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# ANNUAL REPORT

South Dakota State Capitol  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

Domestic Business Corporation  
SDCL 59-11-24, 24.1

Filing Fee: \$50

**2017**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

Total Fee: \$50

1. Business ID and Name:

**DB058490**  
BUSINESS ID

**Summit Contracting, Inc.**  
BUSINESS NAME

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

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

Actual Street Address

**36581 SD HWY 44**  
**PLATTE, SD 57369**

Mailing Address

**36581 SD HWY 44**  
**PLATTE, SD 57369**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name TYLER SAMUELSON

Actual Street Address in this State

**27316 366TH STREET**  
**PLATTE, SD 57369**

Mailing Address in this State

5. The names and business addresses of its principal officers.

Title	Name	Address
President	TYLER SAMUELSON	27316 366TH AVE, PLATTE, SD, 57369
Vice President	JERAD M HUTCHENS	36696 275TH ST, PLATTE, sd, 57369
Vice President	JASON BROWN	27830 369TH AVE, PLATTE, SD, 57369

6. The names and business addresses of its directors (governors).

Name	Address

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

B0046-7291 12/05/2017 4:22PM Rec'd by SD SOS



12/05/2017

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*Abby Storm*

\_\_\_\_\_  
Signature of an Authorized Person

Abby Storm

\_\_\_\_\_  
Printed Name

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