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

9 19932 1 7 1 1 7

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 1-26-94
RECEIPT NO. 365 680

RECEIVED
JAN 2[illegible] 1994
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DF-000072 DEC/92
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
ROUTE 1, BOX 728
ONIDA, SD 57564-9626

Telephone # _____
FAX # _____
Federal Taxpayer II

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent 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 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: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director	_____			
_____	Director	_____			
_____	President	_____			
_____	Vice President	_____			
_____	Secretary	_____			
_____	Treasurer	_____			

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ISSUED	CLASS	SERIES

6. The amount of its stated capital is $ _____.

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 1-20 19 94

By [signature]
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Sully ss

I, Crystal J. Kinkler, a notary public, do hereby certify that on this 20th day of January 1994 personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc.

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

My Commission Expires MY COMMISSION EXPIRES JANUARY 29, 2001

Crystal J. Kinkler
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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 previous street address, or a statement that there is no street address, of its registered office _____ ZIP + 4 _____

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____ 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)

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

ANNUAL REPORT

CORPORATE FARMING
PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 1-26-94
FILE NO#

JAN 2[illegible] 1994
Secretary of State

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Brian Kinkler Inc
   The state of incorporation is SD
2. The name of the registered agent in South Dakota and the registered office address is
   Brian Kinkler Route1 Box 728 Onida SD Zip + 4 57564-9626
3. If a foreign corporation, the address of its principal office in its state of incorporation is
   n/a
4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
   n/a
5. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
	n/a	

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred is 262,274. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
	n/a		

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20% %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-20 19 94

By Brian Kinkler
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Lyman ss

I, Crystal J Kinkler, a notary public, do hereby certify that on this 20th day of January 19 94 personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires MY COMMISSION EXPIRES JANUARY 28, 2001

Crystal J Kinkler
Notary Public

(Notarial Seal)

SOS CRP 410 2/91

1994

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

9 5 0 1 1 7 3 3 0 1 6

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: 12-7-94
RECEIPT NO. 93025
RECEIVED
DEC 07 1994
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DF-000072 DEC/93
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
ROUTE 1, BOX 728
ONIDA, SD 57564-9626

Telephone # 605-264-5337
FAX # _____
Federal Taxpayer Id

FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent 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 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. (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director				
_____	Director				
_____	President				
_____	Vice President				
_____	Secretary				
_____	Treasurer				

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ISSUED | CLASS | SERIES

6. The amount of its stated capital is $ _____.

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 Nov 29 1994

By Brian Kinkler
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Hughes ss

I Beverly McKown a notary public, do hereby certify that on this 29th day of November 1994 personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 8-16-95

Beverly McKown
Notary Public
Beverly McKown

(Notarial Seal)

SOS CRP 410 10/92

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 _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ 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)

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

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ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 12-7-94
FILE NO. _____

RECEIVED

DEC 07 1994

Secretary of State

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Brian Kinkler Inc

   The state of incorporation is SD

2. The name of the registered agent in South Dakota and the registered office address is

   Brian Kinkler Route 1 Box 728 Onida SD Zip + 4 57564-9626

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is

   n/a

4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation

   n/a

5. **List only the changes** of the names or addresses of the officers and directors

NAME	REPLACED	AS OFFICER OR DIRECTOR
n/a		

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262,274. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
n/a			

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated Nov 29 1994

By Brian Kinkler
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Hughes ss

I, Beverly McKown, a notary public, do hereby certify that on this 29th day of November 1994 personally appeared before me Brian Kinkler who being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 8-16-95

Notary Public
Beverly McKown

SOS CRP 410 10/92

1995
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 1-30-96
RECEIPT NO. 517786
RECEIVED DEC 1 8 1995 S.D. SEC. OF STATE
RECEIVED NOV 2 1 1995 S.D. SEC. OF STATE
JAN 3 0 1996

1. Corporate Name, Registered Agent and Registered Address:

DF-000072 DEC/94
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
~~ROUTE 1, BOX 56~~ 19505 Hwy 83
ONIDA, SD 57564-~~9826~~

Telephone # 605-264-5337
FAX #
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.

RECEIVED JAN 1 6 1996 S.D. SEC. OF STATE

* * * * 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 farming

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
Brian Kinkler	Director	19505 Hwy 83	Onida	SD	57564
	Director				
Brian Kinkler	President	19505 Hwy 83	Onida	SD	57564
Brian Kinkler	Vice President	19505 Hwy 83	Onida	SD	57564
Brian Kinkler	Secretary	19505 Hwy 83	Onida	SD	57564
Brian Kinkler	Treasurer	19505 Hwy 83	Onida	SD	57564

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
500,000	common	none	$1.00

5. NUMBER OF SHARES ISSUED

NUMBER OF SHARES ISSUED	CLASS	SERIES	
262274	common	none	$1.00

6. The amount of its stated capital is $ 262274

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 11-11- 19 95

By Brian Kinkler (Signature)
Its Pres (Title)

STATE OF South Dakota
COUNTY OF Sully ss
I, Crystal J Kinkler a notary public, do hereby certify that on this 11th day of November 19 95 personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires January 25th 2001

Crystal J Kinkler
Notary Public

(Notarial Seal)

SOS CRP 410 11/94

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 Brian Kinkler Inc
2. The previous street address, or a statement that there is no street address, of its registered office
   Rt 1 Box 728 Onida SD ZIP + 4 57564
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is 19505 Hwy 83
   Onida SD ZIP + 4 57564
4. The name of its previous registered agent is Brian Kinkler
5. The name of its successor registered agent is * Brian Kinkler
   * 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 12-12- 1995.

Brian Kinkler
(signature)

Pres
(title)

STATE OF South Dakota
COUNTY OF Sully ss

I, Crystal J Kinkler, a notary public, do hereby certify that on this 12th day of December 1995, personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Jan. 29th 2001

Crystal J Kinkler
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)

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

9602180365?

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 1-30-96
FILE NO. _____

RECEIVED
DEC 18 1995
S.D. SEC. OF STATE

RECEIVED
NOV 21 1995
S.D. SEC. OF STATE

RECEIVED
JAN 16 1996
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Brian Kinkler Inc
   The state of incorporation is SD
2. The name of the registered agent in South Dakota and the registered office address is Brian Kinkler, 19505 Hwy 83, Onida SD 57564 Zip + 4 _____
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is n/a
4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

   n/a

5. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
n/a		

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262,274. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
n/a			

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 11-11 19 95 By _____ (Signature)
Its Pres (Title)

STATE OF South Dakota
COUNTY OF Sully ss
I, Crystal J Kinkler, a notary public, do hereby certify that on this 11th day of November 1995, personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc. that he/she signed the foregoing document as officer of this corporation, and the statements therein contained are true.
My Commission Expires January 29th 2001

Crystal J Kinkler
Notary Public

(Notarial Seal)

CRP 410 10/92

K196121857-11747

1996 ANNUAL REPORT

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

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 12-4-96
RECEIPT NO. 598130

1. Corporate Name, Registered Agent and Registered Address.

DF-000072 DSC/95
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA, SD 57564

Telephone # 605-224-5337
FAX # —
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 _____

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
	President				
	Vice President				
	Secretary				
	Treasurer				

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

	Director				
	Director				

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES

6. The amount of its stated capital is $262,274. (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 1-19 19 96

By Brian K Kinkler
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Hughes ss

I, Mary L. Deichert, a notary public, do hereby certify that on this 19th day of November 19 96, personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Kinkler (Brian) Inc

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

My Commission Expires MARY L DEICHERT, Notary Public My Commission Expires July 26, 1998

Mary L Deichert
Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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 _____

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)

K-9612-1

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

ANNUAL REPORT

CORPORATE FARMING
PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 12-4-96
FILE NO. 599130

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Brian Kinkler Inc.

   The state of incorporation is SD

2. The name of the registered agent in South Dakota and the registered office address is

   Brian Kinkler ~~Route 1 Box 128~~ 19505 Hwy 83 Onida, SD Zip + 4 57564-9626

3. If a foreign corporation, the address of its principal office in its state of incorporation is

   n/a

4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation

   n/a

5. **List only the changes** of the names or addresses of the officers and directors

NAME	REPLACED	AS OFFICER OR DIRECTOR
n/a		

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred is 262,274. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
n/a			

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 11-19 19 96

By [signature] (Signature)

its Pres (Title)

STATE OF South Dakota
COUNTY OF Hughes ss

I, Mary L Deichert, a notary public, do hereby certify that on this 19th day of November 19 96 personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires _____

Mary L Deichert
Notary Public

MARY L. DEICHERT, Notary Public
My Commission Expires
July 26, 1998

(Notarial Seal)

SOS CRP 410 2/91

K 0 9 8 2 1 9 0 6 3 5

1997 ANNUAL REPORT

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

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 1-7-98
RECEIPT NO 680995
RECEIVED
JAN 7 1998
S.D. SEC. OF STATE

1 Corporate Name, Registered Agent and Registered Address

DF-000072 DEC/96
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA, SD 57564

Telephone # _____
FAX # _____
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 _____

3 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	President	_____			
_____	Vice President	_____			
_____	Secretary	_____			
_____	Treasurer	_____			

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

_____ Director _____
_____ Director _____

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

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

5 NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES

6. The amount of its stated capital is $ 262,274 (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 12-16 1997

By _____ (Signature)

Its _____ (Title)

STATE OF South Dakota
COUNTY OF Douglas ss

I, Mary L Deichert, a notary public, do hereby certify that on this 16th day of December 1997 personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc.

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

My Commission Expires _____

Mary L Deichert
Notary Public

(Notarial Seal)

MARY L DEICHERT, Notary Public
My Commission Expires
July 26, 1998

SOS CRP 6/97

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 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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 1-7-98
FILE NO. 686792
RECEIVED
JAN
[illegible]

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report

1 The name of the corporation is Brian Kinkler Inc

The state of incorporation is South Dakota

2 The name of the registered agent in South Dakota and the registered office address is

Brian Kinkler 19505 Hwy 83 Onida SD Zip + 4 57564-9626

3 If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is

4 **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation

N/A

5. **List only the changes** of the names or addresses of the officers and directors

NAME	REPLACED	AS OFFICER OR DIRECTOR
N/A		

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262,274. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7 **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
N/A			

8 The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 12-16- 19 97

By [signature]
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Hughes ss

I, Mary L Deichert, a notary public, do hereby certify that on this 16th day of December 1997, personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires MARY L DEICHERT, Notary Public My Commission Expires July 26, 1998

Mary L Deichert
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

*K19980319S-3980

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

$50

FILE DATE 2-9-99
RECEIPT NO. 773243
773244
RECEIVED
FEB 09 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DF-000072 DEC/97
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA, SD 57564

Telephone # _____
FAX # _____
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 _____

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	President	_____			
_____	Vice President	_____			
_____	Secretary	_____			
_____	Treasurer	_____			

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

_____ Director _____
_____ Director _____

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

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

5 NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES

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

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

Dated 2-4- 1999

By X _____
(Signature)
Its X Pres
(Title)

STATE OF South Dakota
COUNTY OF Hughes ss

I, Mary L. Deichert, a notary public, do hereby certify that on this 4th day of February 1999, personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Mary L Deichert
Notary Public

(Notarial Seal)

MARY L. DEICHERT, Notary Public
My Commission Expires
July 26, 1998

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED
FEB 0 8 1999

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Brian Kinkler Inc
   The state of incorporation is South Dakota
2. The name of the registered agent in South Dakota and the registered office address is
   Brian Kinkler 19505 Hwy 83 Onida SD Zip + 4 57564-9626
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is
   n/a
4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
   n/a
5. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
n/a		

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262274. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
n/a			

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 2-4- 1999

By _____ (Signature)

Its Pres (Title)

STATE OF South Dakota
COUNTY OF Hughes ss

I, Mary L. Deichert, a notary public, do hereby certify that on this 4th day of February 1999, personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Mary L Deichert
Notary Public

(Notarial Seal)

MARY L. DEICHERT, Notary Public
My Commission Expires
July 26, 1998

SOS CRP 410 10/92

1999

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

0002201.C622

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 12-3-99
RECEIPT NO. ____
RECEIVED
DEC 03 '99
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-000072 DEC/98
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

Telephone # ____
FAX # ____
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 ____

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

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

____ Director ____
____ Director ____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 11-17-99

By X Brian Kinkler (Signature)

Its Pres. (Title)

STATE OF South Dakota ss
COUNTY OF Hughes

I, Mary L. Deichert, a notary public, do hereby certify that on this 17th day of November, personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc. the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires ____ Mary L. Deichert Notary Public

MARY L. DEICHERT, Notary Public
My Commission Expires
July 26, 2004

(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: $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 _____

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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 12 3 99
FILE NO. _____

RECEIVED
DEC 03 '99
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Brian Kinkler Inc.
   The state of incorporation is South Dakota
2. The name of the registered agent in South Dakota and the registered office address is
   Brian Kinkler, 10565 Hwy 83, Onida, SD Zip + 4 57564-9626
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is
   n/a
4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation
   n/a
5. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
n/a		

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262274. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
n/a			

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 11-17-99

By X Brian Kinkler
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Hughes ss

I, Mary L Deichert, a notary public, do hereby certify that on this 17th day of November 1999, personally appeared before me Brian Kinkler who, being by me first duly sworn, declared that he/she is the President of Brian Kinkler Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires: _____

Mary L Deichert
Notary Public

MARY L. DEICHERT, Notary Public
My Commission Expires
July 26, 2004

(Notarial Seal)

SOS CRP 410 10/92

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 12-6-00
RECEIPT NO 035638
RECEIVED
DEC 0 '00
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-000072 DEC/1999
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83

ONIDA SD 57564

Telephone #_____
FAX #_____
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_____

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____			
_____	Vice President	_____			
_____	Secretary	_____			
_____	Treasurer	_____			

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

_____ Director _____
_____ Director _____

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

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

5 NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 12-4-00 By _____ (Signature)

Its Pres (Title)

STATE OF South Dakota
ss
COUNTY OF Hughes

On this the 4th day of December, 20 00, before me, Mary J. Deichert personally appeared Brian Kinkler, 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 _____ MARY J. DEICHERT, Notary Public My Commission Expires July 26, 2004 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)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 1/10/01
FILE NO 0101205.6907

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report

1. The name of the corporation is Brian Kinkler Inc
   The state of incorporation is South Dakota
2. The name of the registered agent in South Dakota and the registered office address is Brian Kinkler 19505 Hwy 83 Onida SD Zip + 4 57564-9626
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A
4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
   N/A
5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
	N/A	

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is _____ (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
		N/A	

8. The percentage of gross receipts of this corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 12-4-00

By _____ (Signature)

Its Pres (Title)

STATE OF South Dakota
COUNTY OF Hughes ss

On this the 4th day of December, 2000, before me, Mary L Deichert personally appeared Brian Kinkler 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 _____

Mary L. Deichert Notary Public

MARYL DEICHERT, Notary Public
My Commission Expires
July 26, 2004

(Notarial Seal)

SOS CRP 410 10/92

K/0201211.3608

2001

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

ANNUAL REPORT

0201211.3608
1/4/02

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 12-1-01
RECEIPT NO. 102600200

RECEIVED
NOV 14 '01
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-000072 DEC/2000
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

Telephone #________
FAX #________
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.

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

★ ★

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

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

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

	Director	
	Director	

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 11-7-01

By [signature]
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Hughes ss

On this the 7th day of November 2001, before me, Mary L. Deichert
personally appeared Brian Kinkler, 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 ________ MARY L. DEICHERT, Notary Public My Commission Expires July 26, 2004

[signature]
Notary Public

(Notarial Seal)

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)

K1020

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

20121.3608
174702

FILE DATE _____
RECEIPT NO. _____
RECEIVED
NOV 14 '01
S.D. SEC. OF STATE

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

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Brian Kinkler Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is

Brian Kinkler 19505 US Hwy 83 Onida SD 57564-9626

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is

NA

4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

NA

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
NA		

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262.274. (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
NA			

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 11-7-01.

Brian Kinkler
(Signature)
Pres.
(Title)

STATE OF South Dakota
COUNTY OF Hughes

On this the 7th day of November, 2001, before me, Mary L Deichert personally appeared Brian Kinkler, 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

Mary L Deichert
(Notary Public)

(Notarial Seal)

MARY L. DEICHERT, Notary Public
My Commission Expires
July 26, 2004

farmrep.pdf

8121 8.2912

2002 ANNUAL REPORT

0301216.2912
1730703

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 12/26/02
RECEIPT NO. 114205
RECEIVED
DEC 2 . '02
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-000072

DF-000072 DEC/2001
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

Telephone #__________
FAX #__________
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__________

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

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

__________ Director __________
__________ Director __________

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is $ 262,274 (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 12-24-02

By Brian Kinkler
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Hughes ss

On this the 24th day of December, 2002, before me, Mary L. Deichert personally appeared Brian Kinkler, 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.

MARY L. DEICHERT, Notary Public
My Commission Expires July 26, 2004

My Commission Expires__________

Mary L. Deichert
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 _____
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)

K/030

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

ANNUAL FARM ~~REPORT~~

PLEASE TYPE OR USE ~~BLACK~~ INK

Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE RECEIVED

1. Corporate name and address:

~DF~000072~

DF-000072 DEC/2001
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Brian Kinkler 19505 US Hwy 83 Onida SD 57564

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

NA

6. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
NA		

7. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262274. (Degree of kindred is defined as number of generations with each generation being a degree.) a" applies only to FAMILY FARM CORPORATIONS

8. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
NA			

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 12.24.02

Brian Kinkler
(Signature)

Pres
(Title)

STATE OF South Dakota
COUNTY OF Hughes

On this the 24th day of December, 2002, before me, Mary L Deichert personally appeared Brian Kinkler, 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

MARY L. DEICHERT, Notary Public
My Commission Expires
July 26, 2004

My Commission Expires

Mary L Deichert
(Notary Public)

(Notarial Seal)

farmrep.pdf

225 2105

2003 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

01/09/04
FILE DATE ~~RECEIVED~~
RECEIPT NO. 1284854
JAN 09 '04
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-000072
DF-000072 DEC/2002
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

Telephone #______
FAX #______
Federal Taxpa

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______

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

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

	Director	
	Director	

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is $ 262,274 . (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 1-8-04

By [signature] (Signature)

Its Pres. (Title)

STATE OF South Dakota
COUNTY OF Hughes ss

On this the 8th day of January, 2004, before me, Mary L Deichert personally appeared Brian Kinkler, 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 MARY L. DEICHERT, Notary Public My Commission Expires July 26, 2004

[signature] Notary Public

(Notarial Seal)

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

SOS CRP 07/03

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)

231 5799 11/24/2004

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 12/01/04
RECEIPT NO. 1379457

1. Corporate Name, Registered Agent and Registered Address:

DF000072
DF000072 DEC/2003
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

Telephone # ____________
FAX # ______
Federal Taxpa
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 character of the business in which it is actually engaged in South Dakota ____________

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

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

	Director	
	Director	

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is $ 262,274 . (Money received for issued shares)

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

Dated 11-10-04

Brian Kinkler
(Signature)

Pres.
(Title)

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

SOS CRP 07/04

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 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)

Revised 07/04

231 5800

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 12/01/04

RECEIVED
NOV 1 7 '04
SEC. OF STATE

1. Corporate name and address:

DF000072

DF000072 DEC/2003
KINKLER, (BRIAN) INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is

Brian Kinkler 19505 US Hwy 83 Onida SD 57564

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is

NA

5. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

NA

6. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
NA		

7. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262,274. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
NA			

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 11-10-04.

Brian Kinkler
(Signature)

Pres.
(Title)

243 2660 12/08/2005

2005 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 12/01/05
RECEIPT NO. 1500694

RECEIVED
NOV 30 '05
S.D. SEC. OF STATE

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

DF000072
DF000072 DEC/2004
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

Telephone # 605-264-5337
FAX # ______

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

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

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

★ ★

2. The address of the principal office 19505 US Hwy 83

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Brian Kinkler	President	19505 US Hwy 83	Onida	SD	57564
Brian Kinkler	Vice President	19505 US Hwy 83	Onida	SD	57564
Brian Kinkler	Secretary	19505 US Hwy 83	Onida	SD	57564
Brian Kinkler	Treasurer	19505 US Hwy 83	Onida	SD	57564

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

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

______ Director ______

______ Director ______

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
500,000	Common	

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
262,274	Common	

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

Dated 11-16-05

[signature]
Signature

Brian Kinkler
Printed Name

Pres.
Title

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

SOS CRP 07/05

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

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

1. The name of the corporation is _____

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

   _____ ZIP + 4 _____

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

   _____ ZIP + 4 _____

4. The name of its current registered agent is _____

5. The name of its new registered agent is * _____

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

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

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

Dated _____

_____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

_____
(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 12/01/05

RECEIVED

NOV 30 '05

S.D. SEC. OF STATE

243 2661

1. Corporate name and address:

DF000072
DF000072 DEC/2004
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Brian Kinkler 19505 Hwy 83 Onida SD 57564

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

NA

6. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
NA		

7. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262,274. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. **List changes only** of names, address and number of shares owned by shareholders

~~NAME~~	~~ADDRESS~~	~~NUMBER OF SHARES~~	~~DEGREE OF KINDRED~~
NA			

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 11-16-05.

Brian Kinkler
(Signature)

President
(Title)

255 2261 11/28/2006

2006 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 12/01/00
RECEIPT NO. 16452/

RECEIVED
NOV 14 2006
S.D. SEC. OF STATE

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

DF000072
DF000072 DEC/2005
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

Telephone # 605-264-5337
FAX # ____________

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

★★★★ ATTENTION - FILING INSTRUCTIONS ★★★★

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

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

★★★

2. The address of the principal office ____________

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

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

____________ Director ____________

____________ Director ____________

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
500,000	Common	

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
262,274	Common	

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

Dated 11-10-06

[signature]
Signature

Brian Kinkler
Printed Name

Pres
Title

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

SOS CRP 07/05

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

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

1. The name of the corporation is _____

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

   _____ ZIP + 4 _____

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

   _____ ZIP + 4 _____

4. The name of its current registered agent is _____

5. The name of its new registered agent is * _____

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

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

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

Dated _____ _____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____ _____
(signature)

255 2261 11/28/2006

2006 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 12/01/00
RECEIPT NO. 16452/

RECEIVED
NOV 14 2006
S.D. SEC. OF STATE

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

DF000072
DF000072 DEC/2005
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

Telephone # 605-264-5337
FAX # ____________

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

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

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

★ ★

2. The address of the principal office ____________

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

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

____________ Director ____________

____________ Director ____________

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
500,000	Common	

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
262,274	Common	

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

Dated 11-10-06

[signature]
Signature

Brian Kinkler
Printed Name

Pres
Title

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

SOS CRP 07/05

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

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

1. The name of the corporation is _____

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

   _____ ZIP + 4 _____

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

   _____ ZIP + 4 _____

4. The name of its current registered agent is _____

5. The name of its new registered agent is * _____

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

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

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

Dated _____ _____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____ _____
(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 12/01/06

RECEIVED
NOV 14 2006
S.D. SEC. OF STATE

255 2262

1. Corporate name and address:

DF000072
DF000072 DEC/2005
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Brian Kinkler 19505 US Hwy 83 Onida SD 57564

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

NA

6. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
NA		

7. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262,274. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
NA			

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 11-10-06.

(Signature)

Pres
(Title)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 12/01/07

RECEIVED
NOV 29 2007
S.D. SEC. OF STATE

269 3454 12.10.2007

1. Corporate name and address:

DF000072
DF000072 DEC/2006
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Brian Kinkler 19505 US Hwy 83, Onida, SD 57564

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is NA

5. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

NA

6. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
NA		

7. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 262,274. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
NA			

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 20 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 11-23-07.

(Signature)

Pres
(Title)

269 3453 12/18/2007

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/01/07
RECEIPT NO. 7739845

RECEIVED
NOV 29 2007
S.D. SEC. OF STATE

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

DF000072
DF000072 DEC/2006
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

Telephone # 605-264-5337
FAX # ______

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

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

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

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

★★★

2. The address of the principal office ______

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

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

______ Director ______
______ Director ______

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
500,000	Common	

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
262,274	Common	

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

Dated 11-23-07

[signature]
Signature

Brian Kinkler
Printed Name

Pres
Title

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

SOS CRP 07/05

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

File Date _____
Receipt No. _____

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

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)

282 3524 11/24/2008

2008 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: $30 Make check payable to SECRETARY OF STATE

FILE DATE 12/01/08
RECEIPT NO 195210
RECEIVED
NOV 04 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DF000072
DF000072 DEC/2007
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

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.

19505 US Hwy 83	Onida	SD	57564
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Brian Kinkler

19505 US Hwy 83	Onida	SD	57564
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 one director.

	Street Address	City	State	ZIP+4
☑ Brian Kinkler, President	19505 US Hwy 83	Onida	SD	57564
☑ Brian Kinkler, Vice President	19505 US Hwy 83	Onida	SD	57564
☑ Brian Kinkler, Secretary	19505 US Hwy 83	Onida	SD	57564
☑ Brian Kinkler, Treasurer	19505 US Hwy 83	Onida	SD	57564
☐ Director				
☐ Director				

Dated 12-27-08

Brian Kinkler
(Signature of an authorized officer)

Brian Kinkler
(Printed Name)

Pres
(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 10-27-08

(Signature of an authorized officer)

Brian Kimmler

(Printed Name)

Pres

(Title)

282 3524 11/24/2008

2008 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: $30 Make check payable to SECRETARY OF STATE

FILE DATE 12/01/08
RECEIPT NO 195210
RECEIVED
NOV 04 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DF000072
DF000072 DEC/2007
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

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.

19505 US Hwy 83	Onida	SD	57564
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Brian Kinkler

19505 US Hwy 83	Onida	SD	57564
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 one director.

	Street Address	City	State	ZIP+4
☑ Brian Kinkler, President	19505 US Hwy 83	Onida	SD	57564
☑ Brian Kinkler, Vice President	19505 US Hwy 83	Onida	SD	57564
☑ Brian Kinkler, Secretary	19505 US Hwy 83	Onida	SD	57564
☑ Brian Kinkler, Treasurer	19505 US Hwy 83	Onida	SD	57564
☐ Director				
☐ Director				

Dated 12-27-08

Brian Kinkler
(Signature of an authorized officer)

Brian Kinkler
(Printed Name)

Pres
(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 10-27-08

(Signature of an authorized officer)

Brian Kimmler

(Printed Name)

Pres

(Title)

282 3525

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

ANNUAL FARM REPORT
Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 12/01/08
RECEIPT NO 151210
RECEIVED
NOV 0 4 2008
S.D. SEC. OF STATE

Telephone # _____
FAX # _____
FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:

DF000072
DF000072 DEC/2007
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

2. The name of the South Dakota Registered Agent Brian Kinkler

19505 US Hwy 83	Onida	SD	57564
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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

NA

County	Section	Township	Acres
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	262,274
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	20 %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

NA

Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred

Dated 10-27-08

Brian Kinkler
(Signature of an authorized officer)

Brian Kinkler
(Printed Name)

Pres
(Title)

corporationfarmreport July 2008

298 1437

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: $50 Make check payable to SECRETARY OF STATE

FILE DATE 12/1/09
RECEIPT NO 1971312

RECEIVED
NOV 23 2009
S.D. SEC. OF STATE

1. Corporate ID and Name: 2009

DF000072

BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA, SD 57564

Telephone # (605) 264-5337
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.

19505 US HWY 83	ONIDA	SD	57564
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent BRIAN KINKLER

19505 US HWY 83	ONIDA	SD	57564
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 one director.

☑	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
☑	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
☑	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Secretary	Street Address	City	State	ZIP+4
☑	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated 11-20-09

Brian Kinkler
(Signature of an authorized officer)

Brian Kinkler
(Printed Name)

Pres
(Title)

298 1438

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

ANNUAL FARM REPORT
Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 12/1/09
RECEIPT NO

RECEIVED
NOV 23 2009
S.D. SEC. OF STATE

Telephone # (605) 264-5337
FAX #
FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:

2009

DF000072

BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA, SD 57564

2. The name of the South Dakota Registered Agent BRIAN KINKLER

19505 US HWY 83	ONIDA	SD	57564
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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	262,274
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	20 %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred

Dated 11-20-09

Brian Kinkler
(Signature of an authorized officer)

Brian Kinkler
(Printed Name)

Pres
(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 12/15/10
RECEIPT NO. 2096026
RECEIVED
DEC 15 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DF000072
DF000072 DEC/2009
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

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:~~

19505 US Hwy 83	Onida	SD	57564
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Brian Kinkler

19505 US Hwy 83	Onida	SD	57564
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

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

☑ Brian Kinkler	19505 US Hwy 83	Onida	SD	57564
President	Street Address	City	State	ZIP+4
☑ Brian Kinkler	19505 US Hwy 83	Onida	SD	57564
Vice President	Street Address	City	State	ZIP+4
☑ Brian Kinkler	19505 US Hwy 83	Onida	SD	57564
Secretary	Street Address	City	State	ZIP+4
☑ Brian Kinkler	19505 US Hwy 83	Onida	SD	57564
Treasurer	Street Address	City	State	ZIP+4
☐				
Director	Street Address	City	State	ZIP+4
☐				
Director	Street Address	City	State	ZIP+4

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

Dated 12-8-2010

Brian Kinkler pres
(Signature of an Authorized Person)

Brian Kinkler pres
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

_____
(Signature of an Authorized Person)

_____
(Printed Name)

314 0520 12/23/2010

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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 12/15/10
RECEIPT NO ~~~

RECEIVED
DEC 15 2010
S.D. SEC. OF STATE

Telephone # _____
FAX # _____
FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:

DF000072

DF000072 DEC/2009
BRIAN KINKLER, INC.
KINKLER, BRIAN
19505 HWY 83
ONIDA SD 57564

2. The name of the South Dakota Registered Agent Brian Kinkler

19505 US Hwy 83	Onida	SD	57564
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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

NA

County	Section	Township	Acres
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The **NUMBER OF SHARES** owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	262,274
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	20 %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares
Name	Address	City	State	Zip	Shares
Name	Address	City	State	Zip	Shares

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

Dated 12-8-2010

Brian Kinkler Pres
(Signature of an Authorized Person)

Brian Kinkler pres
(Printed Name)

corporationfarmreport July 2010

2011 Enter Filing Year

ANNUAL FARM REPORT

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

Corporation

Please Type or Print Clearly In Ink

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

FILE DATE 11/30/2011

RECEIPT NO 9042

1. Corporate Name and Address:
DF000072
BRIAN KINKLER, INC.
19505 US HWY 83
ONIDA, SD57564-7702

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

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

19505 US HWY 83	ONIDA	SD	57564-7702
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BRIAN KINKLER

19505 HWY 83	ONIDA	SD	57564
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 servers as a director. South Dakota Law requires at least one director.

X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY	ONIDA	SD	57564
	Secretary	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	262274
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	20%

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares	DOK

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 11/30/2011

Signature Accepted Electronically
(Signature of an Authorized Person)

BRIAN KINKLER
(Printed Name)

11/30/2011 3:06:33PM

2012 **Enter Filing Year**

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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly In Ink

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

FILE 1/31/2013

RECEIPT NO 92480

1. Corporate Name and Address:
DF000072
BRIAN KINKLER, INC.
19505 US HWY 83
ONIDA, SD 57564-7702

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

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

19505 US HWY 83	ONIDA	SD	57564-7702
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BRIAN KINKLER

19505 HWY 83	ONIDA	SD	57564
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 servers as a director. South Dakota Law requires at least one director.

X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY	ONIDA	SD	57564
	Secretary	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	262274
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares

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 01/31/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

BRIAN KINKLER

(Printed Name)

1/31/2013 6:41:40 PM

2013 **Enter Filing Year**

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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly In Ink

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

FILE 12/26/2013

RECEIPT NO 162939

1. Corporate Name and Address:
DF000072
BRIAN KINKLER, INC.
19505 US HWY 83
ONIDA, SD 57564-7702

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

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

19505 US HWY 83	ONIDA	SD	57564-7702
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BRIAN KINKLER

19505 HWY 83	ONIDA	SD	57564
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 servers as a director. South Dakota Law requires at least one director.

X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY	ONIDA	SD	57564
	Secretary	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	262274
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares

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

Date 12/26/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

KEVIN L STULKEN

(Printed Name)

12/26/2013 2:14:00 PM

2014 Enter Filing Year

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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly In Ink

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

FILE DATE 10/20/2014

RECEIPT NO 240272

1. Corporate Name and Address:
DF000072
BRIAN KINKLER, INC.
19505 US HWY 83
ONIDA, SD 57564-7702

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

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

19505 US HWY 83	ONIDA	SD	57564-7702
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BRIAN KINKLER

19505 HWY 83	ONIDA	SD	57564
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 servers as a director. South Dakota Law requires at least one director.

X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY	ONIDA	SD	57564
	Secretary	Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	262274
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares

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 10/20/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

KATHRYN A ENGLUND

(Printed Name)

10/20/2014 1:38:58 PM

2015

Enter Filing Year

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

ANNUAL FARM REPORT

Corporation

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

Please Type or Print Clearly In Ink

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

FILE DATE 12/16/2015

RECEIPT NO 360268

1. Corporate Name and Address:

DF000072

BRIAN KINKLER, INC.

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

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

19505 US HWY 83	ONIDA	SD	57564-7702
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BRIAN KINKLER

19505 HWY 83	ONIDA	SD	57564
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. Please place a check mark next to the name if the principal officer servers as a director. South Dakota Law requires at least one director.

X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	President	Actual Street Address	City	State	ZIP+4
X	CARMEN KINKLER SMITH	2050 LION LAKE DRIVE SOUTH	WESLACO	TX	79109
	Vice President	Actual Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY	ONIDA	SD	57564
	Secretary	Actual Street Address	City	State	ZIP+4
X	BRIAN KINKLER	19505 US HWY 83	ONIDA	SD	57564
	Treasurer	Actual Street Address	City	State	ZIP+4

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Director	Actual Street Address	City	State	ZIP+4

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Director	Actual Street Address	City	State	ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	262274
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Actual Street Address	City	State	ZIP+4	Shares

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

Dated 12/16/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

KATHRYN ENGLUND

(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.

12/16/2015 11:45:16 AM