9 4 0 4 1 7 2 0 0 0 0

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 3-24-94
RECEIPT NO. 377652
RECEIVED MAR 24 1994 Secretary of State
RECEIVED FEB 22 1994 Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DB-016342 JAN/93
RAVELLETTE PUBLICATIONS, INCORPORAT
RAVELLETTE, [redacted] Donald
P.O. BOX 788
185 SOUTH CENTER AVE
PHILIP, SD 57567-0788

Telephone # 859-2516

FAX #

Federal Taxpayer ID [redacted]

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

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

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

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

* *

2. The character of the business in which it is actually engaged in South Dakota: Weekly Newspapers and Commercial Printing

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
Donald J.Ravellette	Director	P.O.Box 633	Philip	SD	57567-0633
Jolene Haynes	Director	P.O.Box 348	Philip	SD	57567-0348
Donald J.Ravellette	President	P.O. Box 633	Philip	SD	57567-0633
Luella Belle Ravellette	Vice President	P.O.BOX 788	Philip	SD	57567-0788
Jolene Haynes	Secretary	P.O.Box 348	Philip	SD	57567-0348
Luella Belle Ravellette	Treasurer	P.O.Box 788	Philip	SD	57567-0348

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
50,000	Common	Original	10.00

5. | NUMBER OF SHARES ISSUED | CLASS | SERIES | |
|---|---|---|---|
| 295.363 | Common | Original | 10.00 |

6. The amount of its stated capital is $ 2,953.63

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 February 19, 19 94

By Donald J. Ravellette (Signature)

Its President (Title)

STATE OF South Dakota
COUNTY OF Haakon ss

I, Belle Ravellette, a notary public, do hereby certify that on this 19th day of February 1994, personally appeared before me Donald J.Ravellette who, being by me first duly sworn, declared that he/she is the President of Ravellette Publications,Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Sept.30,1994

Belle Ravellette
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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

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

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 Ravellette Publications Inc.

2. The previous street address, or a statement that there is no street address, of its registered office
   165 South Center Ave. Philip SD ZIP + 4 57567-0788

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 Les Ravellette

5. The name of its successor registered agent is * Donald J.Ravellette
   * 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 March 18 19 94.

Donald J. Ravellette
(signature)

President
(title)

STATE OF South Dakota
COUNTY OF Haakon ss

I, Gelle Ravellette, a notary public, do hereby certify that on this 18th day of March 19 94, personally appeared before me Donald J.Ravellette who, being by me first duly sworn, declared that he/she is the President of Ravellette Publications, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires September 30,1994

Gelle Ravellette
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Donald J.Ravellette, hereby give my consent to serve as the
(name of registered agent)
registered agent for Ravellette Publications,Inc.
(corporate name)

Dated March 18 19 94.

Donald J. Ravellette
(signature)

9583176-4028

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 2/28/95
RECEIPT NO. 447673

RECEIVED
FEB 28 1995
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DB-016342 JAN 94
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
P.O. BOX 788
185 SOUTH CENTER AVE
PHILIP, SD

Telephone # 605-859-2516
FAX # 605-859-2410
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 (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 February 27 19 95

By Luella Belle Ravellette
(Signature)
Its Vice President
(Title)

STATE OF South Dakota
COUNTY OF Haakon ss

I, Jolene Haynes, a notary public, do hereby certify that on this 27th day of February 1995, personally appeared before me Luella Belle Ravellette who, being by me first duly sworn, declared that he/she is the Vice President of Ravellette Publications, Incorporated that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 4-3-95

Jolene Haynes
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 _____ 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)

1996

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 2-29-96
RECEIPT NO. 324173

1. Corporate Name, Registered Agent and Registered Address:

DB-016342 JAN/95
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
185 SOUTH CENTER AVE
PO BOX 788
PHILIP, SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410
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.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
	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 February 27 1996

By Donald Ravellette
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Haakon ss

I, Arlene Hyorman, a notary public, do hereby certify that on this 27 day of February 1996, personally appeared before me Donald Ravellette who, being by me first duly sworn, declared that he/she is the President of Ravellette Publications Incorporated that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 4-3-2003

Arlene Hyorman
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)

970386-4313

1997 ANNUAL REPORT

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

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-3-97
RECEIPT NO 604697

1 Corporate Name, Registered Agent and Registered Address

DB-016342 JAN/96
RAVELLETTE PUBLICATIONS, INCORPORAT
RAVELLETTE, DONALD
185 SOUTH CENTER AVE
PO BOX 788
PHILIP, SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2010
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 February 27 19 97

By Donald Ravellette
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Haakon ss

I, Jolene Haynes, a notary public, do hereby certify that on this 27th day of February 19 97, personally appeared before me Donald Ravellette who, being by me first duly sworn, declared that he/she is the President of Ravellette Publications, Inc.

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

My Commission Expires 4-3-2003

Jolene Haynes
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)

98021894334

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 1-2-98
RECEIPT NO. 679945

RECEIVED
DEC 30 1997
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address

DB-016342 JAN/97
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
185 SOUTH CENTER AVE
PO BOX 788
PHILIP, SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410
Federal Taxpayer II

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

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

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

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

* *

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

3. The names and addresses of its directors and officers

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

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

	Director
	Director

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED | CLASS | SERIES

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

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

Dated 12-26 19 97

By Donald Ravellette
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Haakon ss

I, Tamara Ravellette, a notary public, do hereby certify that on this 26 day of December 1997, personally appeared before me Donald Ravellette who, being by me first duly sworn, declared that he/she is the President of Ravellette Pub Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1-24-02

TAMARA RAVELLETTE
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

Tamara Ravellette
Notary Public

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845

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

File Date: _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

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

1. The name of the corporation is _____

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

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

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.

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

7. This change has been authorized by resolution duly adopted by the board of directors.

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

Date _____ 19____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19____

_____
(signature)

983195•2669

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 2-10-99
RECEIPT NO. 774365

RECEIVED
FEB 1 0 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-016342 JAN/98
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
185 SOUTH CENTER AVE
PO BOX 788
PHILIP, SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410
Federal Taxpayer ID [redacted]

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

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

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

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

★ ★

2. The character of the business in which it is actually engaged in South Dakota Newspaper publishing and commercial printing

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Donald J. Ravellette	President	404 N. Larimer	Philip	SD	57567-0633
Tamara Ravellette	Vice President	404 N. Larimer	Philip	SD	57567
Jolene Haynes	Secretary	Box 348	Philip	SD	57567
Tamara Ravellette	Treasurer	404 N. Larimer	Philip,	SD	57567

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

NAME	OFFICE	ADDRESS
Donald Ravellette	Director	404 N. Larimer Philip, SD 57567
	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 50,000 SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE $10/share

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS 295.3589 SERIES

6. The amount of its stated capital is $ 2955.59 (Money received for issued shares)

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

Dated 2-8 1999

By Tamara Ravellette
(Signature)

Its Vice Pres.
(Title)

STATE OF South Dakota
COUNTY OF Haakon ss

I, Jolene Haynes, a notary public, do hereby certify that on this 8th day of February 1999, personally appeared before me Tamara Ravellette who, being by me first duly sworn, declared that he/she is the Vice President of Ravellette Publications, Inc. the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 4-3-2003

Jolene Haynes
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 Ravellette Publications, Inc.
2. The previous street address, or a statement that there is no street address, of its registered office 185 S. Center Ave ; Philip, SD ZIP + 4 57567-0788
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. 185 S. Center Ave Philip, SD ZIP + 4 57567-0788
4. The name of its previous registered agent is Donald J. Ravellette
5. The name of its successor registered agent is* Donald J. Ravellette
   *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 2-8 19 99 NO CHANGE Tamara Ravellette
(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)

0000000200.0090.0

2000

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

ANNUAL REPORT

0002200.3980

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 1-3-2000
RECEIPT NO. 855525
RECEIVED
JAN 3 '00
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-016342 JAN/99
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
185 SOUTH CENTER AVE
PO BOX 788
PHILIP SD 57567-0788

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

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

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

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

★ ★

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

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

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

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

____ Director ____
____ Director ____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 12-28-99 By Tamara Ravellette (Signature)

Its Vice President (Title)

STATE OF South Dakota
COUNTY OF Haakon ss

On this the 28th day of Dec 1999, before me, Tom Husband, personally appeared Tamara Ravellette, known to me, or proved to me, to be the vice Pres of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires THOMAS E. HUSBAND, Notary Pub. My Commission Expires 5-31-2004.

[signature] Notary Public

(Notarial Seal)

SOS CRP 11/99

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

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

File Date_____
Receipt No._____

FILING FEE: $10 In addition to annual report fee

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

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

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

Dated _____ _____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF_____

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

My Commission Expires _____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

2001

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 1-30-01
RECEIPT NO. 752225
RECEIVED
JAN 30 '01
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address

DB-016342 JAN 2000
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
185 SOUTH CENTER AVE
PO BOX 788
PHILIP SD 57567-0788

Telephone # _____
FAX # _____
Federal Taxpayer ID [redacted]

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

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

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

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

★ ★

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

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

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

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

_____ Director _____
_____ Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 1-29-01

By Donald Ravellette
(Signature)

Its President
(Title)

STATE OF South Dakota
ss
COUNTY OF Harding

On this the 29th day of January, 2001, before me, Jolene Haynes, personally appeared Donald Ravellette, 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 4-5-2003

Jolene Haynes
Notary Public

(Notarial Seal)

SOS CRP 11/00

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 in addition to annual report fee

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

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

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

Dated _____

_____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

_____
(signature)

0202212.1612

2002

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

ANNUAL REPORT

0202212 1612

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 1-4-02
RECEIPT NO. [illegible]

RECEIVED
JAN 04 '02
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-016342 JAN/2001
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
185 SOUTH CENTER AVE
PO BOX 788
PHILIP SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410
Federal Taxpayer I

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 1-2-02

By [signature]
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Haakon ss

On this the 2nd day of January, 2002, before me, Jolene Haynes personally appeared Donald Ravellette, 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 4-3-2003

[signature]
Notary Public

(Notarial Seal)

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)

03032192705

2003 ANNUAL REPORT

03032192705
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 1-30-03
RECEIPT NO. 1183696
RECEIVED
JAN 30 03
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

-DB-016342-
DB-016342 JAN/2002
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
185 SOUTH CENTER AVE
PO BOX 788
PHILIP SD 57567-0788

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

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

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

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

★ ★

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

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

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

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

______ Director ______
______ Director ______

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 1-16-03

By x Donald Ravellette
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Haakon ss

On this the 29th day of January 2003, before me, Jolene Haynes personally appeared Donald Ravellette, 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 4-3-2003

Jolene Haynes
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)

225 5228 02/24/2004

2004 ANNUAL REPORT

FILE DATE 02/02/04
RECEIPT NO. 12911 38

FEB ... S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent and Registered Address:

DB016342
DB016342 JAN/2003
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
185 SOUTH CENTER AVE
PO BOX 788
PHILIP SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410
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 Newspaper Publishing and Commercial Printing

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Donald Ravellette	President	404 N. Larimer Ave	Philip	SD	57567-0633
Tamara Ravellette	Vice President	404 N. Larimer Ave	Philip	SD	57567-0633
Tamara Ravellette	Secretary	"	"	"	"
Tamara Ravellette	Treasurer	"	"	"	"

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

____ Director ____
____ Director ____

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 50,000 SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE $10/share

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS 295.3589 SERIES

6. The amount of its stated capital is $ 2953.59 (Money received for issued shares)

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

Dated 1-30-04

By Tamara Ravellette
(Signature)

Its Vice President
(Title)

STATE OF South Dakota
COUNTY OF Haakon
ss

On this the 30 day of January, 2004, before me, Hallie Albrecht personally appeared Tamara Ravellette, known to me, or proved to me, to be the Vice 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 MY COMMISSION EXPIRES: [redacted]

Hallie Albrecht
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)

237 3812

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

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

RECEIVED
MAY 26 '05
SEC. OF STATE

FILE DATE 5-26-05
RECEIPT NO. 1163229
MAY 12 '05
$30 SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

RAVELLETTE PUBLICATIONS INCORPORATED
RAVELLETTE, DONALD
221 E OAK ST
PO BOX 788
PHILIP SD 57567-0788

DB016342

Telephone # 605-859-2516
FAX # 605-859-2410
Federal Taxp
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and **sign** the report. To report a change in the registered agent and/or office, a statement of change must be filed.
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 Newspaper publishing and commercial printing

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Donald J. Ravellette	President	404 N. Larimer Ave.;	Philip,	SD	57567-0633
Tamara D. Ravellette	Vice President	404 N. Larimer Ave.;	Philip,	SD	57567-0633
" "	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
50,000			$10/Share

5. NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES
295.3589		

6. The amount of its stated capital is $ 2953.59. (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 5/10/2005.

Donald Ravellette
(Signature)

President
(Title)

revised dbar.pdf

RECEIVED
MAY 26 '05
S.D. SEC. OF STATE

237 3813

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

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

FILING FEE: $10

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 Ravellette Publications Inc

2. The previous street address or a statement that there is no street address, of its registered office 185 S. Center Ave ; PO Box 788 ZIP 57567

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is 221 E. Oak St. ; PO Box 788 ; Philip ZIP 57567

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, or its president, or any other officer.

Date 5-25-05

Tamara Ravellett
(Signature)

Vice President
(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 of registered agent)

revised 7/04
STCHNGE.DOC

254 1304

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 10/6/06
RECEIPT NO. 1603975
RECEIVED
OCT 06 '06
S.D. SEC. OF STATE

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

DBO16342 JAN/2005
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
221 E OAK ST
PO BOX 788
PHILIP SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410

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, a statement of change must be filed. **Any change requires full completion 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 221 E OAK ST; PHILIP SD 57567

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Donald J. Ravellette	President	221 E. Oak St.	Philip	SD	57567-0788
Tamara D. Ravellette	Vice President	221 E. Oak St.	Philip	SD	57567-0788
" "	Secretary	"	"	"	"
" "	Treasurer	"	"	"	"

4. Provide a brief description of the nature of the business Newspaper publishing and commercial printing

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 __________

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
	50.000	

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
	295.3589	

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

Dated 10-5-06

Tamara Ravellette
Signature

Tamara Ravellette
Printed Name

Vice President
Title

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

257 1454 01/09/2007

2007 ANNUAL REPORT

FILE DATE 01/04/07
RECEIPT NO. 1632634

RECEIVED
JAN 04 2007
S.D. SEC. OF STATE

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

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

DB016342
DB016342 JAN/2006
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
221 E OAK ST
PO BOX 788
PHILIP SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410

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 1-2-07

Tamara Ravellette
Signature

Tamara Ravellette
Printed Name

Vice-President
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)

272 1584

2008 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 01/28/08
RECEIPT NO. L759470

RECEIVED
JAN 28 2008
S.D. SEC. OF STATE

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

DB016342
DB016342 JAN/2007
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
221 E OAK ST
PO BOX 788
PHILIP SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410

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.

NAME	OFFICE	ADDRESS
	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 1-23-08

Signature: Donald Ravellette

Printed Name: Donald J. Ravellette

Title: President

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

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 1/21/09
RECEIPT NO 876358

RECEIVED
JAN 21 2009
S.D. SEC. OF STATE

285 3537

1. Corporate Name, Registered Agent Name and Address:

DB016342

DB016342 JAN/2008
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
221 E OAK ST
PO BOX 788
PHILIP SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410

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
221 E. Oak St	Philip	SD	57567-0788
PO Box 788 (Mailing Address (Optional))	Philip	SD	57567-0788

3. The name of the South Dakota Registered Agent Donald Ravellette

	City	State	ZIP+4
221 E. Oak St (Street Address (Required to be a South Dakota Address))	Philip	SD	57567-0788
PO Box 788 (Mailing Address (Optional – Required to be a South Dakota Address))	Philip	SD	57567-0788

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
☒ Donald J. Ravellette, President	221 E. Oak St.	Philip	SD	57567-0788
☒ Tamara D. Ravellette, Vice President	221 E. Oak St.	Philip	SD	57567-0788
☐ Secretary				
☐ Treasurer				
☐ Director				
☐ Director				

Dated 1-20-09

Tamara Ravellette
(Signature of an authorized officer)

Tamara Ravellette
(Printed Name)

Vice-President
(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)

300 1727 01/14/2010

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 01/13/10
RECEIPT NO 1986769
RECEIVED
JAN 13 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB0163 42
DB016342 JAN/2009
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
PO BOX 788
PHILIP SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410

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
221 E. Oak St	Philip	SD	57567-0788
PO Box 788 (Mailing Address (Optional))	Philip	SD	57567-0788

3. The name of the South Dakota Registered Agent Donald Ravellette

	City	State	ZIP+4
221 E. Oak St (Street Address (Required to be a South Dakota Address))	Philip	SD	57567-0788
PO Box 788 (Mailing Address (Optional – Required to be a South Dakota Address))	Philip	SD	57567-0788

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
☒ Donald J. Ravellette (President)	221 E Oak St.	Philip	SD	57567-0788
☒ Tamara D. Ravellette (Vice President)	221 E. Oak St.	Philip	SD	57567-0788
☐ (Secretary)				
☐ (Treasurer)				
☐ (Director)				
☐ (Director)				

Dated 1-11-10

Tamara Ravellette
(Signature of an authorized officer)

Tamara Ravellette
(Printed Name)

Vice-President
(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)

318 0603 04/19/2011

2011 ANNUAL REPORT
DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 03.25.2011
RECEIPT # 223753
RECEIVED
MAR 25 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB0163 42
DB016342 JAN/2010
RAVELLETTE PUBLICATIONS, INCORPORATED
RAVELLETTE, DONALD
PO BOX 788
PHILIP SD 57567-0788

Telephone # 605-859-2516
FAX # 605-859-2410

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

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

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

Street Address	City	State	ZIP+4
221 E. Oak St.	Philip	SD	57567-0788
Mailing Address (Optional)	City	State	ZIP+4
PO Box 788	Philip	SD	57567-0788

4. The name of the South Dakota Registered Agent Donald Ravellette

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
221 E. Oak St.	Philip	SD	57567-0788
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
PO Box 788	Philip	SD	57567-0788

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

	Name	Street Address	City	State	ZIP+4
☒ President	Donald J. Ravellette	221 E. Oak St.	Philip	SD	57567-0788
☒ Vice President	Tamara D. Ravellette	221 E. Oak St.	Philip	SD	57567-0788
☐ Secretary					
☐ Treasurer					
☐ Director					
☐ Director					

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

Dated 3-19-11

Tamara Ravellette
(Signature of an Authorized Person)

Tamara Ravellette
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address City State ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

_____
(Signature of an Authorized Person)

_____
(Printed Name)

2012 Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 02/20/2012

RECEIPT NO 24311

1. Corporate ID and Name:
DB016342
RAVELLETTE PUBLICATIONS, INCORPORATED
221 E. OAK ST
PHILIP, SD 57567

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

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

221 E. OAK ST	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DONALD RAVELLETTE

221 E OAK ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
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	DONALD J RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
X	TAMARA D RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	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 02/20/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

TAMARA D RAVELLETTE
(Printed Name)

2/20/2012 6:14:10PM

2013 Enter Filing Year

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

ANNUAL REPORT

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FILE 12/17/2012

RECEIPT NO 81695

1. Corporate ID and Name:
DB016342
RAVELLETTE PUBLICATIONS, INCORPORATED
221 E. OAK ST
PHILIP, SD 57567-0788

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

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

221 E. OAK ST	PHILIP	SD	57567-0788
Street Address	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DONALD RAVELLETTE

221 E OAK ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
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	DONALD J RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
X	TAMARA D RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	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 12/17/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

TAMARA D RAVELLETTE

(Printed Name)

12/17/2012 9:48:12 AM

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

ANNUAL REPORT

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FILE 12/19/2013
RECEIPT NO 161940

1. Corporate ID and Name:
DB016342
RAVELLETTE PUBLICATIONS, INCORPORATED
221 E. OAK ST
PHILIP, SD 57567

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

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

221 E. OAK ST	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DONALD RAVELLETTE

221 E OAK ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
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]	DONALD J RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
[X]	TAMARA D RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	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 12/19/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
TAMARA D RAVELLETTE
(Printed Name)

12/19/2013 6:14:08 PM

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

ANNUAL REPORT

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FILE DATE 1/3/2015
RECEIPT NO 259566

1. Corporate ID and Name:
DB016342
RAVELLETTE PUBLICATIONS, INCORPORATED
221 E. OAK ST
PHILIP, SD 57567

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

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

221 E. OAK ST	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DONALD RAVELLETTE

221 E OAK ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
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	DONALD J RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
X	TAMARA D RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	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 01/03/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
TAMARA D RAVELLETTE
(Printed Name)

1/3/2015 4:22:12 PM

2016

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

ANNUAL REPORT

DOMESTIC

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

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

FILE DATE 12/17/2015

RECEIPT NO 360826

1. Corporate ID and Name:

DB016342

RAVELLETTE PUBLICATIONS, INCORPORATED

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

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

221 E. OAK ST	PHILIP	SD	57567
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DONALD RAVELLETTE

221 E OAK ST	PHILIP	SD	57567
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 788	PHILIP	SD	57567-0788
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	DONALD J RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	President	Actual Street Address	City	State	ZIP+4
X	TAMARA D RAVELLETTE	22238 LAKE WAGGONER RD	PHILIP	SD	57567
	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

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

Dated 12/17/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

TAMARA D RAVELLETTE

(Printed Name)

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

12/17/2015 11:18:14 AM