

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

9 3 0 7 1 9 9 3

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 _____
RECEIPT NO. 32573

RECEIVED

JUL 15 1993 JUL 6 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-005813 JUL/90
CHAMBERLAIN ADJUSTMENT TRAINING CEI
PEARSON, GLORIA
PO BOX 248
820 NORTH MAIN
CHAMBERLAIN, SD 57325-0248

Day Time Phone # _____

Federal Identification # _____

FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent 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 Providing vocational and community-living training and support to individuals with developmental disabilities.

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 \$ 661,781
* 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>Cliff Stone</u>	<u>President</u>	<u>109 Summit Drive</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Tom Schmidt</u>	<u>Vice President</u>	<u>100 N. Main</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Ann Arnoldy</u>	<u>Secretary</u>	<u>Box 547</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Pam Fleury</u>	<u>Treasurer</u>	<u>1009 s. Main</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</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>Pat O'Connell</u>	<u>Director</u>	<u>303 E. Beebe Ave.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Rod Hays</u>	<u>Director</u>	<u>105 S. River St.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Dawn Johnson</u>	<u>Director</u>	<u>117 South Main</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</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 6-28, 19 93

By Cliff Stone
(Signature)
His President
(Title)

STATE OF South Dakota
COUNTY OF Beule, ss

I, Jeffrey M. Guenther, a notary public, do hereby certify that on this 28th day of June, 19 93

personally appeared before me Cliff Stone, who, being by me first duly sworn, declared that he/she is the President of Chamberlain Adjustment Training Center

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 9-3-1993

Jeffrey M. Guenther
Notary Public

(Notarial Seal)

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**

FILING FEE: \$6 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 The Chamberlain Adjustment Training Center, Inc.
2. The current street address, or a statement that there is no street address, of its registered office _____
PO Box 248, 820 N. Main Street, Chamberlain SD ZIP 57325
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is No change - same as current address ZIP _____
4. The name of its previous registered agent is Gloria Pearson
5. The name of its successor (current) registered agent is Gloria Pearson
* The Consent of Registered Agent below must be completed by the 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 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 6-28 1993

Cliff Stone
(signature)
Board President
(title)

STATE OF South Dakota
COUNTY OF Baude **

I, Jeffrey M. Bruntoner, a notary public, do hereby certify that on this 28th day of June 1993, personally appeared before me Cliff Stone who, being by me first duly sworn, declared that he/she is the Executive Director of Chamberlain Adjustment Training Center, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 9-3-1993

Jeffrey M. Bruntoner
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Gloria Pearson, hereby give my consent to serve as the
(name of registered agent)
registered agent for Chamberlain Adjustment Training Center, Inc.
(corporate name)

Dated June 28 1993

Gloria Pearson
(signature)

1996

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

9:08183.4519
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 7-2-96
RECEIPT NO. 554714

RECORDED
JUL 02 1996
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-005813 JUL/93
CHAMBERLAIN ADJUSTMENT TRAINING CENTER,
PEARSON, GLORIA
PO BOX 248
820 NORTH MAIN
CHAMBERLAIN, SD 57325-0248

Day Time Phone # (605) 734-5542

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 Providing vocational and community-
living training and support to individuals with developmental disabilities.
- 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 \$ 1,020,288
* 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>Tom Schmidt</u>	President	<u>100 N. Main</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Dan Monson</u>	Vice President	<u>Box 26</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Dawn Johnson</u>	Secretary	<u>117 S. Main</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Kelli Potter</u>	Treasurer	<u>217 S. Senborn</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</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>Vicki Mills</u>	Director	<u>Box 471</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Ralph Hunt</u>	Director	<u>Byron Blvd.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Debra Johnson</u>	Director	<u>300 E. Stearns Ave.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</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: June 27th 19 96

By: Thomas Schmidt
(Signature) must be signed in the presence of a notary

STATE OF South Dakota
COUNTY OF Bruce ss

Its President
(Title)

I, Kelli Potter, a notary public, do hereby certify that on this 27th day of June 19 96,

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

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 April 6, 2000

Kelli Potter
Notary Public

SECRETARY OF STATE
STATE CAPITOL
600 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)

NO CHANGE

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.

- The name of the corporation is Chamberlain Adjustment Training Center, Inc.
- The previous registered office address: PO Box 248, 820 N. Main Street, Chamberlain, SD 57325
ZIP 57325
- 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. No change - same as previous address.
ZIP _____
- The name of its previous registered agent is Gloria Pearson
- The name of its successor (current) registered agent is Gloria Pearson
* The Consent of Registered Agent below must be completed by the new agent.
- 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 June 27 1996

Thomas Schmidt

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

President

(title)

STATE OF South Dakota
COUNTY OF Brule

I, Kelli L. Potter, a notary public, do hereby certify that on this 27th day of June, 1996, personally appeared before me Thomas Schmidt who, being by me first duly sworn, declared that he/she is the 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 April 6, 2000

Kelli L. Potter
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Gloria Pearson, hereby give my consent to serve as the registered agent for Chamberlain Adjustment Training Center, Inc.

(corporate name)

Dated June 27, 1996

Gloria Pearson
(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: \$19 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 7-6-99
RECEIPT NO. 10914

RECEIVED

JUL 6 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-005813 JUL/96
CHAMBERLAIN ADJUSTMENT TRAINING CENTER,
PEARSON, GLORIA
820 NORTH MAIN
PO BOX 248
CHAMBERLAIN, SD 57325-0248

Day Time Phone # _____

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 providing training and supports to people with developmental disabilities.

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 \$ 1,088,262 long term assets
*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>Kelli Potter</u>	President	<u>217 S. Sanborn</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Sandy Lepkowski</u>	Vice President	<u>305 E. Stearns</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Debbie Johnson</u>	Secretary	<u>205 E. Stearns</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Kay Kindopp</u>	Treasurer	<u>RR 1, Box 100</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</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>Vickie Mills</u>	Director	<u>Box 471</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Rob West</u>	Director	<u>228 W. 11th Ave.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<u>Tom Schmidt</u>	Director	<u>100 N. Main</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</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 June 29 19 99

By Kay Kindopp
(Signature) must be signed in the presence of a notary
its Treasurer
(Title)

STATE OF South Dakota ss
COUNTY OF Baile

I, Kelli L. Potter, a notary public, do hereby certify that on this 29th day of June 1999, personally appeared before me Kay Kindopp who, being by me first duly sworn, declared that he/she is the Treasurer 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 April 6, 2000

Kelli L. Potter
Notary Public

(Notarial Seal)

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: \$5 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 Chamberlain Adjustment Training Center, Inc.
2. The previous (old) registered office address PO Box 246, 820 N. Main Street, Chamberlain, SD
ZIP + 4 57325
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. PO Box 248, 117 East Beebe Ave, Chamberlain, SD
ZIP + 4 57325
4. The name of its previous registered agent is Gloria Pearson
5. The name of its successor (current) registered agent is * Gloria Pearson
*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 June 29th 19 99

Kay Kindopp
(Signature) must be signed in the presence of a notary)
Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Brule SS

I, Kelli L. Potter, a notary public, do hereby certify that on this 29th day of June 19 99, personally appeared before me Kay Kindopp who, being by me first duly sworn, declared that he/she is the President Treasurer of Chamberlain Adjustment Training Center, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires April 6, 2000

Kelli L. Potter
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Gloria Pearson, hereby give my consent to serve as the
(name of registered agent)
registered agent for Chamberlain Adjustment Training Center, Inc.
(corporate name)

Dated June 29 19 99

Gloria Pearson
(Signature)

400264 MINN0606

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

NONPROFIT REPORT

0267271-3784
119:03

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 6303
RECEIPT NO. 1217301
RECEIVED
MAR 3 03

1. Corporate Name, Registered Agent and Registered Address:

NS-005813
Chamberlain Adjustment Training Center, Inc.
Ronda Schelske
PO Box 248
117 E Beebe
Chamberlain, SD 57325

Day Time Phone # 605-734-5542

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 IN NUMBER ONE, 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 Providing vocational and community-living training and support to individuals with developmental disabilities.

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 \$ 1,466,004
* 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
Tom Schmidt	President	100 N Main	Chamberlain SD	57325	
Joyce Selland	Vic. President	208 E 10th	Chamberlain SD	57325	
Cindy Peterson	Secretary	34713 255th st	Pukwana SD	57370	
Melody Becker-Putman	Treasurer	105 E 15th St	Chamberlain SD	57325	

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
Rob West	Director	806 S Courtland	Chamberlain SD	57325	
Alfred Jetty	Director	240 E 249th St	Chamberlain SD	57325	
Patty Juhnke	Director	105 Cherry Ln	Chamberlain SD	57325	

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 6-2-03

Thomas L. Schmidt
(Signature)
President
(Title)

STATE OF South Dakota
COUNTY OF Brule

On this the 2nd day of June, 2003, before me, Peggy L Swanson, 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 6-27-2003

Peggy L Swanson
(Notary Public)

(Notarial Seal)

nsar.pdf

2004 NONPROFIT REPORT

FILE DATE 2/6/04
RECEIPT NO. 1337468
RECEIVED
JUL 05 '04
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

Corporate Name, Registered Agent and Registered Address:



NS005813 JUL/2002
CHAMBERLAIN ADJUSTMENT TRAINING CENTER,
PEARSON, GLORIA
117 EAST BEEBE AVE
PO BOX 248
CHAMBERLAIN SD 57325-0248

Day Time Phone # 605-734-5542
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 to provide services to people with developmental disabilities.

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 \$ 1,471,822.71
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP. Rows include Thomas Schmidt (President), Joyce Selland (Vice President), Cindy Peterson (Secretary), and Melody Becker-Pullman (Treasurer).

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.

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP. Rows list Thomas Schmidt, Joyce Selland, and Cindy Peterson as Directors.

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

Dated 7-2-04

Signature of Thomas Schmidt
President

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 Chamberlain Adjustment Training Center, Inc.
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 Gloria Pearson
5. The name of its successor (current) registered agent is * Ronda Schelske

***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 7/2/04

Thomas Schmidt
(Signature)

President
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for Chamberlain Adjustment Training Center, Inc.
(corporate name)

Dated 7/2/04

Ronda Schelske
(signature of registered agent)

N 5005813

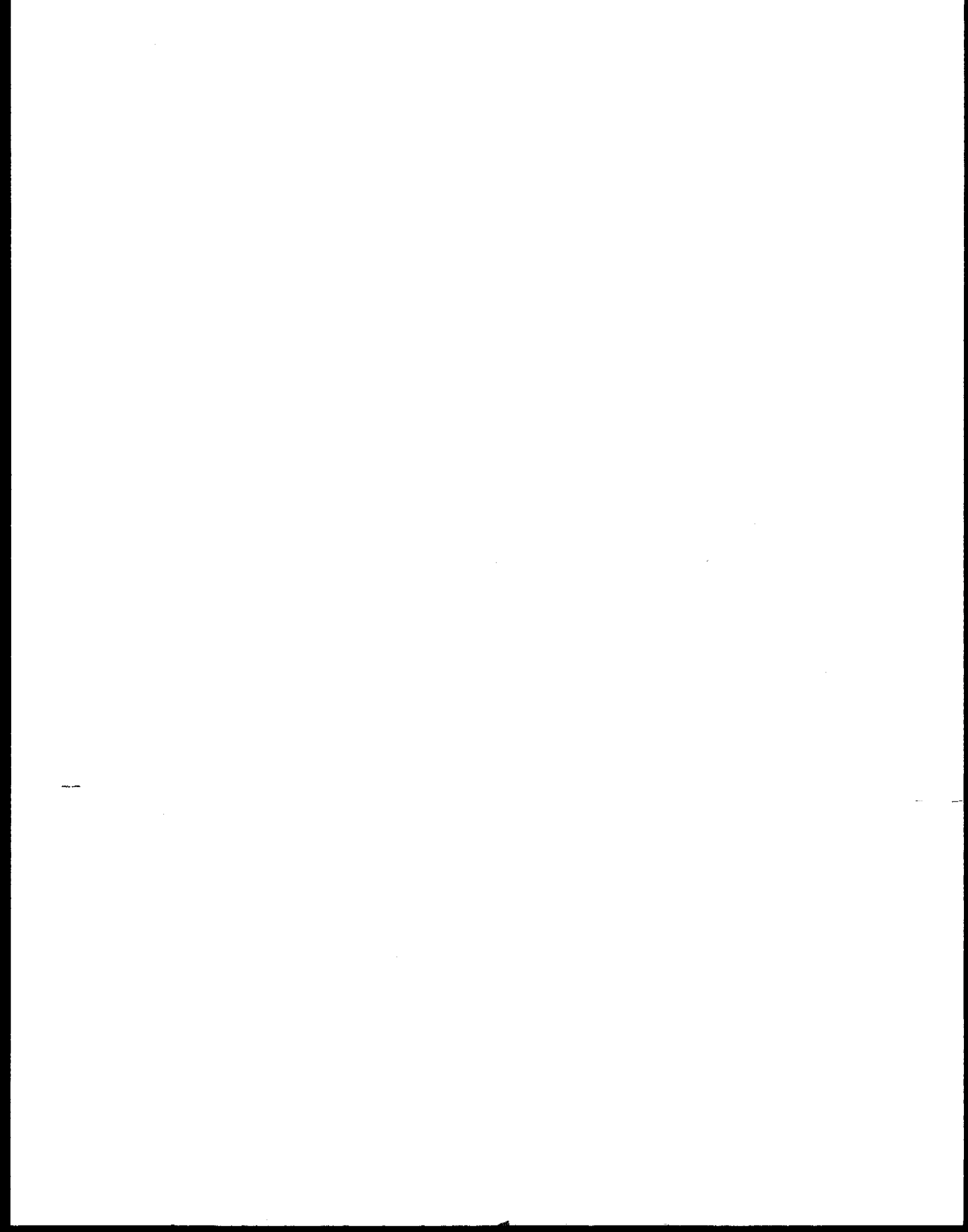
229 1236

Melody Becker-Pullman
Alfred Jetty
Patty Juhnke
Travis Kluber

105 E. 15th St.
240 East 249th St.
105 Cherry Ln.
24803 Sundance Rd.

Chamberlain	SD	57325
Chamberlain	SD	57325
Chamberlain	SD	57325
Chamberlain	SD	57325

ehf



239 1544 07/22/2005

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 07/12/05
RECEIPT NO. 145728
RECEIVED

JUL 12 '05

S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:



* NS 005813 *

NS005813 JUL/2004

CHAMBERLAIN ADJUSTMENT TRAINING CENTER,
SCHELKE, RONDA
117 EAST BEEBE AVE
PO BOX 248
CHAMBERLAIN SD 57325-0248

Day Time Phone # _____ 605 734 5510 _____

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 to provide services to people with developmental disabilities.

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 \$ 1,574,408.29 *
* 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
Thomas Schmidt	President	100 N. Main St.	Chamberlain	SD	57325
Joyce Selland	Vice President	208 E. 10th St.	Chamberlain	SD	57325
Cindy Peterson	Secretary	34713 255th St.	Pukwana	SD	57370
Melody Becker-Pullman	Treasurer	105 E. 15th St.	Chamberlain	SD	57325

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
Thomas Schmidt	Director	100 N. Main St.	Chamberlain	SD	57325
Joyce Selland	Director	208 E. 10th St.	Chamberlain	SD	57325
Cindy Peterson	Director	34713 255th St.	Pukwana	SD	57370

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

Dated 7-11-05

Thomas Schmidt
(Signature)

President
(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)

239 1545 07/22/2005

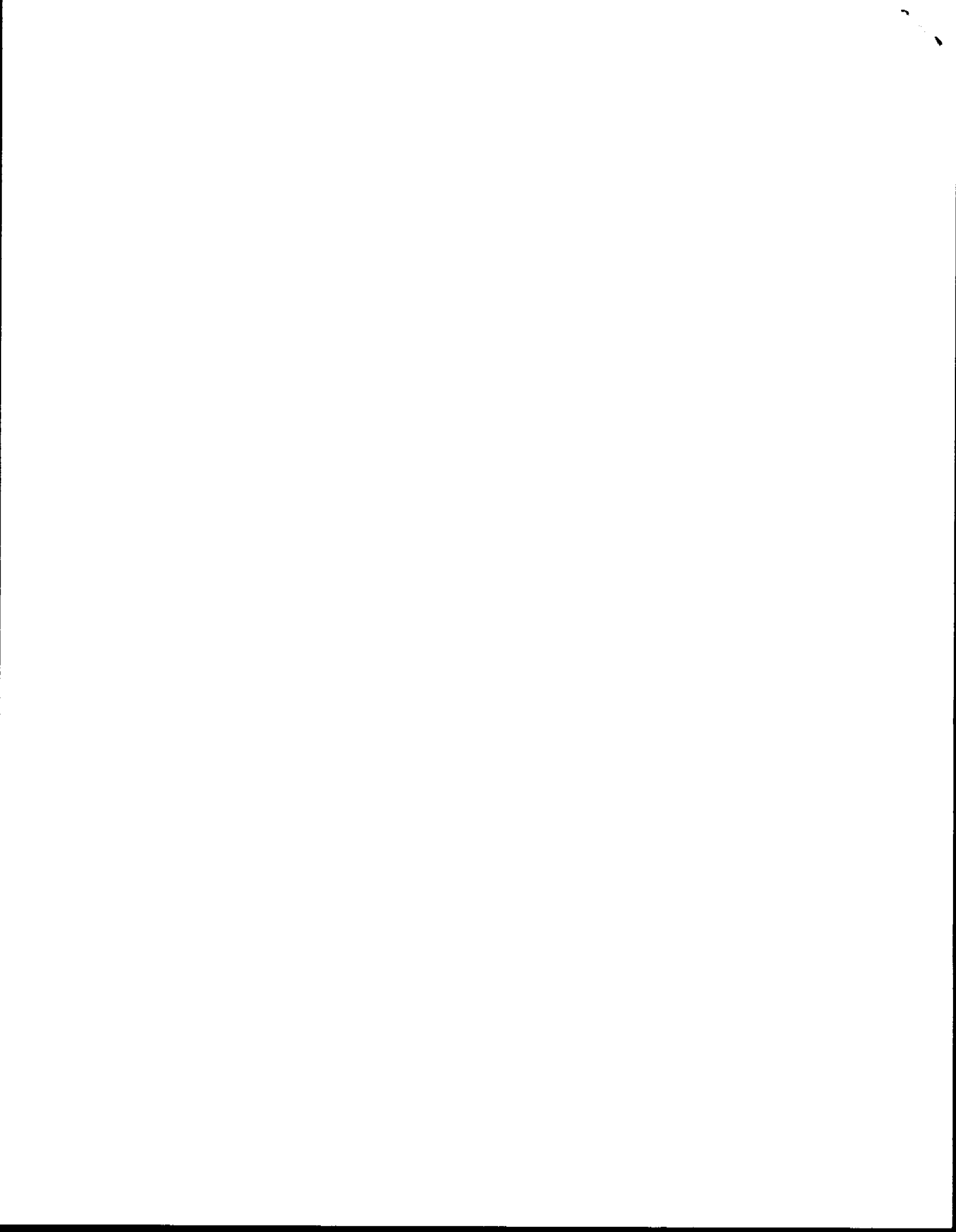
N9005813
2005

Melody Becker-Pullman
Alfred Jetty
Patty Juhnke
Travis Kluber

105 E. 15th St.
240 East 249th St.
105 Cherry Ln.
24803 Sundance Rd.

Chamberlain	SD	57325
Chamberlain	SD	57325
Chamberlain	SD	57325
Chamberlain	SD	57325

ent



345 3622

Receipt Number: 1562131

File Number **NS005813**



ARTICLES_OF_AMENDMENT

For

**CHAMBERLAIN ADJUSTMENT TRAINING CENTER, INC. changing its name to
DAKOTA MILESTONES, INC.**

Filed at the request of:

LARSON LAW PC
DAVID J. LARSON
PO BOX 131
CHAMBERLAIN SD 57325

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **June 07, 2006**



Secretary of State

Fee Received: \$10

345 3623 06/08/2006

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Amendment

ORGANIZATIONAL ID #: NS005813

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **CHAMBERLAIN ADJUSTMENT TRAINING CENTER, INC.** changing its name to **DAKOTA MILESTONES, INC.** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, 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 Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment.

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 June 7, 2006.



Chris Nelson

Chris Nelson
Secretary of State

Litho. in U.S.A.

345 3624

Filed this 7th day of June 2006
Secretary of State

RECEIVED

JUN 07 '06

S.D. SEC. of STATE

Secretary of State
State Capitol
500 E. Capitol Ave
Pierre, SD 57501
(605) 734-4845
Fax (605) 773-4550

NON-PROFIT ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION

Pursuant to the provisions of SDCL 47-23-19, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is Chamberlain Adjustment Training Center, Inc.
2. The Following amendment of the Articles of Incorporation was adopted by the Directors of the corporation on May 25, 2006, in a manner prescribed by SDCL 47-22, to wit:

Article I, which presently reads:

The name of the corporation is Chamberlain Adjustment Training Center, Inc.

Is amended to read as follows:

The name of the corporation is Dakota Milestones, Inc.

3. There were no members entitled to vote thereon. There are no members.
4. A meeting of the board of directors was held May 25, 2006, at which time the amendment was adopted. Such amendment received a vote of the majority of the directors in office.

Signed in the presence of a notary public this 7th day of June, 2006.

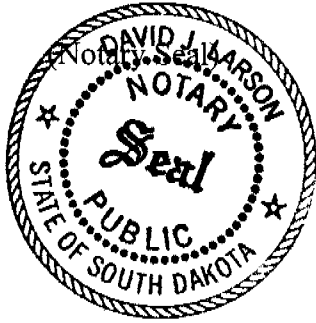
(Seal)

Thomas Schmidt
President

N5005813

State of South Dakota :
 :ss
County of Brule :

On this the 6th day of June 2006, before me, the undersigned officer personally appeared Tom Schmidt who acknowledged himself to be the President of Chamberlain Adjustment Training Center, Inc., a corporation and that he as such officer, being authorized so to do, executed the above and foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as President.



David J. Larson
Notary Public, South Dakota
My Comm. Exp. 03/02/12

2006 NONPROFIT REPORT

FILE DATE 07/25/06
RECEIPT NO. 1578306
RECEIVED
JUL 25 '06
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:



NS005813 JUL/2005 Dakota Milestones
~~CHAMBERLAIN ADJUSTMENT TRAINING CENTER,~~
SCHELSKE, RONDA
117 EAST BEEBE AVE
PO BOX 248
CHAMBERLAIN SD 57325-0248

Day Time Phone # 605-730-5540
Federal Taxp: _____
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 Providing Vocational and Residential services for people with Disabilities

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 \$ 1,596,466
* 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
<input type="checkbox"/> <u>Thomas Schmidt</u>	<u>President</u>	<u>100 N. main st.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<input type="checkbox"/> <u>Melody Becker Pullman</u>	<u>Vice President</u>	<u>105 E. 15th St.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<input type="checkbox"/> <u>Cindy Peterson</u>	<u>Secretary</u>	<u>34713 255th St.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<input type="checkbox"/> <u>Patty Junke</u>	<u>Treasurer</u>	<u>105 Cherry Lane</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</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 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
<input type="checkbox"/> <u>Alfred Jett</u>	<u>Director</u>	<u>240 East 249th St</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<input type="checkbox"/> <u>Travis Kluber</u>	<u>Director</u>	<u>24803 Sundance Rd.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
<input type="checkbox"/> <u>Deb Hopkins</u>	<u>Director</u>	<u>Box 125</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>

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

Dated 7/18/06

Thomas Schmidt
(Signature)

President
(Title)

251 3264

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) _____

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

NONPROFIT REPORT

FILE DATE 7/25/07
RECEIPT NO. 1692411
RECEIVED
JUL 25 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

265 0436

1. Corporate Name, Registered Agent and Registered Address:

Jul/2006
Dakota Milestones, Inc
Schelske, Ronda
117 East Beebe Ave.
PO Box 248
Chamberlain, SD 57325
NS005813

Day Time Phone # 605-734-5542

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 IN NUMBER ONE, 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 to provide services and supports for people with developmental disabilities

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 \$ 1,624,333 *
* 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
<input checked="" type="checkbox"/> Melody Becker Pullman	President	105 E. 15th Ave	Chamberlain	SD	57325
<input checked="" type="checkbox"/> Patty Juhnke	Vice President	105 Cherry Lane	Chamberlain	SD	57325
<input checked="" type="checkbox"/> Lynn Peterson	Secretary	24959 346th Ave.	Chamberlain	SD	57325
<input checked="" type="checkbox"/> Cindy Peterson	Treasurer	34713 255th St.	Pukwana	SD	57370

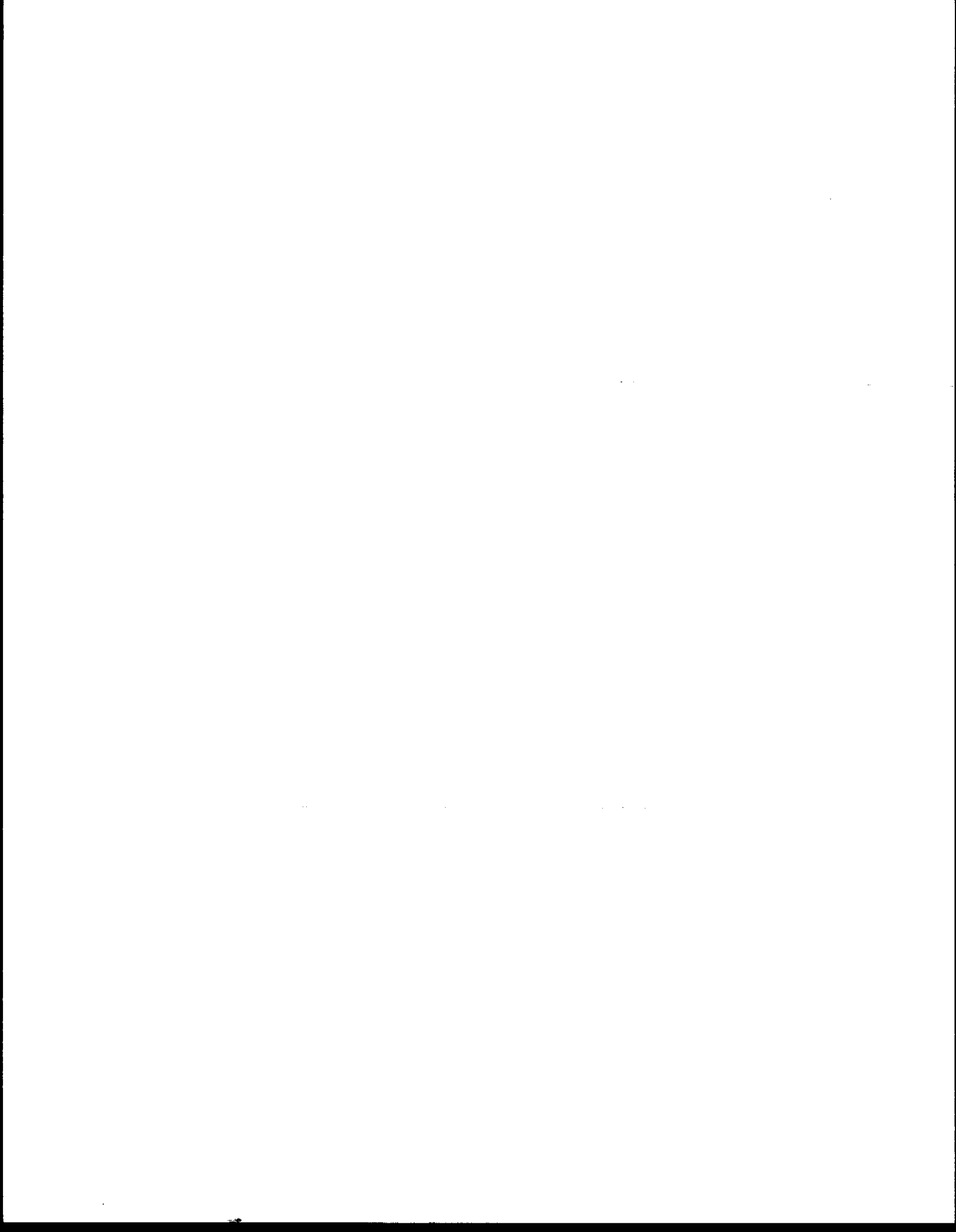
5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Travis Kluber	Director	24803 Sundance Rd.	Chamberlain	SD	57325
Deb Hopkins	Director	Box 125	Chamberlain	SD	57325
Cheryl Carruthers	Director	211 Lakeview Ave.	Chamberlain	SD	57325

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

Dated 7/23/07

Cindy Peterson
(Signature)
Treasurer
(Title)



2008

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

FILE DATE 7/18/08
RECEIPT NO 1816031
RECEIVED
JUL 18 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



* N S 0 0 5 8 1 3 *
NS005813 JUL/2007
DAKOTA MILESTONES, INC.
SCHELSKE, RONDA
117 EAST BEEBE AVE
PO BOX 248
CHAMBERLAIN SD 57325-0248

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.

117 E. Beebe Ave. Chamberlain SD 57325
Street Address City State ZIP+4
Box 248 Chamberlain SD 57325
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Ronda Schelske

117 E. Beebe Ave. Chamberlain SD 57325
Street Address (Required to be a South Dakota Address) City State ZIP+4
Box 248 Chamberlain SD 57325
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.

<input checked="" type="checkbox"/>	<u>Patty Junhke</u>	<u>105 Cherry Lane</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Cheryl Carruthers</u>	<u>211 Lakeview Ave.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Deb Ruiz</u>	<u>Box 125</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Lynn Peterson</u>	<u>24959 346th Ave.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Travis Kluber</u>	<u>24803 Sundance Rd.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Tom Schmidt</u>	<u>100 N. Main St.</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Neoma Rossow</u>	<u>106 Abernathy Circle</u>	<u>Chamberlain</u>	<u>SD</u>	<u>57325</u>
	Director	Street Address	City	State	ZIP+4

Dated 7-20-08

Deb Ruiz
(Signature of an authorized officer)
Deb Ruiz
(Printed Name)
Secretary
(Title)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

RECEIVED
JUL 18 2008
S.D. SEC. OF STATE

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 Dakota Milestones

2. The name of the registered agent on file Ronda Schelske

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

117 E. Beebe Ave. Chamberlain SD 57325
Street Address (Required) City State ZIP+4

Box 248 Chamberlain SD 57325
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 7-20-08

Des: Ruiz
(Signature of an authorized officer)

Debi Ruiz
(Printed Name)

Secretary
(Title)

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

FILE DATE 07/15/09
 RECEIPT NO 1930032
RECEIVED
JUL 15 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS005813
NS005813 JUL/2008
DAKOTA MILESTONES, INC.
SCHELKE, RONDA
PO BOX 248
CHAMBERLAIN SD 57325-0248

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.

117 East Beebe Ave Chamberlain SD 57325
 Street Address City State ZIP+4
PO Box 248 Chamberlain SD 57325-0248
 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Ronda Schelke

117 E. Beebe Ave Chamberlain SD 57325
 Street Address (Required to be a South Dakota Address) City State ZIP+4
Box 248 Chamberlain SD 57325
 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.

- Cheryl Carruthers 211 Lakewood Ave. Chamberlain SD 57325
 President Street Address City State ZIP+4
- Lynn Peterson 24959 346th Ave Chamberlain SD 57325
 Vice President Street Address City State ZIP+4
- Neoma Rossow 106 Abernathy Circle Chamberlain SD 57325
 Secretary Street Address City State ZIP+4
- Tom Schmidt 100 N. main St. Chamberlain SD 57325
 Treasurer Street Address City State ZIP+4
- Travis Kluber 24803 Sundance Rd Chamberlain SD 57325
 Director Street Address City State ZIP+4
- Deb Ruiz Box 125 Chamberlain SD 57325
 Director Street Address City State ZIP+4
- Dale Vlasman 35026 243rd St Pukwana SD 57370
 Director Street Address City State ZIP+4

Dated 7-14-09

Thomas Schmidt
 (Signature of an authorized officer)
Thomas Schmidt
 (Printed Name)
TREASURER
 (Title)

293 1580

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

ANNUAL REPORT DOMESTIC NONPROFIT

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

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:



NS005813 NS005813 JUL/2009 DAKOTA MILESTONES, INC. SCHELSKE, RONDA PO BOX 248 CHAMBERLAIN SD 57325-0248

RECEIVED JUL 07 2010 S.D. SEC. OF STATE

FILE DATE 07/07/10 RECEIPT NO 2546326 RECEIVED JUL 01 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 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.

117 East Beebe Ave Chamberlain SD 57325-0248 Street Address City State ZIP+4 PO Box 248 Chamberlain SD 57325-0248 Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent

117 E. Beebe Ave Chamberlain SD 57325 Street Address (Required to be a South Dakota Address) City State ZIP+4 PO Box 248 Chamberlain SD 57325 Mailing Address (Optional - Required to be a South Dakota 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.

- President: Dale Vlasman, 35026 243rd St, Pukwana, SD 57370
Vice President: Lynn Peterson, 24959 344th Ave, Chamberlain, SD 57325
Secretary: Neoma Harris, 106 Abernathy Circle, Chamberlain, SD 57325
Treasurer: Tom Schmidt, 100 N. Main St, Chamberlain, SD 57325
Director: Deb Ruiz, PO Box 125, Chamberlain, SD 57325
Director: Julie Friesz, 905 S. Main St, Chamberlain, SD 57325
Director: Michael Beargace, 306 N. River St, Chamberlain, SD 57325

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

Dated 6/22/10

Ronda Schelske (Signature of an Authorized Person) Ronda Schelske (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

ANNUAL REPORT DOMESTIC NONPROFIT

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

Please Type or Print Clearly in Ink

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

RECEIVED JUN 14 2011 S.D. SEC. OF STATE

Telephone #

1. Corporate Name, Registered Agent Name and Address:



NS005813 JUL/2010 DAKOTA MILESTONES, INC. SCHELSKE, RONDA PO BOX 248 CHAMBERLAIN SD 57325-0248

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.

117 East Beebe Ave. Chamberlain SD 57325
R.O. Box 248 Chamberlain SD 57325-0248

4. The name of the South Dakota Registered Agent Ronda Schelske

117 E. Beebe Ave Chamberlain SD 57325
PO Box 248 Chamberlain SD 57325

5. The names and 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.

- Dale Vlasman 35026 243rd St. Pukwana SD 57370
Lynn Peterson 24959 346th Ave Chamberlain SD 57325
Neoma Harris 106 Abernathy Circle Chamberlain SD 57325
Tom Schmidt 100 N. main st Chamberlain SD 57325
Julie Friesz 905 S. main St. Chamberlain SD 57325
Deb Ruiz Box 125 Chamberlain SD 57325
Michael Bearface 306 N. River St. Chamberlain SD 57325

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

Dated 6-7-11

(Signature of an Authorized Person)

Email

DALE VLASMAN (Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

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

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

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

5. If the address has changed, list the new registered agent address

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

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

Email Address _____

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

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

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

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FILE 8/8/2013

RECEIPT NO 134085

1. Corporate Name and Address:

NS005813
DAKOTA MILESTONES, INC.
117 E BEEBE AVE
CHAMBERLAIN, SD 57325

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

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

117 E BEEBE AVE	CHAMBERLAIN	SD	57325
Street Address	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RONDA SCHELSE

117 EAST BEEBE AVE	CHAMBERLAIN	SD	57325-0248
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
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 director.

<input checked="" type="checkbox"/>	DALE VLASMAN	35026 243RD ST	PUKWANA	SD	57370
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JULIE FRIESZ	101 S. FRONT ST.	CHAMBERLAIN	SD	57325
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LINDA JOHNSON	315 E. LAWLER AVE.	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MICHAEL BEARFACE	306 N. RIVER ST.	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NEOMA HARRIS	1301 N. MAIN	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TOM SCHMIDT	615 VAN ANTWERP	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LYNN PETERSON	24959 346TH AVE.	CHAMBERLAIN	SD	57325
	Treasurer	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 08/08/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

RONDA LEE SCHELSE

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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FILE 8/8/2013

RECEIPT NO 134088

1. Corporate Name and Address:

NS005813
DAKOTA MILESTONES, INC.
117 E BEEBE AVE
CHAMBERLAIN, SD 57325

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

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

117 E BEEBE AVE	CHAMBERLAIN	SD	57325
Street Address	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RONDA SCHELSE

117 EAST BEEBE AVE	CHAMBERLAIN	SD	57325-0248
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
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 director.

<input checked="" type="checkbox"/>	DALE VLASMAN	35026 243RD ST	PUKWANA	SD	57370
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JULIE FRIESZ	101 S. FRONT ST.	CHAMBERLAIN	SD	57325
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LINDA JOHNSON	315 E. LAWLER AVE.	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MICHAEL BEARFACE	306 N. RIVER ST.	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NEOMA HARRIS	1301 N. MAIN	CHAMBERLAIN	SD	57325
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MELISSA RINEHART	201 MAIN ST.	CHAMBERLAIN	SD	57325
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROBIN HELTON	207 LAWLER AVE.	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4

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Date 08/08/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

RONDA LEE SCHELSE

(Printed Name)

2014

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FILE DATE 6/17/2014

RECEIPT NO 209861

1. Corporate Name and Address:

NS005813
DAKOTA MILESTONES, INC.
117 E BEEBE AVE
CHAMBERLAIN, SD 57325

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

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

117 E BEEBE AVE	CHAMBERLAIN	SD	57325
Street Address	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RONDA SCHELSKE

117 EAST BEEBE AVE	CHAMBERLAIN	SD	57325-0248
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
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 director.

<input checked="" type="checkbox"/>	DALE VLASMAN	35026 243RD ST	PUKWANA	SD	57370
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JUDY SWANSON	320 N. MAIN	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LINDA JOHNSON	315 E. LAWLER AVE.	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MICHAEL BEARFACE	306 N. RIVER ST.	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MIKE NORMILE	1110 S COURTLAND ST.	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MELISSA RINEHART	201 MAIN ST.	CHAMBERLAIN	SD	57325
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROBIN HELTON	207 LAWLER AVE.	CHAMBERLAIN	SD	57325
	Secretary	Street Address	City	State	ZIP+4

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Dated 06/17/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

RONDA L SCHELSKE

(Printed Name)

2015

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ANNUAL REPORT

Secretary of State Office
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FILE DATE 6/5/2015

RECEIPT NO 308115

1. Corporate Name and Address:

NS005813
DAKOTA MILESTONES, INC.
117 E BEEBE AVE
CHAMBERLAIN, SD 57325

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

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

117 E BEEBE AVE	CHAMBERLAIN	SD	57325
Street Address	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RONDA SCHELSKE

117 EAST BEEBE AVE	CHAMBERLAIN	SD	57325-0248
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
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 director.

<input checked="" type="checkbox"/>	JUDY SWANSON	320 N. MAIN	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LINDA JOHNSON	315 E. LAWLER AVE.	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MICHAEL BEARFACE	306 N. RIVER ST.	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MIKE NORMILE	1110 S COURTLAND ST.	CHAMBERLAIN	SD	57325
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MELISSA RINEHART	201 MAIN ST.	CHAMBERLAIN	SD	57325
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROBIN HELTON	207 LAWLER AVE.	CHAMBERLAIN	SD	57325
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	HANNAH BAKER	103 S GRACE ST.	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4

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Dated 06/05/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

RONDA L SCHELSKE

(Printed Name)

2016

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

ANNUAL REPORT
DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

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FILE DATE 5/4/2016

RECEIPT NO 411732

1. Corporate ID and Name:

NS005813

Enter Corporate ID

DAKOTA MILESTONES, 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).

117 E BEEBE AVE	CHAMBERLAIN	SD	57325
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RONDA SCHELSE

117 EAST BEEBE AVE	CHAMBERLAIN	SD	57325-0248
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 248	CHAMBERLAIN	SD	57325-0248
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 (governors). South Dakota Law requires at least three directors.

<input checked="" type="checkbox"/> JUDY SWANSON	320 N. MAIN	CHAMBERLAIN	SD	57325
Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> LINDA JOHNSON	315 E. LAWLER AVE.	CHAMBERLAIN	SD	57325
President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> MICHAEL BEARFACE	306 N. RIVER ST.	CHAMBERLAIN	SD	57325
Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> MIKE NORMILE	1110 S COURTLAND ST.	CHAMBERLAIN	SD	57325
Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> MELISSA RINEHART	201 MAIN ST.	CHAMBERLAIN	SD	57325
Treasurer	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	ROBIN HELTON	207 LAWLER AVE.	CHAMBERLAIN	SD	57325
	Secretary	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HANNAH RUHLMAN	103 S GRACE ST.	CHAMBERLAIN	SD	57325
	Director	Actual Street Address	City	State	ZIP+4

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Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

RONDA L SCHELSKE

(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.

5/4/2016 1:41:10 PM