338 0432

Receipt Number: 1458065

File Number DL008844

DL008844

ARTICLES OF ORGANIZATION

ARTICLES_OF_ORGANIZATION

For

BLACK HILLS TECHNOLOGIES, LLC

Filed at the request of:

JOHN D BURCKHARD
310 SOUTH BERRY PINE ROAD
RAPID CITY SD 57702

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Wednesday, March 16, 2005**

Chris Nelson

Secretary of State

Fee Received: $125.00

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Organization
Limited Liability Company

ORGANIZATIONAL ID #: DL008844

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **BLACK HILLS TECHNOLOGIES, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, 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 March 16, 2005.

Chris Nelson

Chris Nelson
Secretary of State

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

338 0434

ARTICLES OF ORGANIZATION
OF A
DOMESTIC LIMITED LIABILITY COMPANY

RECEIVED
MAR 16 '05
S.D. SEC. of STATE

16th March 2005

1. The name of the Limited Liability Company is: Black Hills Technologies, LLC

2. The duration of the company if other than perpetual is: _____

3. The address of the initial designated office is: 310 South Berry Pine Road
Rapid City, SD 57702

4. The name and street address of the initial agent for service of process is: John Donald Burckhard
310 South Berry Pine Road
Rapid City, SD 57702

5. The name and address of each organizer:
John Donald Burckhard
310 South Berry Pine Road
Rapid City, SD 57702

6. If the company is to be a manager-managed company rather than a member-managed company, the name and address of each initial manager is:

7. Whether one or more of the members of the company are to be liable for its debts and obligations under SDCL 47-34A-303 (c).
No member of this LLC shall be personally liable for the expenses, debts, obligations or liabilities of the LLC, or for claims made against it.

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

The Articles of Organization must be signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date: 03/15/05

Member
(Signature and Title)

(Signature and Title)

(Signature and Title)

FILING INSTRUCTIONS:

- **One or more persons may organize a Limited Liability Company**
- **The articles must be accompanied by the first Annual Report**
- **One original and one exact or conformed copy must be submitted**

LLC8844

338 0435

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

FIRST ANNUAL REPORT
OF A
LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is:

Black Hills Technologies, LLC

2. The state or country under whose law it is organized is: South Dakota

3. The **address** of its registered office and the **name of its registered agent** for service of process in South Dakota is:

John Donald Burckhard
310 South Berry Pine Road
Rapid City, SD 57702

4. The address of its principal office is:

310 South Berry Pine Road
Rapid City, SD 57702

5. The names and business addresses of any managers:

6. The dollar amount of the total agreed contributions to the Limited Liability Company is $ $1.00 .*

Date: [redacted]

(Signature and Title)

*** FILING FEE: $125**

2006 ANNUAL REPORT

246 3757

FILE DATE 3/3/06
RECEIPT NO. 1534619

RECEIVED
MAR 3 '06
S.D. SEC. OF STATE

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:

DL008844

DL008844 MAR/0000
BLACK HILLS TECHNOLOGIES, LLC
BURCKHARD, JOHN DONALD
310 S BERRY PINE ROAD
RAPID CITY SD 57702-1924

Telephone # 605-390-2612
FAX # _____

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

John Donald Burckhard
310 South Berry Pine Rd Rapid City SD 57702

4. The address of its principal office is: 310 South Berry Pine Rd
Rapid City SD 57702

5. The names and business addresses of any managers:

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 3-1-06

Signature

John Donald Burckhard
Printed Name

Owner
Title

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

Revised 7/05 DBLLCAR.DOC

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

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

FILING FEE: $10

The undersigned Limited Liability Company 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 limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

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

7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

_____
(Signature)

_____
(Title)

259 3345 03/21/2007

2007 ANNUAL REPORT

FILE DATE 3/12/07
RECEIPT NO. 165419

RECEIVED
MAR 12 2007
S.D. SEC. OF STATE

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:

DL008844

DL008844 MAR/2006
BLACK HILLS TECHNOLOGIES, LLC
BURCKHARD, JOHN DONALD
310 S BERRY PINE ROAD
RAPID CITY SD 57702-1924

Telephone # 605-390-2612
FAX # _____

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

John Donald Burckhard
2663 Cavern Rd Rapid City, SD 57702

4. The address of its principal office is: 2663 Cavern Rd
Rapid City, SD 57702

5. The names and business addresses of any managers:

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 3-7-07

Signature _____

John D Burckhard
Printed Name

Owner
Title

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

Revised 7/05 DBLLCAR.DOC

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

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

FILING FEE: $10

The undersigned Limited Liability Company 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 limited liability company is Black Hills Technologies LLC

2. The previous address of its registered office 310 S Berry Pine Rd

Rapid City SD ZIP 57702

3. The address to which the registered office is to be changed (including street address) is 2663 Cavern Rd

Rapid City, SD ZIP 57702

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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date 3-7-07

_____
(Signature)

John D Burckhard
(Printed Name)

Owner
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ _____
(signature)

llcstchnge.doc (LLCStch)

Revised 07/06

273 2956 03/20/2008

2008 ANNUAL REPORT

FILE DATE 3-1-08
RECEIPT NO. 177598

RECEIVED
FEB 26 2008
S.D. SEC. OF STATE

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:

DL008844
DL008844 MAR/2007
BLACK HILLS TECHNOLOGIES, LLC
BURCKHARD, JOHN DONALD
2663 CAVERN RD
RAPID CITY SD 57702-4744

Telephone # 605-390-2612
FAX #

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

John Donald Burckhard
2663 Cavern Rd Rapid City SD 57702

4. The address of its principal office is: same

5. The names and business addresses of any managers:

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 2-22-08

Signature

John D Burckhard
Printed Name

Owner / member
Title

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

Revised 7/05 DBLLCAR.DOC

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

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

FILING FEE: $10

The undersigned Limited Liability Company 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 limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

_____
(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 _____
(limited liability company name)

Dated _____ _____
(signature)

2009 ANNUAL REPORT
DOMESTIC L.L.C.

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 3/1/09
RECEIPT NO. 1844932
RECEIVED
FEB 18 2009
S.D. SEC. OF STATE

287 2421

1. L.L.C. Name, Registered Agent Name and Address:

DL008844

DL008844 MAR/2008
BLACK HILLS TECHNOLOGIES, LLC
BURCKHARD, JOHN DONALD
2663 CAVERN RD
RAPID CITY SD 57702-4744

Telephone # 605-390-2612
FAX #

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

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

Street Address	City	State	ZIP+4
2663 Cavern Rd	Rapid City	SD	57702
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent John Donald Burckhard

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
2663 Cavern Rd	Rapid City	SD	57702
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

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

Dated 2-9-09

(Signature of an Authorized Manager or Member)

John Donald Burckhard
(Printed Name)

Owner
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

2010

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 3-1-10
RECEIPT NO 200271LC

RECEIVED
FEB 25 2010
S.D. SEC. OF STATE

302 1234

1. L.L.C. Name, Registered Agent Name and Address:

DL008844

DL008844 MAR/2009
BLACK HILLS TECHNOLOGIES, LLC
BURCKHARD, JOHN DONALD
2663 CAVERN RD
RAPID CITY SD 57702-4744

Telephone # 605-390-2612
FAX #

FILING DATE: Due during the month the Certificate of Organization 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.

2663 Cavern Rd | Rapid City | SD | 57702
Street Address | City | State | ZIP+4

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

3. The name of the South Dakota Registered Agent John Donald Burckhard

2663 Cavern Rd | Rapid City | SD | 57702
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 managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

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

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

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

Dated 2-18-10

(Signature of an Authorized Manager or Member)

John Donald Burckhard
(Printed Name)

Owner
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

317 3095 04/18/2011

2011

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 03/07/11
RECEIPT NO 213919
RECEIVED
MAR 07 2011
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:

DL008844
DL008844 MAR/2010
BLACK HILLS TECHNOLOGIES, LLC
BURCKHARD, JOHN DONALD
2663 CAVERN RD
RAPID CITY SD 57702-4744

Telephone # 605-390-2612
FAX #

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

2. The jurisdiction under whose law it is formed South Dakota

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

Street Address	City	State	ZIP+4
2663 Cavern Rd	Rapid City	SD	57702
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent John Burckhard

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
2663 Cavern Rd	Rapid City	SD	57702
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	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 2-21-11

(Signature of an Authorized Person)

John Donald Burckhard
(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	City	State	ZIP+4

5. If the address has changed, its new address

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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)

2012 Enter Filing Year

ANNUAL REPORT

FILE DATE 03/04/2012

RECEIPT NO 26631

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL008844
BLACK HILLS TECHNOLOGIES, LLC
2663 CAVERN RD
RAPID CITY, SD 57702-4744

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

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

2663 CAVERN RD	RAPID CITY	SD	57702-4744
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN DONALD BURCKHARD

2663 CAVERN RD	RAPID CITY	SD	57702-4744
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

	Manager	Street Address	City	State	ZIP+4
☐					
☐					
☐					

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

Dated 03/04/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

JULIE A BURCKHARD
(Printed Name)

3/4/2012 2:06:37PM

2013 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 2/23/2013
RECEIPT NO 96417

1. L.L.C. ID and Name:
DL008844
BLACK HILLS TECHNOLOGIES, LLC
2663 CAVERN RD
RAPID CITY, SD 57702-4744

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

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

2663 CAVERN RD	RAPID CITY	SD	57702-4744
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN DONALD BURCKHARD

2663 CAVERN RD	RAPID CITY	SD	57702-4744
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

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

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 02/23/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

JOHN D BURCKHARD
(Printed Name)

2/23/2013 5:59:05 PM

2014 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 3/1/2014
RECEIPT NO 180791

1. L.L.C. ID and Name:
DL008844
BLACK HILLS TECHNOLOGIES, LLC
2663 CAVERN RD
RAPID CITY, SD 57702-4744

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

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

2663 CAVERN RD	RAPID CITY	SD	57702-4744
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN DONALD BURCKHARD

2663 CAVERN RD	RAPID CITY	SD	57702-4744
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

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

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 03/01/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

JULIE BURCKHARD
(Printed Name)

3/1/2014 8:22:20 AM

2015 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 2/21/2015

RECEIPT NO 275471

1. L.L.C. ID and Name:
DL008844
BLACK HILLS TECHNOLOGIES, LLC
2663 CAVERN RD
RAPID CITY, SD 57702-4744

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

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

Street Address	City	State	ZIP+4
2663 CAVERN RD	RAPID CITY	SD	57702-4744
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN DONALD BURCKHARD

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
2663 CAVERN RD	RAPID CITY	SD	57702-4744
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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	Street Address	City	State	ZIP+4
☐					
☐					
☐					

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

Dated 02/21/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

JULIE BURCKHARD

(Printed Name)

2/21/2015 7:57:22 PM

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 2/21/2016

RECEIPT NO 385992

1. LLC ID and Name:

DL008844
Enter LLC ID

BLACK HILLS TECHNOLOGIES, 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).

2663 CAVERN RD	RAPID CITY	SD	57702-4744
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: JOHN DONALD BURCKHARD

2663 CAVERN RD	RAPID CITY	SD	57702-4744
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

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

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value

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 02/21/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

JULIE BURCKHARD

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. 2/21/2016 7:38:17 PM
A fee of up to $40 will be assessed for returned payments.