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

1993
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 10-1-93
RECEIPT NO. 343246

RECEIVED
OCT-1-1993
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-005429 SEP/90
CHAMBERLAIN SENIOR CITIZENS
BDE, EDA MAE
BOX 2
219 No. MAIN
CHAMBERLAIN, SD 57325-0002

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 Senior Citizens

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 $ non-profit - owned by City
* 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
Glenda Thompson	President	Box 267	Chamberlain	SDak	57325
Mary Dalezal	Vice President		Chamberlain	"	"
Madeline Stackelberg	Secretary	104 S main	"	"	"
Ardith Bauer	Treasurer	126 S main	"	"	"

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
~~Mary Lubitzke~~	Director	~~119 N Main St apt 3~~	~~Chamberlain~~	~~SDak~~	~~57325~~
Bill Pegel	Director	303 E Lincoln	Chamberlain	SDak	57325
Christine Hacker	Director	105 S Grace	Chamberlain	SDak	57325
Mamie Ritchie		213 S Anglia	Chamberlain,	SDak	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 Sept. 30 1993

By Madeline Stackelberg
(Signature)

Its Secr
(Title)

STATE OF S.D.
COUNTY OF Brule ss

I, Janet J. Evangelista, a notary public, do hereby certify that on this 30th day of September 1993, personally appeared before me Madeline Stackelberg who, being by me first duly sworn, declared that he/she is the Secretary of Chamberlain Senior Citizens that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 6-9-95

Janet J. Evangelista
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: $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 _____

2. The current street address, or a statement that there is no street address, of its registered office _____ ZIP _____

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 _____ 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 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 _____ 19____.

_____
(signature)

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

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19____

_____
(signature)

6111842485

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 9996
RECEIPT NO. 564299

1. Corporate Name, Registered Agent and Registered Address:

NS-005429 SEP/93
CHAMBERLAIN SENIOR CITIZENS
BODE, EDA MAE
BOX 2
219 N. MAIN
CHAMBERLAIN, SD 57325-0002

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 _____

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 $ City owned.
* 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
Mary Dolezal	President	120 3 Courtland	Chamberlain	SD	57325
Averl Urban	Vice President	120 S Merrill	"	"	"
Mary Labidee	Secretary	River St	"	"	"
Eda Mae Bode	Treasurer	110 Courtland	"	"	"

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
DELORES STALL	Director		PUKWANA	SD	57370
ARDIS BAUER	Director	RIVER ST	CHAMBERLAIN	SD	57325
FLORENCE SCHWESOW	Director	301 COURTLAND	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 SEP 5 1996

By X Mary Dolezal
(Signature) must be signed in the presence of a notary

Its president
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BRULE ss

I, FRANK J. DOLEZAL, a notary public, do hereby certify that on this 5TH day of SEPTEMBER 1996 personally appeared before me MARY DOLEZAL 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 15, 2002

My Commission Expires _____

Frank J. Dolezal
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: *$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 Chamberlain Senior Citizens

2. The previous registered office address: 219 North Main
Chamberlain, S.Dak ZIP 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. No
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 SEP 5 1996.

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

(title) president

STATE OF SOUTH DAKOTA
COUNTY OF BRULE ss

I, FRANK J. DOLEZAL, a notary public, do hereby certify that on this 5TH day of SEPTEMBER 1996, personally appeared before me MARY DOLEZAL 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 15, 2002

My Commission Expires _____

Frank Dolezal
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)

9912199.4538

1999

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

9912199.4538
12/22/00

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 9-29-99
RECEIPT NO. 533263

RECEIVED SEP 29 1999
S.D. SEC. OF STATE

RECEIVED AUG 30 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-005429 SEP/96
CHAMBERLAIN SENIOR CITIZENS
BODE, EDA MAE
~~BOX 2~~
219 N. MAIN
CHAMBERLAIN, SD 57325-0002

Day Time Phone # 1-605-734-9913

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 MEALS GAMES ETC CHAMBERLAIN SENIOR CITIZENS

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 $ 68,900
*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
GENE HOLMQUIST	President	213 S GRACE	CHAMBERLAIN	SD	57325
MARY DOLEZAL	Vice President	120 S COURTLAND	CHAMBERLAIN	SD	57325
LOIS HRABE	Secretary	212 S SANBORN ST	CHAMBERLAIN	SD	57325
ELLEN REIS	Treasurer	113 W 13TH AVE	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
GENE HOLMQUIST	Director	213 S GRACE	CHAMBERLAIN	SD	57325
LOIS HRABE	Director	212 S SANBORN ST	CHAMBERLAIN	SD	57325
ELLEN REIS	Director	113 W 13TH AVE	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 8-26 1999

By Gene Holmquist
(Signature) must be signed in the presence of a notary

Its President
(Title)

STATE OF South Dakota
COUNTY OF Brule ss

I, Mary Ann Tonsing, a notary public, do hereby certify that on this 26th day of August 1999, personally appeared before me Gene Holmquist 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 8-11-2001

Mary Ann Tonsing
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 SENIOR CITIZENS
2. The previous (old) registered office address SAME
   [redacted] 219 N MAIN CHAMBERLAIN SD ZIP + 4 57325 0002
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included.
   _____ ZIP + 4_____
4. The name of its previous registered agent is BODE EDA MAE
5. The name of its successor (current) registered agent is * HOLMQUIST GENE
   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated 8-26 1999

Gene Holmquist
(Signature) must be signed in the presence of a notary)

President
(Title)

STATE OF South Dakota
ss
COUNTY OF Brule

I, Mary Ann Koneline, a notary public, do hereby certify that on this 26th day of August 1999, personally appeared before me Gene Holmquist who, being by me first duly sworn, declared that he/~~she~~ is the President of Chamberlain Senior Citizens that he/~~she~~ signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 8-11-2001

Mary Ann Koneline
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Gene Holmquist (name of registered agent), hereby give my consent to serve as the registered agent for CHAMBERLAIN SENIOR CITIZENS (corporate name)

Dated 8-25-26 1999 Gene Holmquist (signature)

0210217.1211

2002 NONPROFIT REPORT

0210217.1211
10/9/02

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 9-1-02
RECEIPT NO. 113600
RECEIVED
AUG 26 '02

1. Corporate Name, Registered Agent and Registered Address:

-NS-005429-
NS-005429 SEP/1999
CHAMBERLAIN SENIOR CITIZENS
HOLMQUIST, GENE
219 N MAIN
CHAMBERLAIN SD 57325-1240

Day Time Phone # [illegible] E
Federal Taxpayer Id
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 Senior Citizens Center

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 $ 12,000
* 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
Gene Holmquist	President	213 S. Grace ST	Chamberlain	SD	57325-
Mary Dolezal	Vice President	120 S Courtland St	Chamberlain	SD	57325-
Lois Hrabe	Secretary	212 S Sanborn St	Chamberlain	SD	57325-
Ellen Reis	Treasurer	113 W 13th Ave	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
Gene Holmquist	Director	213 S Grace ST	Chamberlain	SD	57325-
Mary Dolezal	Director	212 S Courtland St	Chamberlain	SD	57325-
Ellen Reis	Director	113 W 13th Ave	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 8-23-02

By Gene Holmquist
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Brule ss

On this the 23 day of August, 2002, before me, Gene Holmquist Cali Adamson, personally appeared Gene Holmquist, 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 [illegible]

Cali Adamson
Notary Public

CALI ADAMSON
(Notarial Seal)
NOTARY PUBLIC
SOUTH DAKOTA

RETURN TO: SECRETARY OF STATE, CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 / FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

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 _____

_____

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 of its officers in the presence of a notary of public.

Dated _____ _____
(Signature) must be signed in the presence of a notary)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____ _____
(signature of registered agent)

2004 NONPROFIT REPORT

231 0247 10/12/2004

FILE DATE 10/6/04
RECEIPT NO. 364461

RECEIVED
OCT 06 '04
S.D. SEC. of STATE

RECEIVED
SEP 13 '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

1. Corporate Name, Registered Agent and Registered Address:

NS005429

NS005429 SEP/2002
CHAMBERLAIN SENIOR CITIZENS
HOLMQUIST, GENE
219 N MAIN
CHAMBERLAIN SD 57325-1240

Day Time Phone # 605-734-9913
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
Senior Citizens meeting place

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 $ ~~owned by City~~ 0 *
* 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
Gene Domeniack	President	1003 S. Main	Chamberlain	S.D	57325-
Sanford Hrabe	Vice President	212 S. Sanborn St	Chamberlain	S.D	57325-
Arla Neeman	Secretary	PO Box 43	Oacoma	S.D.	57365-
Jellie Endres	Treasurer	P.O. Box 623 111 S. Inglis	Chamberlain	S.D	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
Gene Domeniack N A	Director	1003 S. Main	Chamberlain	SD	57325
Sanford Hrabe A	Director	212 S. Sanborn St	"	"	"
Arla Neeman N A	Director		Oacoma	"	"

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

Dated 9-1-2004

Gene Domeniack
(Signature)

President
(Title)

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
Revised 07/04

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 Senior Citizens

2. The previous street address, or a statement that there is no street address, or its registered office
   219 N. Main Chamberlain, S.D ZIP 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.
   Same as above ZIP

4. The name of its previous registered agent is Gene Halmquist

5. The name of its successor (current) registered agent is * Gene Dominick

***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 9-1-2004 Gene Dominick
(Signature)

President
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Gene Dominick (name of registered agent), hereby give my consent to serve as the registered agent for Senior Citizens (corporate name)

Dated 10-4-04 Gene Dominick
(signature of registered agent)

Revised 07/04

240 2148 08/25/2005

2005 NONPROFIT REPORT

FILE DATE 8/15/05
RECEIPT NO. 1467887
RECEIVED
AUG 15 '05
S.D. SEC. OF STATE
RECEIVED
AUG 5 '05
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:

NS005429

NS005429 SEP/2004
CHAMBERLAIN SENIOR CITIZENS
DOMINIACK, GENE
219 N MAIN
CHAMBERLAIN SD 57325-1240

Day Time Phone # _____
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 Senior Citizens meals and meeting place

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 $ City of Chamberlain S.D. *
* 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
Gene Dominiack	President	1003 South Main	Chamberlain	SD	57325
Sanford Hrabe	Vice President	212 S. Sanborn	Chamberlain,	SD	57325
Arla Neeman	Secretary	P.O. Box 43	Oacoma,	SD	57365
Tillie Endres	Treasurer	PO Box 623	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
GENE DOMINIACK	Director	Same as above	Chamberlain	S.D	57325
ARLA NEEMAN	Director	P.O. Box 43	Oacoma	S.D.	57365
TILLIE ENDRES	Director	P.O. Box 623	Chamberlain	S.D	57325

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

Dated aug 1 - 05

Gene Dominiack
(Signature)

Pres.
(Title)

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
Revised 07/04

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 - Oacoma Senior Citizens

2. The previous street address, or a statement that there is no street address, or its registered office
219 North Main ZIP 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. _____ 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 Aug 1 — 05 Gene D Caminock
(Signature)

President
(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)

Revised 07/04

254 1369 10/20/2006

2006 NONPROFIT REPORT

FILE DATE 10/05/06
RECEIPT NO. 160445
RECEIVED
OCT 05 '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:

NS005429 SEP/2005
CHAMBERLAIN SENIOR CITIZENS
DOMINIACK, GENE
219 N MAIN
CHAMBERLAIN SD 57325-1240

Day Time Phone # 605-
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 Senior Citizens Center

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 $ 0 *
* 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
☑	Sanford Hrabe	President	212 S. Sanborn	Chamberlain	SD	57325
☑	Gene Dominiack	Vice President	P.O. Box 94	"	"	"
☑	Arla Neeman	Secretary	Oacoma,		SD	
☑	Matilda Endres	Treasurer	117 S. Sanborn	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 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
Sanford Hrabe	Director	212 S. Sanborn	Chamberlain	SD	57325
Gene Dominiack	Director	P.O. Box 24	Chamberlain,	SD	57325
Matilda Endres	Director	1175. Sanborn	Chamberlain,	SD	57325

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

Dated OCT 2 06

Sanford Hrabe
(Signature)

President
(Title)

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
Revised 07/06

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 9-26-06

Jon Damerich
(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)

Revised 07/04

267 0167 09/26/2007

2007 NONPROFIT REPORT

FILE DATE 09/12/07
RECEIPT NO. 171477
RECEIVED
SEP 12 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:

NS005429

NS005429 SEP/2006
CHAMBERLAIN SENIOR CITIZENS
DOMINIACK, GENE
219 N MAIN
CHAMBERLAIN SD 57325-1240

Day Time Phone # 605-734-9913
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 Serving Senior Citizens

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 $ 0 *
* 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
☑	Sanford Hrabe	President	212 S Sanborn	Chamberlain	SD	57325
☑	Gene Dominiack	Vice President	P.O. Box 24	"	"	"
☑	Debra Stockberger	Secretary	303 E. Clammer Ave	Chamberlain	SD	57325
☑	Matilda M. Endres	Treasurer	117 S. Sanborn	PO Box 623 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 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
	Director				
	Director				
	Director				

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

Dated 9-10-07

Sanford Hrabe
(Signature)

Chairman of Board of Directors
(Title)

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
Revised 07/06

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 9-10-07

Gene Dominick
(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)

Revised 07/04

282 3063 11/21/2008

2008 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

FILE DATE 11-3-08
RECEIPT NO 1850160

RECEIVED
OCT 10 2008
S.D. SEC. OF STATE

RECEIVED
OCT 29 2008
S.D. SEC. OF STATE

RECEIVED
NOV 03 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

NS005429

NS005429 SEP/2007
CHAMBERLAIN SENIOR CITIZENS
DOMINIACK, GENE
219 N MAIN
CHAMBERLAIN SD 57325-1240

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.

Street Address	City	State	ZIP+4
219 N Main	Chamberlain	SD	57325
Mailing Address (Optional)	City	State	ZIP+4
219 N Main	Chamberlain	SD	57325

3. The name of the South Dakota Registered Agent Sanford Hrabe

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
219 N Main	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.

☒	Sanford Hrabe	212 S Sanborn	Chamberlain	SD	57325
	President	Street Address	City	State	ZIP+4
☒	Gene DOMINACK	219 N. Main	Chamberlain	SD	57325
	Vice President	Street Address	City	State	ZIP+4
☒	DELORA STECKLER	803 E Clemens Ave	Chamberlain	SD	57325
	Secretary	Street Address	City	State	ZIP+4
☒	Tillie Endres	117 S Sanborn	Chamberlain	SD	57325
	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

Dated Sep 8 08

Sanford Hrabe
(Signature of an authorized officer)

SANFORD HRABE
(Printed Name)

President
(Title)

Annualreportdomesticnonprofit July2008

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 Chamberlain Senior CITIZENS CENTER

2. The name of the registered agent on file Gene DOMINICK

   The name of the successor registered agent SANFORD HRABE

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
219 N MAIN	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 Jan 8 08

(Signature of an authorized officer)

Sanford Hrabe

(Printed Name)

President

(Title)

Statementofchangeentity July2008

282 3064

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

Please submit one Original and one Photocopy

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

FILE DATE 11-3-08
RECEIPT NO 18507606

RECEIVED
NOV 03 2008
S.D. SEC. OF STATE

Telephone # _____
FAX # _____

1. Corporate ID and Name:
   NS005429
   CHAMBERLAIN SENIOR CITIZENS

2. The name of the registered agent on file GENE DOMINIACK

   The name of the successor registered agent SANFORD HRABE

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

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

219 N MAIN	CHAMBERLAIN	SD	57325
Street Address (Required)	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

~~212 S SANBORN~~ 219 N Main	CHAMBERLAIN	SD	57325
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.

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.

Dated Oct 31 08

Sanford Hrabe
(Signature of an authorized officer)

Sanford Hrabe
(Printed Name)

President of Board
(Title)

Statementofchangeentity July2008

294 3441 08/25/2009

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 08/01/09
RECEIPT NO 1941919
RECEIVED
AUG 06 2009
S.D. SEC. OF STATE

RECEIVED
AUG 19 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

NS005429

NS005429 SEP/2008
CHAMBERLAIN SENIOR CITIZENS
HRABE, SANFORD
219 N MAIN
CHAMBERLAIN SD 57325-1240

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.

219 N MAIN	Chamberlain	SD	57325
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Sanford Hrabe

~~219 S Sanborn~~ 219 N. Main St	Chamberlain	SD	57325
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

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.

☒	Sanford Hrabe	212 S Sanborn	Chamberlain	SD	57325
	President	Street Address	City	State	ZIP+4
☒	Jimmie L Adamson	300 N Grace	Chamberlain	SD	57325
	Vice President	Street Address	City	State	ZIP+4
☒	Delora Steckelberg	303 E. Clemmer	Chamberlain	SD	57325
	Secretary	Street Address	City	State	ZIP+4
☒	Matilda M. Endres	PO Box 623	Chamberlain	SD	57325
	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

Dated AUG 3 09

Sanford Hrabe
(Signature of an authorized officer)

Sanford Hrabe
(Printed Name)

President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity_____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

_____
Street Address (Required to be a South Dakota Address) City State ZIP+4

_____
Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

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

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

310 2733 09/21/2010

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

FILE DATE 9/17/10
RECEIPT NO 2067717

RECEIVED
SEP 17 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

NS005429
NS005429 SEP/2009
CHAMBERLAIN SENIOR CITIZENS
HRABE, SANFORD
219 N MAIN
CHAMBERLAIN SD 57325-1240

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.

Street Address	City	State	ZIP+4
219 N. Main St.	Chamberlain	SD	57325-1240
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Sanford Hrabe

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
219 N. Main St	Chamberlain	SD	57325-1240
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.

	Name	Street Address	City	State	ZIP+4
☑ President	Sanford Hrabe	212 S. Sanborn	Chamberlain	SD	57325
☐ Vice President	Jimmie Adamson	300 N. Grace St	Chamberlain		
☐ Secretary	Vacant right Now				
☐ Treasurer	Matilda M. Endres	202 E. Stearns	Chamberlain	SD	57325
☐ Director					
☐ Director					
☐ Director					

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

Dated Sep 13 10

Sanford Hrabe
(Signature of an Authorized Person)

Sanford Hrabe
(Printed Name)

annualreportdomesticnonprofit July 2010

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 9-13 2010

(Signature of an Authorized Person)

Sanford Hruska

(Printed Name)

2011 Enter Filing Year

ANNUAL REPORT

FILE DATE 02/27/2012

RECEIPT NO 25370

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:
NS005429
CHAMBERLAIN SENIOR CITIZENS
219 N MAIN
CHAMBERLAIN, SD 57325-1240

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

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

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SANFORD HRABE

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its 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.

☐	SANFORD HRABE	212 S AUBOUR	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
☐	JIMMIE ADAMSON	300 N GRACE ST	CHAMBERLAIN	SD	57325
	Vice President	Street Address	City	State	ZIP+4
☐	JIMMIE ADAMSON	300 N GRACE ST	CHAMBERLAIN	SD	57325
	Secretary	Street Address	City	State	ZIP+4
☐	COLLINE ANN VETTER	1006 S MAIN	CHAMBERLAIN	SD	57325
	Treasurer	Street Address	City	State	ZIP+4
☐	ERVIN VETTER	1006 S MAIN	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
☐	DONALD ADAMSON	34553 24TH ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
☐	ROBERT GREGG	220 N GRACE ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 02/27/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

SANFORD HRABE
(Printed Name)

2/27/2012 10:31:28AM

2012 Enter Filing Year

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: $10.00 Make check payable to SECRETARY OF STATE

FILE 9/11/2012

RECEIPT NO 63025

1. Corporate Name and Address:
NS005429
CHAMBERLAIN SENIOR CITIZENS
219 N MAIN
CHAMBERLAIN, SD 57325-1240

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

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

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SANFORD HRABE

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its 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.

☐	SANFORD HRABE	212 S AUBOUR	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
☐	JIMMIE ADAMSON	300 N GRACE ST	CHAMBERLAIN	SD	57325
	Vice President	Street Address	City	State	ZIP+4
☐	JIMMIE ADAMSON	300 N GRACE ST	CHAMBERLAIN	SD	57325
	Secretary	Street Address	City	State	ZIP+4
☐	ERVIN VETTER	1006 S MAIN	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
☐	DONALD ADAMSON	34553 24TH ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
☐	ROBERT GREGG	220 N GRACE ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
☐	CORRINE ANN VETTER	1006 S MAIN	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 09/11/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

SNAFORD HRABE

(Printed Name)

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

ANNUAL REPORT

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FILE 9/11/2013
RECEIPT NO 139911

1. Corporate Name and Address:
NS005429
CHAMBERLAIN SENIOR CITIZENS
219 N MAIN
CHAMBERLAIN, SD 57325-1240

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

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

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SANFORD HRABE

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its 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.

X	ERVIN VETTER	1006 S MAIN	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
X	GREGG ROBERT	P.O.BOX 459	CHAMBERLAIN	SD	57325
	Vice President	Street Address	City	State	ZIP+4
	JIMMIE ADAMSON	300 N GRACE ST	CHAMBERLAIN	SD	57325
	Secretary	Street Address	City	State	ZIP+4
X	JOHN WALL	34406 245TH ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
	DONALD ADAMSON	34553 24TH ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
	ROBERT GREGG	220 N GRACE ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
	CORRINE ANN VETTER	1006 S MAIN	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 09/11/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
ERVIN VETTER
(Printed Name)

9/11/2013 4:31:50 PM

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

ANNUAL REPORT

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FILE DATE 9/5/2014

RECEIPT NO 229536

1. Corporate Name and Address:
NS005429
CHAMBERLAIN SENIOR CITIZENS
219 N MAIN
CHAMBERLAIN, SD 57325-1240

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

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

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SANFORD HRABE

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its 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.

X	ERVIN VETTER	1006 S MAIN	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
X	GREGG ROBERT	P.O.BOX 459	CHAMBERLAIN	SD	57325
	Vice President	Street Address	City	State	ZIP+4
	JIMMIE ADAMSON	300 N GRACE ST	CHAMBERLAIN	SD	57325
	Secretary	Street Address	City	State	ZIP+4
	DONALD ADAMSON	34553 24TH ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
	ROBERT GREGG	220 N GRACE ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
X	JOHN WALL	34406 245TH ST	CHAMBERLAIN	SD	57325
	Director	Street Address	City	State	ZIP+4
	CORRINE ANN VETTER	1006 S MAIN	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.

Dated 09/05/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ERVIN VETTER

(Printed Name)

9/5/2014 11:33:24 AM

2015

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

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

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FILE DATE 9/2/2015

RECEIPT NO 332901

Telephone # _____

1. Corporate Name and Address:

NS005429

CHAMBERLAIN SENIOR CITIZENS

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

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

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

4. The name of the South Dakota Registered Agent

Agent Name: SANFORD HRABE

219 N MAIN	CHAMBERLAIN	SD	57325-1240
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

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	JIMMIE ADAMSON	300 N GRACE ST	CHAMBERLAIN	SD	57325
	Secretary	Actual Street Address	City	State	ZIP+4
X	JOHN WALL	34406 245TH ST	CHAMBERLAIN	SD	57325
	Director	Actual Street Address	City	State	ZIP+4

☐	DONALD ADAMSON	34553 24TH ST	CHAMBERLAIN	SD	57325
	Director	Actual Street Address	City	State	ZIP+4
☐	ROBERT GREGG	220 N GRACE ST	CHAMBERLAIN	SD	57325
	Director	Actual Street Address	City	State	ZIP+4
☐	CORRINE ANN VETTER	1006 S MAIN	CHAMBERLAIN	SD	57325
	Treasurer	Actual Street Address	City	State	ZIP+4

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

Dated 09/02/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

(Optional)

ERVIN VETTER

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to $40 will be assessed for returned payments.

9/2/2015 1:37:03 PM