST

Actual Street Address

LEMMON

City

SD

State

57638

ZIP+4



CHARLES EDWARDS

Vice President

18344 US HWY 12

Actual Street Address

LEMMON

City

SD

State

57638

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 01/25/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

KOREEN ANDERSON

(Printed Name)