1994
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 5-31-94
RECEIPT RECEIVED
MAY 31 1994

1 Corporate Name, Registered Agent and Registered Address:

DB-024364 APR/93
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
BOX 98
EAST HWY 16 SO. OF TRUCK ARENA
CHAMBERLAIN, SD 57325-0098

Telephone # (605) 734-6562
FAX # Same
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.

[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: (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 5-26 1994

By (Signature)
Its Pres, PC (Title)

STATE OF South Dakota
COUNTY OF Brule ss

I, Marcella L. Jensen a notary public, do hereby certify that on this 26 day of May 1994 personally appeared before me Julie Williams who being by me first duly sworn, declared that he/she is the Pres of Mid River Veterinary Clinic P.C. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 7-21-2001

Notary Public

(Notarial Seal)

SOS CRP 418 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)

-April 95-

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 4-28-95
RECEIPT NO. 462118
RECEIVED
APR 2 8 1995
~~S.D. SEC. OF STATE~~

1. Corporate Name, Registered Agent and Registered Address:

DB-024364 APP 94
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
BOX 38
EAST HWY 16 SO. OF TRUCK ARENA
CHAMBERLAIN, SD 57325-0038

Telephone # (605) 734-6562
FAX # (605) 734-6219
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.

[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 (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 4-26 19 95

By Julie A Williams (Signature)
Its V Pres, PC (Title)

STATE OF South Dakota
COUNTY OF Brule ss

I, Jeffrey M. Gruntman, a notary public, do hereby certify that on this 26 day of April 1995, personally appeared before me Julie A Williams 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 9-3-2001

Jeffrey M. Gruntman
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 _____

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 4-26 19 90.

_____
(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)

97031862863

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 4-1-97
RECEIPT NO. 312577

1. Corporate Name, Registered Agent and Registered Address

DB-024364 Due April
MID RIVER VETERINARY CLINIC, P.C
Julie Williams DVM
E. Hwy 16, PO Box 94
Chamberlain, SD 57325

Telephone # (605) 734-6562
FAX # (605) 734-6719
Federal Taxpayer I[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.

[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 3-20 1997

By Julie Ann Williams DVM
(Signature)
Its Pres, PC
(Title)

STATE OF S Dak
COUNTY OF Brule ss

I, Rebecca K Dickau a notary public, do hereby certify that on this 20 day of March 1997 personally appeared before me Julie Williams who, being by me first duly sworn, declared that he/she is the President of Mid River Veterinary Clinic PC that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 11-21-2004

Rebecca K Dickau
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)

9703186-2864

1996

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

penalty

FILE DATE 3-24-97
RECEIPT NO. 612677

1. Corporate Name, Registered Agent and Registered Address:

DB-024364 due April 96
MID RIVER VETERINARY CLINIC, P.C.
JULIE WILLIAMS DVM
E. HWY 16
PO BOX 98
CHAMBERLAIN SD 57325

Telephone # (605) 734-6562
FAX # (605) 734-6319
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 3-20 1997

By _____
(Signature)

Its: Pres. PC
(Title)

STATE OF South Dakota
COUNTY OF Gregory ss

I, Katherine A Dufresne, a notary public, do hereby certify that on this 20 day of March 1997 personally appeared before me Julie Williams DVM who, being by me first duly sworn, declared that he/she is the Pres of Mid River Veterinary Clinic PC that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 11-21-2002

Katherine A Dufresne
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)

9805191 *3115

1998
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 4-6-98
RECEIPT NO. 706677

RECEIVED
APR 06 1998
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-024364 APR/97
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
BOX 98
EAST HWY 16 SO. OF TRUCK ARENA
CHAMBERLAIN, SD 57325-0098

Telephone # (605) 734-6562
FAX # (605) 734-6214
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 4/2 19 98

By Julie Williams (Signature)
Its Pres, PC (Title)

STATE OF South Dakota
COUNTY OF Brule ss

I, Cindy Hosek, a notary public, do hereby certify that on this 2nd day of April 19 98, personally appeared before me Julie Williams who, being by me first duly sworn, declared that he/she is the President of Mid River Veterinary Clinic, P.C. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 6-16-2003

CINDY HOSEK
NOTARY PUBLIC
SOUTH DAKOTA
(Notarial Seal)

Cindy Hosek
Notary Public

SOS CRP 6/97

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

9904196.1000

1999

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 4-1-99
RECEIPT NO. 786285

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

1. Corporate Name, Registered Agent and Registered Address:

DB-024364 APR/98
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
BOX 98
EAST HWY 16 SO. OF TRUCK ARENA
CHAMBERLAIN SD 57325-0098

Telephone #
FAX #
Federal Taxpayer I[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 26th Day of March 19 99

By [signature] (Signature)

Its Pres. PC (Title)

STATE OF SD
COUNTY OF Brule ss

I, Cindy Adams, a notary public, do hereby certify that on this 26th day of March 19 99 personally appeared before me Julie A. Williams who, being by me first duly sworn, declared that he/(she) is the President of Mid River Veterinary Clinic, PC the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 4/4/2001

[signature] Notary Public

(Notarial Seal)

SOS CRP 6/98

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

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

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

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

Dated _____ 19 ____ _____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____ ,a notary public, do hereby certify that on this _____ day of _____ 19 _____ , personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____ 19 ___ _____
(signature)

0005202.2936

2000

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

ANNUAL REPORT

0005202.2936
573700

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 4-1-00
RECEIPT NO. 873247

RECEIVED RECEIVED
MAR 30 '00 MAR 20 '00
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-024364 APR/1999
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
BOX 98
EAST HWY 16 SO. OF TRUCK ARENA
CHAMBERLAIN SD 57325-0098

Telephone # (605) 734-6562
FAX # (605) 734-0379
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. Pam did

★ ★

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
[illegible]	President	[illegible]	[illegible]	[illegible]	[illegible]
"	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 3/15/00

By [signature]
(Signature)

Its Pres. PC
(Title)

STATE OF South Dakota
COUNTY OF Brule
ss

On this the 16th day of March, 20 00, before me, Cindy Hosek personally appeared Julie Williams, 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 6-16-2003

Cindy Hosek
Notary Public

(Notarial Seal) SEAL CINDY HOSEK NOTARY PUBLIC SOUTH DAKOTA SEAL

SOS CRP 11/99

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

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

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

Dated _____ _____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

2001

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

0103207 4148
0121 01

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 4/1/01
RECEIPT NO. 963488
RECEIVED
MAR - 9 '01
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-024364 APR/2000
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
BOX 98
EAST HWY 16 SO. OF TRUCK ARENA
CHAMBERLAIN SD 57325-0098

Telephone # 605 734 6562
FAX # 605 734 6279
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 3/2/01

By Julie A. Williams
(Signature)

Its President
(Title)

STATE OF South Dakota
ss
COUNTY OF Brule

On this the 7th day of March 2001, before me, Cindy Hosek, personally appeared Julie Williams, 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 6-16-2003

Cindy Hosek
Notary Public

CINDY HOSEK
(Notarial Seal)
NOTARY PUBLIC
SOUTH DAKOTA

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 RFGISTERED 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)

8287215 113

2002 ANNUAL REPORT

020721500113
7/8/02

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILE DATE 6-17-02
RECEIPT NO. 111199/200
RECEIVED RECEIVED
JUN 17 '02 JUL 7 '02
S.D. SEC. OF STATE S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent and Registered Address:

DB-024364
DB-024364 APR/2001
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
BOX 98
EAST HWY 16 SO. OF TRUCK ARENA
CHAMBERLAIN SD 57325-0098

Telephone # (605) 734-6562
FAX # (605) 734-0379
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 6-5-02

By [signature]
(Signature)

Its Owner, President
(Title)

STATE OF South Dakota
COUNTY OF Brule ss

On this the 5 day of June, 2002, before me [signature], personally appeared Julie Williams, known to me, or proved to me, to be the Owner, 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 11-21-2004

[signature]
Notary Public

(Notarial Seal)

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

SOS CRP 11/01

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

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

1. The name of the corporation is _____
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)

0303219.1943

2003 ANNUAL REPORT

0303219.1943
3/20/03

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 3/13/03
RECEIPT NO. 1175172
RECEIVED
MAR 13 '03
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-024364 APR/2002
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
EAST HWY 16 S OF TRUCK ARENA
PO BOX 98
CHAMBERLAIN SD 57325-0098

Telephone #________
FAX #________
Federal Taxpayer #
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 3/12/03 By [signature] (Signature)

Its Pres. PC (Title)

STATE OF South Dakota
COUNTY OF Brule ss

On this the 12th day of March, 2003, before me, Cindy Hosek personally appeared Julie Williams, 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 6-16-2003

Cindy Hosek
Notary Public

(Notarial Seal)

CINDY HOSEK
NOTARY PUBLIC
SEAL
SOUTH DAKOTA
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

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 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)

227 1663 05/14/2004

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 04/07/04
RECEIPT NO 131402
RECEIVED
APR 07 '04
S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:

DB0243 64

DB024364 APR/2003
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
EAST HWY 16 S OF TRUCK ARENA
PO BOX 98
CHAMBERLAIN SD 57325-0098

Telephone # 605-734-6562
FAX # 605-734-0379
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 $ _____ . (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 3/26/04

By Julie Ann Williams
(Signature)

Its Pres, PC
(Title)

STATE OF South Dakota
COUNTY OF Brule
ss

On this the 26th day of March, 2004, before me, Kelli L. Potter personally appeared Dr. Julie Williams, 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 April 6, 2006

Notary Public

(Notarial Seal)

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

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)

234 2045 03/22/2005

2005 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 4-1-05
RECEIPT NO. 1418667
MAR
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB024364
DB024364 APR/2004
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
EAST HWY 16 S OF TRUCK ARENA
PO BOX 98
CHAMBERLAIN SD 57325-0098

Telephone # (605) 734-6562
FAX # (605) 734-0379
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 $ ____________ . (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 3-14-05

[signature] 3/14/05
Commission Expires: May 31, 2007

OFFICIAL SEAL
JONATHAN LARSON
Notary Public
State Of South Dakota

Julie Williams
(Signature)

Pres, PC
(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

248 2048

2006 ANNUAL REPORT

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

FILE DATE 04/03/06
RECEIPT NO. 1548644

RECEIVED APR 03 '06 S.D. SEC. of STATE

RECEIVED MAR 22 '06 S.D. SEC. OF STATE

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

DB024364
DB024364 APR/2005
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
~~EAST HWY 16 S OF TRUCK ARENA~~ 1950 East King
PO BOX 98
CHAMBERLAIN SD 57325-0098

Telephone # (605) 234-6562
FAX # (605) 234-0379

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 Mid River Veterinary Clinic, PC 1950 East King, Chamberlain, SD 57325-0098

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Dr Julie Williams	President	26314 350th Avenue	Chamberlain	SD	57325
"	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 veterinary clinic

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
250,000		

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
1000		

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

Dated 3-15-06

Signature [signature]

JUDY L. HASKINS
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

Judy L. Haskins

Julie Ann WILLIAMS DVM
Printed Name

Pres, PC
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 911 Address Change

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 Mid River Veterinary Clinic, PC

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

1950 East King Avenue Chamberlain SD ZIP + 4 57325-0098

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. PO Box 98 Chamberlain SD 57325-0098

1950 East King Avenue Chamberlain SD ZIP + 4 57825-0098

4. The name of its current registered agent is Julie Williams

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 3-20-06

Signature

Julie Ann Williams
Printed Name

Pres, PC
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)

261 2000 05/16/2007

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 04/24/07
RECEIPT NO. 1673461

RECEIVED
APR 24 2007
S.D. SEC. OF STATE

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

DB024364

DB024364 APR/2006
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
1950 EAST KING AVE
PO BOX 98
CHAMBERLAIN SD 57325-0098

Telephone # (605)234-6562
FAX # (605) 234-0379

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

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 4/4/07

Signature: Julie Ann Williams

Printed Name: Julie Ann Williams

Title: PC Pres

JUDY L. HASKINS
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL

Judy L. Haskins
2-20-2010

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)

275 0910 04/25/2008

2008 ANNUAL REPORT

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

FILE DATE 04/04/08
RECEIPT NO. 1186112

RECEIVED
APR 0 4 2008
S.D. SEC. OF STATE

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

DB024364
DB024364 APR/2007
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
1950 EAST KING AVE
PO BOX 98
CHAMBERLAIN SD 57325-0098

Telephone # (605) 234-6562
FAX # (605) 234-0379

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

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 3/31/08

Julie A. Williams DVM
Signature

Julie Ann WILLIAMS, DVM
Printed Name

Pres, PC
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)

275 0910 04/25/2008

2008 ANNUAL REPORT

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

FILE DATE 04/04/08
RECEIPT NO. 1786112
RECEIVED
APR 0 4 2008
S.D. SEC. OF STATE

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

DB024364
DB024364 APR/2007
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
1950 EAST KING AVE
PO BOX 98
CHAMBERLAIN SD 57325-0098

Telephone # (605) 234-6562
FAX # (605) 234-0379

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

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 3/31/08

Julie A. Williams DVM
Signature

Julie Ann WILLIAMS, DVM
Printed Name

Pres, PC
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)

2009 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 06/22/09
RECEIPT NO 1922667
RECEIVED
JUN 22 2009
S.D. SEC. OF STATE

292 1939 06/24/2009

1. Corporate Name, Registered Agent Name and Address:

DB0243 64

DB024364 APR/2008
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
1950 EAST KING AVE
PO BOX 98
CHAMBERLAIN SD 57325-0098

Telephone # (605) 234-6562
FAX # (605) 234-0379

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

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

Street Address	City	State	ZIP+4
1950 East King Ave	Chamberlain	SD	57325
Box 98	Chamberlain	SD	57325
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Dr Julie Ann Williams

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
See above 1950 East King Ave	Chamberlain		
See above Box 98			
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
☑	Dr Julie Ann Williams (President)	21314 350th Ave	Chamberlain	SD	57325
☐	Vice President				
☐	Secretary				
☐	Treasurer				
☐	Director				
☐	Director				

Dated 6/18/09

Julie Ann Williams DVM
(Signature of an authorized officer)

Julie Ann Williams DVM
(Printed Name)

Pres JRC
(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)

304 1208 04/16/2010

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 04/01/10
RECEIPT NO 2016989
RECEIVED
MAR 26 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB0243 64
DB024364 APR/2009
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
PO BOX 98
CHAMBERLAIN SD 57325-0098

Telephone # 605-234-6562
FAX # 605-234-0379

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

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

Street Address	City	State	ZIP+4
1950 East King Ave.	Chamberlain	SD	57325
P.O. Box 98 (Mailing Address (Optional))	Chamberlain	SD	57325-0098

3. The name of the South Dakota Registered Agent Dr. Julie Ann Williams

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
1950 East King Ave	Chamberlain	SD	57325
P.O. Box 98 (Mailing Address (Optional – Required to be a South Dakota Address))	Chamberlain	SD	57325

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.

	Name	Street Address	City	State	ZIP+4
☑	Dr. Julie Ann Williams (President)	26314 350th Ave	Chamberlain	SD	57325
☐	(Vice President)				
☐	(Secretary)				
☐	(Treasurer)				
☐	(Director)				
☐	(Director)				

Dated 3/24/10

(Signature of an authorized officer)

Julie Ann Williams, DVM
(Printed Name)

President of P.C.
(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)

2011

ANNUAL REPORT
DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 03-23-2011
RECEIPT NO 213560
RECEIVED
MAR 23 2011
S.D. SEC. OF STATE

Telephone # 605-234-0562

318 0426

1. Corporate Name, Registered Agent Name and Address:

DB0243 64
DB024364 APR/2010
MID RIVER VETERINARY CLINIC, P.C.
WILLIAMS, JULIE
PO BOX 98
CHAMBERLAIN SD 57325-0098

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.

1950 East King Ave	Chamberlain	SD	57325
Street Address	City	State	ZIP+4
P.O. Box 98	Chamberlain	SD	57325-0098
Mailing Address	City	State	ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Dr. Julie Ann Williams

1950 East King Ave	Chamberlain	SD	57325
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
P.O. Box 98	Chamberlain	SD	57325-0098
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

Email Address

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

☑	Dr. Julie Ann Williams	20314 350th Ave.	Chamberlain	SD	57325
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☐					
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

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

Dated [signature] 3/21/11
(Signature of an Authorized Person)

Email midrivervet@midstatesd.net

Julie Ann Williams, DVM
(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 _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

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

4. The address of the agent currently on file for this entity **(Old Registered Agent Address)**

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address City State ZIP+4

5. If the address has changed, list the new registered agent address

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

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

_____
Email Address

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

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

Dated _____ _____
(Signature of an Authorized Person)

Email _____ _____
(Printed Name)

2012 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 4/30/2012
RECEIPT NO 38904

1. Corporate ID and Name:
DB024364
MID RIVER VETERINARY CLINIC, P.C.
1950 EAST KING AVE
CHAMBERLAIN, SD 57325

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

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

1950 EAST KING AVE	CHAMBERLAIN	SD	57325
Street Address	City	State	ZIP+4
PO BOX 98	CHAMBERLAIN	SD	57325
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JULIE WILLIAMS

1950 EAST KING AVE	CHAMBERLAIN	SD	57325
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 98	CHAMBERLAIN	SD	57325-0098
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

X	JULIE ANN WILLIAMS	26314 350TH AVENUE	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

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

Date 04/30/2012

Signature Accepted Electronically
(Signature of an Authorized Person)
JULIE A WILLIAMS
(Printed Name)

4/30/2012 1:57:37 PM

394 2433

Receipt Number: 88938

File Number DB024364

DB024364

ARTICLES OF AMENDMENT

ARTICLES_OF_AMENDMENT

For

MID RIVER VETERINARY CLINIC, P.C. changing its name to J. A. WILLIAMS ENTERPRISES, INC.

Filed at the request of:

LARSON LAW PC
PO BOX 131
CHAMBERLAIN SD 57325

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Thursday, January 10, 2013**

Jason Gant
Secretary of State

Fee Received: $60.00

394 2434 01/24/2013

State of South Dakota

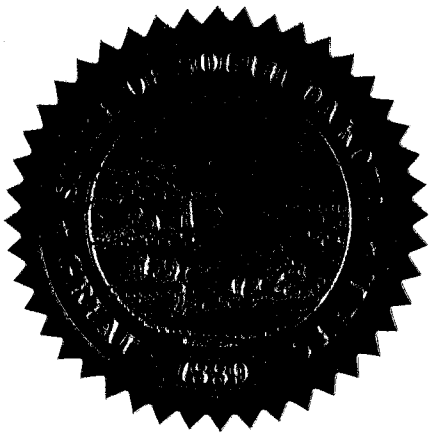
OFFICE OF THE SECRETARY OF STATE

Certificate of Amendment

ORGANIZATIONAL ID #: DB024364

I, Jason M. Gant, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **MID RIVER VETERINARY CLINIC, P.C. changing its name to J. A. WILLIAMS ENTERPRISES, INC.** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, 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 Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this January 10, 2013.

Jason M. Gant
Secretary of State

AmendCertificate Merge

Litho in U.S.A.

394 2435

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

AMENDMENT TO ARTICLES OF INCORPORATION
DOMESTIC BUSINESS CORPORATION

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: $60 payable to SECRETARY OF STATE

RECEIVED
JAN 10 2013
S.D. SEC. OF STATE

Telephone # _____
FAX # _____

Filed this 10th day of Jan, 2013
Jason Gant
SECRETARY OF STATE

1. The name of the corporation is MID RIVER VETERINARY CLINIC, P.C.

Note: This must be the exact corporate name.

2. The Articles of Incorporation have been amended in the manner prescribed by SDCL 47-1A and by the Articles of Incorporation on December 31, 2012.

☑ Adopted by the shareholders.

☐ Adopted by the Board of Directors.

3. Please state the amendment.

Article 1 which currently states that the name of the corporation is Mid River Veterinary Clinic, P.C.

is amended to read

1. The name of the corporation is J. A. Williams Enterprises, Inc.

Application may be signed by any authorized officer of the corporation.

Dated 12/31/12

Julie Ann Williams
(Signature of an authorized officer)

Julie Ann Williams DVM
(Printed Name)

President
(Title)

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.

2013 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 6/7/2013
RECEIPT NO 121536

1. Corporate ID and Name:
DB024364
J.A. WILLIAMS ENTERPRISES, INC.
1950 EAST KING AVE
CHAMBERLAIN, SD 57325

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

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

1950 EAST KING AVE	CHAMBERLAIN	SD	57325
Street Address	City	State	ZIP+4
PO BOX 98	CHAMBERLAIN	SD	57325
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JULIE WILLIAMS

1950 EAST KING AVE	CHAMBERLAIN	SD	57325
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 98	CHAMBERLAIN	SD	57325-0098
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

X	JULIE ANN WILLIAMS	26314 350TH AVENUE	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

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 06/07/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

JULIE A WILLIAMS
(Printed Name)

6/7/2013 2:47:21 PM

2013 Enter Filing Year

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 6/25/2013

RECEIPT NO 125330

1. Corporate ID and Name:
DB024364
J.A. WILLIAMS ENTERPRISES, INC.
1950 EAST KING AVE
CHAMBERLAIN, SD 57325

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

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

Agent Name: JULIE WILLIAMS

1950 EAST KING AVE	CHAMBERLAIN	SD	57325
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 98	CHAMBERLAIN	SD	57325-0098
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

4. If the address has changed, its new address.

New Agent Name: JULIE WILLIAMS

26314 350TH AVENUE	CHAMBERLAIN	SD	57325
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

Date 06/25/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

JAMES WALTI
(Printed Name)

6/25/2013 2:20:19 PM

2014 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 3/5/2014
RECEIPT NO 181995

1. Corporate ID and Name:
DB024364
J.A. WILLIAMS ENTERPRISES, INC.
26314 350TH AVENUE
CHAMBERLAIN, SD 57325

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
26314 350TH AVENUE	CHAMBERLAIN	SD	57325
Mailing Address	City	State	ZIP+4
26314 350TH AVENUE	CHAMBERLAIN	SD	57325

4. The name of the South Dakota Registered Agent

Agent Name: JULIE WILLIAMS

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
26314 350TH AVENUE	CHAMBERLAIN	SD	57325
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
		SD	

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

X	JULIE ANN WILLIAMS	26314 350TH AVENUE	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

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 03/05/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

JAMES D WALTI
(Printed Name)

3/5/2014 9:07:36 AM

2015 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 2/3/2015

RECEIPT NO 268822

1. Corporate ID and Name:
DB024364
J.A. WILLIAMS ENTERPRISES, INC.
26314 350TH AVENUE
CHAMBERLAIN, SD 57325

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

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

26314 350TH AVENUE	CHAMBERLAIN	SD	57325
Street Address	City	State	ZIP+4
26314 350TH AVENUE	CHAMBERLAIN	SD	57325
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JULIE WILLIAMS

26314 350TH AVENUE	CHAMBERLAIN	SD	57325
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

X	JULIE ANN WILLIAMS	26314 350TH AVENUE	CHAMBERLAIN	SD	57325
	President	Street Address	City	State	ZIP+4
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

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 02/03/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

KATHY A ENGLUND

(Printed Name)

2/3/2015 10:30:44 AM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 2/19/2016

RECEIPT NO 385856

1. Corporate ID and Name:

DB024364
Enter Corporate ID

J.A. WILLIAMS ENTERPRISES, INC.
Enter Corporate Name

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

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

26314 350TH AVENUE	CHAMBERLAIN	SD	57325
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
26314 350TH AVENUE	CHAMBERLAIN	SD	57325
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JULIE WILLIAMS

26314 350TH AVENUE	CHAMBERLAIN	SD	57325
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

[X]	JULIE ANN WILLIAMS	26314 350TH AVENUE	CHAMBERLAIN	SD	57325
	President	Actual Street Address	City	State	ZIP+4
[ ]					
	Vice President	Actual Street Address	City	State	ZIP+4
[ ]					
	Secretary	Actual Street Address	City	State	ZIP+4
[ ]					
	Treasurer	Actual Street Address	City	State	ZIP+4

Director	Actual Street Address	City	State	ZIP+4

Director	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 02/19/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

KATHY A 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.

2/19/2016 4:56:49 PM