

35032691058
5/17/95

ARTICLES OF INCORPORATION

FOUSEK TRUCKING, INC.

Filed this 17th day of
May 1995

KNOW ALL MEN BY THESE PRESENTS:

That we the undersigned Samuel D. Fousek, and Angela M. Fousek, for ourselves, our associates and our successors, for the purpose of forming a corporation, under and by virtue of the South Dakota Business Corporation Act pursuant to the provisions in Chapter 47-2 SDCL and acts amendatory thereto, and we do hereby certify and declare as follows:

RECEIVED

MAY 04 1995

S.D. SEC. OF STATE

RECEIVED

MAY 17 1995

S.D. SEC. OF STATE

FIRST

The name of the corporation shall be Fousek Trucking, Inc., a corporation.

SECOND

The term and period of existence of said corporation shall be perpetual.

THIRD

The purpose for which this corporation is organized is to engage in the business of transporting property for hire as a common carrier or otherwise and to own, operate, lease and dispose of the necessary equipment to do so.

FOURTH

The amount of capital stock of this corporation shall be \$2,000,000.00 which shall be divided into 20,000 shares of common stock with a par value of \$100.00 per share.

FIFTH

There shall be only one class of stock and each share thereof shall be entitled to one vote.

26052691058
5/13/25

SIXTH

The corporation shall not commence business until consideration of a value of at least one thousand dollars has been received for the issuance of shares.

SEVENTH

That said corporation shall have the right to elect to be a subchapter S corporation as defined by the Internal Revenue Code and in addition thereto shall be on a cash distribution basis.

EIGHTH

The address of the Corporation's registered office is R.R.2 Box 99, Wagner, South Dakota 57380 and the name of its registered agent at such address is Samuel Fousek, R.R.2 Box 99, Wagner, South Dakota 57380.

NINTH

The number of directors constituting the Board of Directors is two, and the names and addresses of the Directors who are to serve until the first annual meeting of shareholders or until their successors are elected and qualify are as follows, to-wit:

Samuel D. Fousek	R.R.2 Box 99 Wagner, SD 57380
Angela M. Fousek	R.R.2 Box 99 Wagner, SD 57380

TENTH

The names and addresses of the incorporators are:

Samuel D. Fousek	R.R.2 Box 99 Wagner, SD 57380
Angela M. Fousek	R.R.2 Box 99 Wagner, SD 57380

110011000000

1996
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S. D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 5-1-96
RECEIPT NO. 542037
APR 1996

1 Corporate Name, Registered Agent and Registered Address

DB-035846
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
RR 2 BOX 99
WAGNER, SD 57380-9551
MAY/00

Telephone # 605-341-5474
FAX # 605-341-5475
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.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2 The character of the business in which it is actually engaged in South Dakota Trucking

3 The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Sam Fousek</u>	President	<u>Rt 2 - Box 99</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-9551</u>
<u>Angie Fousek</u>	Secretary	<u>Rt 2 - Box 99</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-9551</u>
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____
Director _____

4 The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE (authorized): 20000 CLASS Common SERIES _____ PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$100⁰⁰

5 NUMBER OF SHARES ACTUALLY ISSUED 20000 CLASS Common SERIES _____

6 The amount of its stated capital is \$ 2,000,000 (Money received for issued shares)

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

Dated 4/30 1996

By Sam Fousek
(Signature)

Its president
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF Charles Mix ss

I, KENNETH W. (OTCO), a notary public, do hereby certify that on this 30th day of April 1996,

personally appeared before me SAMUEL FOUSEK who, being by me first duly sworn, declared that he/she is the PRESIDENT of Fousek Trucking, Inc.

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

My Commission Expires 8-1-97

[Signature]
Notary Public

(Notarial Seal)

SOS CAP 410 10/95

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S. D. 57601-5077
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 _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers 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)

1997
 RETURN TO
 SECRETARY OF STATE
 STATE CAPITOL
 500 E. CAPITOL
 PIERRE, S.D. 57501-5077
 605-773-4845
 FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
 PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

9711a 5712467
 FILE DATE: 5/24/97
 RECEIPT NO: 027063
 MAY 2 1997
 SOUTH DAKOTA SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-035846
 FOUSEK TRUCKING, INC.
 FOUSEK, SAMUEL
 RR 2 BOX 99
 WAGNER, SD 57380-9551
 MAY/96

Telephone # 605-384-5474
 FAX # 605-384-5475

Federal Taxpayer ID [REDACTED]

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

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

 2. The character of the business in which it is actually engaged in South Dakota TRUCKING

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Sam Fousek</u>	President	<u>24972 391st Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-9124</u>
	Vice President				
<u>Angie Fousek</u>	Secretary	<u>24972 391st Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-9124</u>
<u>Angie Fousek</u>	Treasurer	<u>24972 391st Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-9124</u>

SD law requires at least one director.
 Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____
 Director _____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>20000</u>	<u>Common</u>		<u>\$100.00</u>

5. NUMBER OF SHARES ACTUALLY ISSUED

20000

6. The amount of its stated capital is \$ 2,000,000 (Money received for issued shares)

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

Dated April 30 19 97

By Sam Fousek
 (Signature)
 Its Pres
 (Title)

STATE OF South Dakota
 COUNTY OF Charles Mix

I, Robert L. Frie, a notary public, do hereby certify that on this 30 day of April 19 97

personally appeared before me Sam Fousek who, being by me first duly sworn, declared that he/she is the President of Fousek Trucking, Inc.

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

My Commission expires June 30, 2000

Notary Public

(Notarial Seal)

SOS CRP 410 10-95

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4846

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 _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers 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)

1998

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 6-1-98
RECEIPT NO. 76358
RECEIVED

JUN 01 1998

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DB-035846
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
RR 2 BOX 99
WAGNER, SD 57380-9551
MAY/97

Telephone # 605-384-5474

FAX # 605-384-6276

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.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota Trucking

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Sam Fousek</u>	President	<u>24972 391st Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-0288</u>
<u>Angie Fousek</u>	Secretary	<u>24972 391st Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-0288</u>
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____
Director _____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>20000</u>	<u>Common</u>		<u>\$100⁰⁰</u>

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES
<u>20000</u>	<u>Common</u>	

6. The amount of its stated capital is \$ 2,000,000 (Money received for issued shares)

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

Dated 5/29 1998

By Angie Fousek
(Signature)

is Secretary
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Julie Alderink, a notary public, do hereby certify that on this 29th day of May 1998, personally appeared before me Angie Fousek who, being by me first duly sworn, declared that he/she is the Sec. Treas of Fousek Trucking Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 9-12-2001
Julie Alderink
Notary Public

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-6070
605-773-4845

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

File Date: _____
Receipt No.: _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers 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)

1999

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

9906198.0446

FILE DATE 6-7-99
RECEIPT NO. R05118

RECEIVED

JUN 7 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-035846 MAY/98
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
RR 2 BOX 99
WAGNER, SD 57380-9551

Telephone # 605-384-5424
FAX # 605-384-4474
Federal Taxpayer IC

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

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota _____

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Sam Fousch	President	25472 396th Ave	Wagner	SD	57380-0088
Agie Fousch	Vice President				
	Secretary	25472 396th Ave	Wagner	SD	57380-0088
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director

Director

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
20000 Common \$100.00

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

20000 Common

6. The amount of its stated capital is \$ 2,000,000 (Money received for issued shares)

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

Dated June 3 19 99

By Sam Fousch
(Signature)

Its pres
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Marcia R. Honnlich, a notary public, do hereby certify that on this 3rd day of June 19 99, personally appeared before me Sam Fousch who, being by me first duly sworn, declared that he/she is the _____ of _____ the corporation

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

My Commission Expires _____
Marcia R. Honnlich, Notary Public
My Commission expires Feb. 22, 2001

[Signature of Notary Public]

(Notarial Seal)

SOS CRP 6/58

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

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____ 19 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____ 19_____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

2000

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 6-9-00
RECEIPT NO. 87965

RECEIVED
JUN 09 '00
S.D. SEC. OF STATE

0006203.3262
0125900

1. Corporate Name, Registered Agent and Registered Address:

DB-035846 MAY/1999
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
RR 2 BOX 99
WAGNER SD 57366-0051

Telephone # 605 384 5474
FAX # 605 384 6476
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.

*** ATTENTION - FILING INSTRUCTIONS ***

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ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota Trucking

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Sam Fousek</u>	President	<u>2947D 361st Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57366-2088</u>
<u>Angie Fousek</u>	Secretary	<u>2947D 361st Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57366-2088</u>
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____
Director _____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES \$1.00⁰⁰

6. The amount of its stated capital is \$ 200000.00 (Money received for issued shares)

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

Dated 6/9/00

By Angie Fousek
(Signature)

Its Sec Treas
(Title)

STATE OF South Dakota

COUNTY OF Charles Mix ss

On this the 7th day of June, 2000, before me, Kara Kocmich (EK)

personally appeared Angie Fousek, known to me, or proved to me,

to be the Sec - Treas 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 9-28-2001

Kara Kocmich
Notary Public

(Notarial Seal)

SOS CRP 11/99

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

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____, personally appeared _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

2001

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 5-31-01
RECEIPT NO. 987117

RECEIVED

MAY 31 '01

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-035846 MAY/2000
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
RR 2 BOX 99

WAGNER SD 57380-9551

Telephone # 605 384 5474
FAX # 605 384 5474
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.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota Trucking

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Sam Fousek</u>	President	<u>29472 391st Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-0088</u>
<u>Angie Fousek</u>	Secretary	<u>29472 391st Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-0088</u>
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

20000 Common \$100.00

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

20000 Common (Money received for issued shares)

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

Dated 5-30-01

X By Sam Fousek
(Signature)

its Owner
(Title)

STATE OF South Dakota

COUNTY OF Charles Mix SS

On this the 30th day of May, 2001, before me, Marcia R. Honomichi

personally appeared Sam Fousek, known to me, or proved to me,

to be the Owner of the corporation that is described in and that executed the within

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

My Commission Expires _____
Notary Public

Marcia R. Honomichi, Notary Public
(Notarial Seal) My commission expires Feb. 22, 2007

SOS CRP 11/00

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

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
ZIP + 4 _____

4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

*The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(signature)

034-511010

2002

ANNUAL REPORT

020721500038
7/8/02

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 5-14-02
RECEIPT NO. 11000005
RECEIVED
MAY 14 02

1. Corporate Name, Registered Agent and Registered Address:



DB-035846 MAY/2001
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
RR 2 BOX 99 29972 396th Ave
WAGNER SD 57380-9554 0088

Telephone # 605 584-5144
FAX # 605 584-5144
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.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota Trucking

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Sam Fousek</u>	President	<u>29972 396th Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-2088</u>
<u>Angie Fousek</u>	Secretary	<u>29972 396th Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-2088</u>
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) 20000 CLASS Common SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$100

5. NUMBER OF SHARES ACTUALLY ISSUED 20000 CLASS Common SERIES

6. The amount of its stated capital is \$ (Money received for issued shares)

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

Dated 5/14/02

By [Signature]
(Signature)

Its Sec. Treas.
(Title)

STATE OF South Dakota
COUNTY OF Cherokee ss

On this the 10th day of May, 2002, before me, Karla Koernich, personally appeared Angie Fousek, known to me, or proved to me, to be the Sec. - Treas. 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 9-13-06

[Signature]
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

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

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is FOUSEK TRUCKING INC
2. The previous street address, or a statement that there is no street address, of its registered office is _____
29902 396th Ave - Wagner SD ZIP + 4 50382 0008
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. RR 2 Box 99
ZIP + 4 _____

4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated 5/10/02 _____
(Signature) Angie Fousek
(Title) Sec Treas

STATE OF South Dakota ss
COUNTY OF Charles Mix
On this the 10th day of May, 2002, before me, Karla Kocmich
personally appeared Angie Fousek, known to me, or proved to me,
to be the Sec - Treas 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 9-13-06
Karla Kocmich
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)

2003 ANNUAL REPORT

2003

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 5/13/03 RECEIPT NO. 1913103 RECEIVED MAY 13 03

1. Corporate Name, Registered Agent and Registered Address:



DB-035846 MAY/2002 FOUSEK TRUCKING, INC. FOUSEK, SAMUEL 29972 396TH AVE WAGNER SD 57380-7424 0242

Telephone # 605-384-5474 FAX # 605-384-5475 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.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

[] ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota Trucking

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for Sam Fousek (President) and Angie Fousek (Secretary).

SD law requires at least one director.

Do the above listed officers serve also as directors? YES [X] NO [] If no, list directors below.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class.

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ 20,000 (Money received for issued shares)

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

Dated 5-10-03

By Sam Fousek (Signature) Its Owner / PRES (Title)

STATE OF SOUTH DAKOTA COUNTY OF CHARLES MIX SS

On this the 10 day of May, 2002, before me, John P. Wiechmann, personally appeared Sam Fousek, known to me, or proved to me, to be the OWNER PRES 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 My Commission Expires Jan. 13, 2004 (Notarial Seal)

Notary Public JOHN P. WIECHMANN NOTARY PUBLIC SOUTH DAKOTA

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL PIERRE, S.D. 57501 PHONE: 605-773-4845 FAX: (605) 773-4550 www.state.sd.us/sos/sos.htm SSS CRP 11/01

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

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____

ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____

ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____ (Signature) _____

(Title) _____

STATE OF _____ ss
COUNTY OF _____

On this the _____ day of _____, 20____, before me, _____, known to me, or proved to me, personally appeared _____, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____ Notary Public _____

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ (signature) _____

2004

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 5/24/04
RECEIPT NO. 1326981
RECEIVED

MAY 24 '04

Corporate Name, Registered Agent and Registered Address:



DB035846
DB035846 MAY/2003
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
29972 396TH AVE
WAGNER SD 57380-7124

Telephone # 605-384-5474
FAX # 605-384-5475
Federal Taxp:
FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent after the last day of the following
month.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report below in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota Trucking

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Sam Fousek</u>	President	<u>29972 396th Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-1008</u>
<u>Angie Fousek</u>	Secretary	<u>29972 396th Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380-1008</u>
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____
Director _____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

20000 Common \$100⁰⁰

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

20000 Common

6. The amount of its stated capital is \$ _____ (Money received for issued shares)

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

Dated MAY 20, 2004

By Sam Fousek
(Signature)

Its PRESIDENT
(Title)

STATE OF SOUTH DAKOTA ss
COUNTY OF CHARLES MIX

On this the 20TH day of MAY, 20 04, before me, MARCIA R HONOMICHL
personally appeared SAM FOUSEK, 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 _____

(Notarial Seal)

Marcia R. Honomichl, Notary Public
My commission expires Feb. 22, 2007

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

(Signature)

(Title)

STATE OF _____
COUNTY OF _____ ss

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____ (Signature) _____

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____ (signature) _____

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 05/26/06
RECEIPT NO RECEIVED
1566594
MAY 26 '06
S.D. SEC. OF STATE

250 1336

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



DB035846
DB035846 MAY/2005
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
29972 396TH AVE
WAGNER SD 57380-7124

Telephone # 605 384 8474
FAX # 605 384 5475

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

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The address of the principal office 29972 396th Ave

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Sam Fousel	President	29972 396th Ave	Wagner	SD	57380
	Vice President				
Angie Fousel	Secretary	29972 396th Ave	Wagner	SD	57380
	Treasurer				

SD law requires at least one director.
Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director

Director

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

5. The total number of authorized shares, itemized by class and series, if any, within each class:
NUMBER OF AUTHORIZED SHARES CLASS SERIES
20000 Common \$100.00

6. NUMBER OF ISSUED SHARES CLASS SERIES
20000 Common

The statement may be signed by any authorized officer of the Corporation.
Dated 5/24/06
x Sam Fousel
Signature

Sam Fousel
Printed Name
President
Title

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____
_____ ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

2007

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

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



DB035846 MAY/2006
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
29972 396TH AVE
WAGNER SD 57380-7124

FILE DATE 05/21/07
RECEIPT NO. 1682701
RECEIVED
MAY 21 2007
S.D. SEC. OF STATE

Telephone # 605 384 8474
FAX # 605 384 8475

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

ATTENTION - FILING INSTRUCTIONS

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The address of the principal office 29972 396th Ave

Table with 7 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Sam Fousek (President), Angie Fousek (Secretary), and an empty Treasurer row.

SD law requires at least one director.
Do the above listed officers serve also as directors? YES [checked] NO

Director
Director

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

5. The total number of authorized shares, itemized by class and series, if any, within each class:
NUMBER OF AUTHORIZED SHARES 20000
CLASS Common SERIES \$100.00

6. NUMBER OF ISSUED SHARES 20000
CLASS Common SERIES

The statement may be signed by any authorized officer of the Corporation.
Dated 5-18-07
Signature Angie Fousek

Printed Name Angie Fousek
Title Sec-Treas

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____
_____ ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

276 1805 05/19/2008

2008

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE: 5/12/08
RECEIVED
RECEIPT NO. 1795090
MAY 12 2008

S.D. SEC. OF STATE

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



DB035846
DB035846 MAY/2007
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
29972 396TH AVE
WAGNER SD 57380-7124

Telephone # 605 384 5474
FAX # 605 384 5475

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

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The address of the principal office 29972 396th Ave

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Sam Fousek</u>	President	<u>29972 396th Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380</u>
	Vice President				
<u>Angie Fousek</u>	Secretary	<u>29972 396th Ave</u>	<u>Wagner</u>	<u>SD</u>	<u>57380</u>
	Treasurer				

SD law requires at least one director.
Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____
Director _____

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>20000</u>	<u>Common</u>	<u>A100⁰⁰</u>

6. NUMBER OF ISSUED SHARES 20000

NUMBER OF ISSUED SHARES	CLASS	SERIES
<u>20000</u>	<u>Common</u>	

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

Dated 5/9/08

Angie Fousek
Signature

Angie Fousek
Printed Name

Sec-Treas
Title

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____

ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____

ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

291 1449 05/29/2009

2009

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to SECRETARY OF STATE

FILE DATE	05/21/09
RECEIPT NO.	1913532
RECEIVED	
MAY 07 2009	
S.D. SEC. OF STATE	

1. Corporate Name, Registered Agent Name and Address:



DB035846
DB035846 MAY/2008
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
29972 396TH AVE
WAGNER SD 57380-7124

RECEIVED

MAY 21 2009

S.D. SEC. OF STATE

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

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

Street Address: 29972 396th Ave City: Wagner State: SD ZIP+4: 57380-0088

Mailing Address (Optional): P O Box 88 City: Wagner State: SD ZIP+4: 57380-0088

3. The name of the South Dakota Registered Agent

Samuel Fousek

Street Address (Required to be a South Dakota Address): 29972 396th Ave City: Wagner State: SD ZIP+4: 57380

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

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

- Sam Fousek 29972 396th Ave Wagner SD 57380
President Street Address City State ZIP+4
- _____
Vice President Street Address City State ZIP+4
- Angie Fousek 29972 396th Ave Wagner SD 57380
Secretary Street Address City State ZIP+4
- _____
Treasurer Street Address City State ZIP+4
- _____
Director Street Address City State ZIP+4
- _____
Director Street Address City State ZIP+4

Dated 5/6/09

Angie Fousek
(Signature of an authorized officer)
Angie Fousek
(Printed Name)
Sec-Treas
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2010

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 05/03/10
RECEIPT NO 228183
RECEIVED
MAY 03 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB035846 MAY/2009
FOUSEK TRUCKING, INC.
FOUSEK, SAMUEL
29972 396TH AVE
WAGNER SD 57380-7124

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.

29972 396th Ave Wagner SD 57380-0088
P O Box 88 Wagner SD 57380-0088

3. The name of the South Dakota Registered Agent

Samuel Fousek
29972 396th Ave Wagner SD 57380

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

- Sam Fousek, 29972 396th Ave, Wagner, SD 57380 (President)
Angie Fousek, 29972 396th Ave, Wagner, SD 57380 (Secretary)
Director
Director

Dated 4/29/10

Angie Fousek (Signature)
Angie Fousek (Printed Name)
Sec-Treas (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)

320 1199 05/19/2011

2011

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 03-25-2011 RECEIPT NO 2048316 RECEIVED APR 25 2011 S.D. CLERK OF COURSE

1. Corporate Name, Registered Agent Name and Address:



DB035846 MAY/2010 FOUSEK TRUCKING, INC. FOUSEK, SAMUEL 29972 396TH AVE WAGNER SD 57380-7124

Telephone # 605 384 0174 Fax 605 384 6475

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.

29972 396th Ave Wagner SD 57380-0088 P O Box 88 Wagner SD 57380-0088

4. The name of the South Dakota Registered Agent Samuel Fousek

29972 396th Ave Wagner SD 57380 Mailing Address in This State, if Different from Street Address City State ZIP+4

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

- Sam Fousek President 29972 396th Ave Wagner SD 57380
Angie Fousek Secretary 29972 396th Ave Wagner SD 57380

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

Dated 4/21/11

Angie Fousek (Signature of an Authorized Person)

Email

Angie Fousek (Printed Name)

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 4/27/2012

RECEIPT NO 38224

1. Corporate ID and Name:

DB035846
FOUSEK TRUCKING, INC.
29972 396TH AVE
WAGNER, SD 57380-7124

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

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

29972 396TH AVE	WAGNER	SD	57380-7124
Street Address	City	State	ZIP+4
PO BOX 88	WAGNER	SD	57380
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SAMUEL FOUSEK

29972 396TH AVE	WAGNER	SD	57380-7124
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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input type="checkbox"/>	SAM FOUSEK	29972 396TH AVE	WAGNER	SD	57380
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	ANGIE FOUSEK	29972 396TH AVE.	WAGNER	SD	57380
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	SAM FOUSEK	29972 396TH AVE	WAGNER	SD	57380
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	ANGIE FOUSEK	29972 396TH AVE	WAGNER	SD	57380
	Director	Street Address	City	State	ZIP+4

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

Date 04/27/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

ANGIE FOUSEK

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 5/15/2013

RECEIPT NO 116280

1. Corporate ID and Name:

DB035846
FOUSEK TRUCKING, INC.
29972 396TH AVE
WAGNER, SD 57380-7124

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

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

29972 396TH AVE	WAGNER	SD	57380-7124
Street Address	City	State	ZIP+4
PO BOX 88	WAGNER	SD	57380
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SAMUEL FOUSEK

29972 396TH AVE	WAGNER	SD	57380-7124
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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input type="checkbox"/>	SAM FOUSEK	29972 396TH AVE	WAGNER	SD	57380
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	ANGIE FOUSEK	29972 396TH AVE.	WAGNER	SD	57380
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	SAM FOUSEK	29972 396TH AVE	WAGNER	SD	57380
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	ANGIE FOUSEK	29972 396TH AVE	WAGNER	SD	57380
	Director	Street Address	City	State	ZIP+4

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

Date 05/15/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

ANGIE FOUSEK

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 5/6/2014

RECEIPT NO 198914

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

DOMESTIC

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB035846
FOUSEK TRUCKING, INC.
29972 396TH AVE
WAGNER, SD 57380-7124

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

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

29972 396TH AVE	WAGNER	SD	57380-7124
Street Address	City	State	ZIP+4
PO BOX 88	WAGNER	SD	57380
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SAMUEL FOUSEK

29972 396TH AVE	WAGNER	SD	57380-7124
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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input type="checkbox"/>	SAM FOUSEK	29972 396TH AVE	WAGNER	SD	57380
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	ANGIE FOUSEK	29972 396TH AVE.	WAGNER	SD	57380
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	SAM FOUSEK	29972 396TH AVE	WAGNER	SD	57380
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	ANGIE FOUSEK	29972 396TH AVE	WAGNER	SD	57380
	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 05/06/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ANGIE FOUSEK

(Printed Name)

2015 Enter Filing Year

ANNUAL REPORT

FILE DATE 4/23/2015

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

DOMESTIC

Please Type or Print Clearly In Ink

RECEIPT NO 296126

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

1. Corporate ID and Name:
DB035846
FOUSEK TRUCKING, INC.
29972 396TH AVE
WAGNER, SD 57380-7124

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

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

29972 396TH AVE WAGNER SD 57380-7124
Street Address City State ZIP+4
PO BOX 88 WAGNER SD 57380
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SAMUEL FOUSEK
29972 396TH AVE WAGNER SD 57380-7124
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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

SAM FOUSEK 29972 396TH AVE WAGNER SD 57380
President Street Address City State ZIP+4
ANGIE FOUSEK 29972 396TH AVE. WAGNER SD 57380
Secretary Street Address City State ZIP+4
SAM FOUSEK 29972 396TH AVE WAGNER SD 57380
Director Street Address City State ZIP+4
ANGIE FOUSEK 29972 396TH AVE WAGNER SD 57380
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 04/23/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
ANGIE FOUSEK
(Printed Name)

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 6/21/2016

RECEIPT NO 428638

1. Corporate ID and Name:

DB035846

Enter Corporate ID

FOUSEK TRUCKING, INC.

Enter Corporate Name

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

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

29972 396TH AVE	WAGNER	SD	57380-7124
-----------------	--------	----	------------

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

PO BOX 88

WAGNER

SD

57380

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SAMUEL FOUSEK

29972 396TH AVE	WAGNER	SD	57380-7124
-----------------	--------	----	------------

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

<input type="checkbox"/> SAM FOUSEK	29972 396TH AVE	WAGNER	SD	57380
President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>				
Vice President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/> ANGIE FOUSEK	29972 396TH AVE.	WAGNER	SD	57380
Secretary	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>				
Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/> SAM FOUSEK	29972 396TH AVE	WAGNER	SD	57380
Director	Actual Street Address	City	State	ZIP+4



ANGIE FOUSEK

29972 396TH AVE

WAGNER

SD

57380

Director

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

ANGIE FOUSEK

(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.

6/21/2016 3:53:25 PM