

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Organization Domestic LLC

ORGANIZATIONAL ID# DL039782

I, **Jason Gant**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of

Hidden Springs LLC

duly signed and verified, have been received in this office and are found to conform to law.

ACCORDINGLY, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this 07/31/2014.



Jason M. Gant
Secretary of State

8/7/2014 8:07:33 AM
Change ID: 1187699

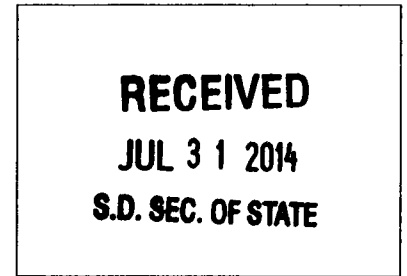
Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ARTICLES OF ORGANIZATION DOMESTIC LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: \$150 payable to SECRETARY OF STATE



Telephone #	(605) 582-8877
FAX #	(605) 582-8877

Filed this 31st day of July 2014
Jason Jant

SECRETARY OF STATE

Article I

The name of the company is Hidden Springs LLC

The name must contain limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

Article II

The duration of the company if other than perpetual is 50 years

Article III

The address of the initial designated office in or out of the State of South Dakota where the company conducts its business.

<u>48326 260th Street</u>	<u>Brandon</u>	<u>SD</u>	<u>57005-6700</u>
Street Address	City	State	ZIP+4

<u>Mailing Address (Optional)</u>	<u>City</u>	<u>State</u>	<u>ZIP+4</u>
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Article IV

The South Dakota Registered Agent name is r Kellee A. Valnes

<u>48326 260th Street</u>	<u>Brandon</u>	<u>SD</u>	<u>57005-6700</u>
Street Address or Rural Route Number in This State and	City	State	ZIP+4

<u>Mailing Address in This State, if Different from Street Address</u>	<u>City</u>	<u>State</u>	<u>ZIP+4</u>
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When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent.

Article V

The name and address of each organizer

Curtis A. Valnes	48326 260th Street	Brandon	SD	57005-6700
Name	Street Address	City	State	ZIP+4
Kellee A. Valnes	48326 260th Street	Brandon	SD	57005-6700
Name	Street Address	City	State	ZIP+4
Jason M. Uphoff	48326 260th Street	Brandon	SD	57005-6700
Name	Street Address	City	State	ZIP+4
Benjamin J. Uphoff	2006 S. 5th Avenue	Sioux Falls	SD	57105
Name	Street Address	City	State	ZIP+4

- see attached page - additional members

Article VI

Check one:

- The company will be member managed.
 The company will be manager managed.

If this company is to be manager managed, please state the name and address of each initial manager.

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Article VII

Whether one or more of the members of the company are to be liable for its debts and obligations as set forth under SDCL 47-34A-303 (c).

N/A or none

Additional Organizers or members

Desirae N. Norton 9724 N. 151st Street Bennington, NE 68007

Derek G. Valnes 216 S. Augusta Brandon, SD 57005

Article VIII

Any other provisions not inconsistent with law, which the members elect to set out in the articles of organization.

NONE

The Articles of Organization must be executed by the organizers.

Dated 7/27/2014

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.

Curtis A. Valnes
(Signature of an organizer)

Curtis A. Valnes
(Printed Name)

Managing Partner
(Title)

Dated 7/27/2014

Kellee A. Valnes
(Signature of an organizer)

Kellee A. Valnes
(Printed Name)

Managing Partner
(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)



Secretary of State

Jason M. Gant

State Capitol | 500 E. Capitol Ave. | Pierre, South Dakota 57501 | sdsos@state.sd.us | sdsos.gov

Return To: CURT & KELLE VALNES
48326 260TH ST
BRANDON, SD 57005

From: Secretary of State Jason M. Gant
Corporations Division

Filing Date: 07/31/2014

Re: Hidden Springs LLC (DL039782)
Articles of Organization

The documents on behalf of Hidden Springs LLC have been received and filed. Attached is the Certificate along with a receipt for the filing fee of \$150.00. Below is a summary of the transaction.

Remitter	Address	Amount Paid
KELLE A VALNES	48326 260TH ST BRANDON, SD 57005	\$150.00
Total:		\$150.00

Description	Invoice Date	Qty	Receipt #	Subtotal
Articles of Organization	08/07/2014	1	222226	\$150.00
Total:				\$150.00

Administration
Tel: (605) 773-3537
Fax: (605) 773-6580

Corporations
Tel: (605) 773-4845
Fax: (605) 773-4550

Uniform Commercial Code
Tel: (605) 773-3537
Fax: (605) 773-6580



2015

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

Enter Filing Year

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

Please Type or Print Clearly In Ink

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

FILE DATE 8/6/2015

RECEIPT NO 325645

Telephone #

1. L.L.C. ID and Name:

DL039782

Hidden Springs LLC

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

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

48326 260TH STREET BRANDON SD 57005-6700

Actual Street Address or Rural Route Box Number City State ZIP+4

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

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: KELLEE A VALNES

48326 260TH STREET BRANDON SD 57005-6700

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

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

Email Address (Optional)

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

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

Dated 08/06/2015

Email

(Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

KELLEE A VALNES

(Printed Name)

2016

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 5/18/2016

RECEIPT NO 417540

1. LLC ID and Name:

DL039782

Enter LLC ID

Hidden Springs LLC

Enter LLC Name

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

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

48326 260TH STREET	BRANDON	SD	57005-6700
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

Mailing Address, if Different from Street Address	City	State	ZIP+4
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4. The name of the South Dakota Registered Agent

Agent Name: KELLEE A VALNES

48326 260TH STREET	BRANDON	SD	57005-6700
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
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5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)
KELLEE A VALNES

(Printed Name)

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

5/18/2016 5:49:48 PM