

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

9 3 0 7 1 3 9 0 2 4 4
1993
NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 7-14-93
RECEIPT NO. 326414

RECEIVED
JUL 14 1993
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-002229 JUL 190
BENNETT COUNTY FAIR ASSOCIATION
NIES, GARY
BOX M
MARTIN, SD 57551-0320

Day Time Phone # 685-6972

Federal Identification # _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Organizing and conducting County Fair
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ \$9,000.00
* Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Robert Coyle</u>	President	<u>NWC 3 Box 63</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
<u>Tim Juhnke</u>	Vice President	<u>HC 3, Box 4 B</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
<u>GARY NIES</u>	Secretary	<u>Box M</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
<u>Clarence Allen</u>	Treasurer	<u>Box 274</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Morgan Dallman</u>	Director	<u>ST RT 1, Box 1</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
<u>Kyle Harris</u>	Director	<u>HC 1, Box 82</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
<u>Rev Weidmaster</u>	Director	<u>NWC 3, Box 11</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>

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

Dated July 12 1993

By Gary C. Nies
(Signature)
its Sec - Bennett Co Fair Assn
(Title)

STATE OF South Dakota
COUNTY OF Bennett ss

I, Deleen Delaney, a notary public, do hereby certify that on this 12 day of July 1993, personally appeared before me Gary Nies who, being by me first duly sworn, declared that he/she is the secretary of Bennett Co Fair Assn

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

My Commission Expires June

Deleen Delaney
Notary Public
Bennett County Treasurer

(Notarial Seal)

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

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

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 current street address, or a statement that there is no street address, of its registered office _____
ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____
ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the 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 a vice president 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
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS!

9209183.4128

FILE DATE 7-23-96
RECEIPT NO. 554152

RECEIVED

RECEIVED

JUL 23 1996

JUL 12 1996

S.D. SECRETARY OF STATE

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-002229 JUL/93
BENNETT COUNTY FAIR ASSOCIATION
NIES, GARY Sandra Huber
BOX M
MARTIN, SD 57551-0320

Day Time Phone # (605) 685-6972

Federal Identification # _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Conducting a
County Fair

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 0.00
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Robert Coyle</u>	President	<u>HC 5 Box 25</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Dale McDonnell</u>	Vice President	<u>Box R</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Sandra Huber</u>	Secretary	<u>BOX M</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Clarence Allen</u>	Treasurer	<u>Box 247</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Delbert Hicks</u>	Director	<u>BOX 456</u>	<u>Allen</u>	<u>SD</u>	<u>57714</u>
<u>Rita Jacquot</u>	Director	<u>HC 2 Box 66</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>John McCoy</u>	Director	<u>HC 5 Box 6</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Todd Alexander</u>		<u>HC 2 Box B</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>

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

Dated July 3 1996

By Robert Ray Coyle
(Signature) must be signed in the presence of a notary

Its chairman
(Title)

STATE OF South Dakota
COUNTY OF Bennett SS

I, Beth Stueff, a notary public, do hereby certify that on this 3rd day of July 1996,

personally appeared before me Robert Ray Coyle who, being by me first duly sworn, declared that he/she is the Chairman of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 8-25-96

Beth Stueff
Notary Public

001018

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4846

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

FILING FEE: * \$5 in addition to annual report fee
* No fee for postal renumbering. (must be stated on the form)

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 Bennett County Fair Association
2. The previous registered office address: Box M
Martin South Dakota ZIP 57551
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. The name of its previous registered agent is Gary Nies
5. The name of its successor (current) registered agent is Sandra Huber
* The Consent of Registered Agent below must be completed by the new agent.
6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date July 3 1996

Robert Ray Coyle
(signature)

must be signed in the presence of a notary
Chairman

(title)

STATE OF South Dakota
COUNTY OF Bennett **

I, Beth Streff, a notary public, do hereby certify that on this 3rd day of July 1996, personally appeared before me Robert Ray Coyle who, being by me first duly sworn, declared that he/she is the Chairman of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 8-25-96

Beth Streff
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Sandy Huber, hereby give my consent to serve as the
(name of registered agent)
registered agent for Bennett County Fair Association
(corporate name)

Dated July 22 1996

Sandy Huber
(signature)

1999

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

9908198 2864

FILE DATE 7-1-99
RECEIPT NO. 26795

RECEIVED

JUN 22 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-002229 JUL/96
BENNETT COUNTY FAIR ASSOCIATION
HUBER, SANDRA
BOX M
MARTIN, SD 57551-0320

Day Time Phone # 605-685-6972

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

- 2. The nature of the affairs which the corporation is conducting in South Dakota is 4-H Achievement Days and County Fair. County gives us money to pay for judges and maintain their building.
- 3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
- B. The amount of property presently held by the corporation is \$ 4,663.40
*Property should include all real or personal property, or any interest therein, wherever situated.
- 4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Todd Alexander</u>	President	<u>P.O. Box 547</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Delbert Hicks</u>	Vice President	<u>P.O. Box 456</u>	<u>Allen</u>	<u>SD</u>	<u>57714</u>
<u>Sandy Huber</u>	Secretary	<u>P.O. Box M</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Clarence Allen</u>	Treasurer	<u>P.O. Box 274</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>

- 5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Ed Risse</u>	Director	<u>HC 1, Box 146</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Teresa Mosher</u>	Director	<u>HC 2, Box 13</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Jason Fanning</u>	Director	<u>HC 2, Box 35</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>

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

Dated 6/18 19 99

By Todd Alexander
(Signature) must be signed in the presence of a notary
Its Chairboard Chairman
(Title)

STATE OF South Dakota ss
COUNTY OF Bennett

I, Nancy Storkel, a notary public, do hereby certify that on this 18th day of June, 1999, personally appeared before me Todd Alexander who, being by me first duly sworn, declared that he/she is the Chairman of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 10-17-99

Nancy Storkel
Notary Public

(Notarial Seal)

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 (old) registered office address _____
_____ 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 (current) 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) must be signed in the presence of a notary)

(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)

9908198.2864
8/17/99

Colin Peterson - P.O. Box 765, Martin, SD 57551


Kyle Harris - P.O. Box 858, Martin, SD 57551

2002 NONPROFIT REPORT

FILE DATE 7-1-02
 RECEIPT NO. 111006
 RECEIVED
 JUL 21 '02

PLEASE TYPE OR USE BLACK INK
 FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:


 NS-002229 JUL/1999
 BENNETT COUNTY FAIR ASSOCIATION
 HUBER, SANDRA
 BOX M
 MARTIN SD 57551-0320

Day Time Phone # 10510-1000
 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.

S.D. SEC. OF STATE

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is County Government

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 0 All property is owned by the County
 * Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Broad Otte</u>	President	<u>Box 1035</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Jason Fanning</u>	Vice President	<u>HC 2 Box 35</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Sandy Huber</u>	Secretary	<u>Box M</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Clarence Allen</u>	Treasurer	<u>Box 274</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Teresa Masher</u>	Director	<u>HC 2 Box 13</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Wade Risse</u>	Director	<u>HC1 Box 72B</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Colin Peterson</u>	Director	<u>Box 765</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>

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

Dated June 18, 2002

By Broad Otte
 (Signature)

Its _____
 (Title)

STATE OF South Dakota
 COUNTY OF Bennett ss

On this the 18 day of June, 2002, before me, Rebecca J. Klaudt
 personally appeared Broad Otte, 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 05-12-05
 (Notarial Seal)

Rebecca J. Klaudt
 Notary Public

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 in addition to corporate 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, or its registered office _____
_____ ZIP _____
 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. The name of its previous registered agent is _____
 5. The name of its successor (current) 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) must be signed in the presence of a notary;

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____, 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 _____

(signature of registered agent)

2004 NONPROFIT REPORT

229 5505 08/12/2004

FILE DATE 07/30/04
 RECEIPT NO. 1347900
 RECEIVED
 JUL 30 '04
 S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK
 FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

Corporate Name, Registered Agent and Registered Address:



NS002229 JUL/2002
 BENNETT COUNTY FAIR ASSOCIATION
 HUBER, SANDRA
 BOX M
 MARTIN SD 57551-0320

Day Time Phone # 605-685-6972
 Federal Taxpa [redacted]
 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is County Government

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
 B. The amount of property presently held by the corporation is \$ 0 - All property owned by County
 * Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Brad Otle	President	P.O. Box 127	Martin	SD	57551
Jason Fanning	Vice President	HC 2 Box 35	Martin	SD	57551
Sandy Huber	Secretary	Box M	Martin	SD	57551
Clarence Allen	Treasurer	P.O. Box 274	Martin	SD	57551

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Teresa Mosher	Director	HC 2 Box 13	Martin	SD	57551
Wade Kisse	Director	HC 1 Box 72 B	Martin	SD	57551
Mandy Scherer	Director	HC 2 Box 75 B	Martin	SD	57551

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 7-28-04
 (Signature) Clarence Allen
 (Title) TREASURER

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent) _____

239 0978 07/15/2005

2005 NONPROFIT REPORT

FILE DATE 07/08/05
RECEIPT NO. 1455955
RECEIVED
JUL 08 '05
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NS002229 JUL/2004
BENNETT COUNTY FAIR ASSOCIATION
HUBER, SANDRA
BOX M
MARTIN SD 57551-0320

Day Time Phone # 605-685-6972
Federal Taxpa
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is County government

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 0. All property is owned by the County
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Jason Fanning</u>	<u>President</u>	<u>HC 2 Box 35</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Wade Risse</u>	<u>Vice President</u>	<u>HC 1 Box 72 B</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Sandy Huber</u>	<u>Secretary</u>	<u>Box M</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Clarence Allen</u>	<u>Treasurer</u>	<u>Box 274</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Teresa Mosher</u>	<u>Director</u>	<u>HC 2 Box 13</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Mandy Scherer</u>	<u>Director</u>	<u>HC 2 Box 75 B</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
<u>Gerald Goetzinger</u>	<u>Director</u>	<u>Box 668</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 7-6-05

Jason Fanning
(Signature)

President
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____

ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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 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 of registered agent)

250 3031 07/11/2006

2006 NONPROFIT REPORT

07/01/06
FILE DATE RECEIVED
RECEIPT NO. 1571458
JUN 26 06
S.D. SOC. OF STATE

PLEASE TYPE OR USE BLACK INK
FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NS002229 JUL/2005
BENNETT COUNTY FAIR ASSOCIATION
HUBER, SANDRA
BOX M
MARTIN SD 57551-0320

Day Time Phone # 605-685-6972
Federal Taxpa _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is County Government

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 0. All property is owned by the County
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Jason Fanning	President	28501 SD Hwy 73	Martin	SD	57551
<input type="checkbox"/> Wade Risse	Vice President	21325 296 th St.	Martin	SD	57551
<input type="checkbox"/> Sandy Huber	Secretary	Box M	Martin	SD	57551
<input type="checkbox"/> Tracie Hahn	Treasurer	P.O. Box 859	Martin	SD	57551

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Dave Sell	Director	P.O. Box 298	Martin	SD	57551
<input type="checkbox"/> Teresa Mosher	Director	28565 Mosher Lane	Martin	SD	57551
<input type="checkbox"/> Gerald Goetzinger	Director	P.O. Box 668	Martin	SD	57551

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 6-22-06

Tracie Hahn
(Signature)

Mosher
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent) _____

265 1021 07/31/2007

2007 NONPROFIT REPORT

FILE DATE 7/24/07
RECEIPT NO. 1697931
RECEIVED
JUL 24 2007
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NS002229 JUL/2006
NS002229
BENNETT COUNTY FAIR ASSOCIATION
HUBER, SANDRA
BOX M
MARTIN SD 57551-0320

Day Time Phone # _____
Federal Tax: _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is County Government

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 0. All property is owned by county
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Dave Sell	President	P.O. Box 298	Martin	SD	57551
<input type="checkbox"/> Brad Pisha	Vice President	29209 242 nd Ave	Martin	SD	57551
<input type="checkbox"/> Sandy Huber	Secretary	Box M	Martin	SD	57551
<input type="checkbox"/> Tracie Hahn	Treasurer	P.O. Box 859	Martin	SD	57551

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Jason Fanning	Director	28501 SD Hwy 73	Martin	SD	57551
<input type="checkbox"/> Melissa Byrne	Director	27963 Bud Rd	Martin	SD	57551
<input type="checkbox"/> Dean Livermont	Director	28658 237 th Ave	Martin	SD	57551

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 7-20-07

Tracie J Hahn
(Signature)

Treasurer
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____

ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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 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 of registered agent)

2008

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 07/29/08
RECEIPT NO 1819740
RECEIVED
JUL 17 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS002229 JUL/2007
BENNETT COUNTY FAIR ASSOCIATION
HUBER, SANDRA
BOX M
MARTIN SD 57551-0320

RECEIVED
JUL 23 2008

RECEIVED
JUL 29 2008
S.D. SEC. OF STATE

Telephone # _____
FAX # _____
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.

501 2nd Ave Suite A Martin SD 57551
Street Address City State ZIP+4
Box M Martin SD 57551
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Nancy Pauly

501 2nd Ave Suite A Martin SD 57551
Street Address (Required to be a South Dakota Address) City State ZIP+4
Box M Martin SD 57551
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 three directors.

- Dave Sell Box 298 Martin SD 57551
President Street Address City State ZIP+4
- Brad Pisha 29209 242 Ave Tuthill SD 57574
Vice President Street Address City State ZIP+4
- Kris Kratovil Box 142 Martin SD 57551
Secretary Street Address City State ZIP+4
- Melissa Byrne 27963 Bud Rd Martin SD 57551
Treasurer Street Address City State ZIP+4
- Nancy Pauly Box 43 Martin SD 57551
Director Street Address City State ZIP+4
- Jason Fanning 28501 SD Hwy 73 Martin SD 57551
Director Street Address City State ZIP+4
- Leo Goss 23420 284th St Martin SD 57551
Director Street Address City State ZIP+4

Dated July 16, 08

Melissa Byrne
(Signature of an authorized officer)
Melissa Byrne
(Printed Name)
Treasurer
(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

RECEIVED
JUL 17 2008

S.D. SEC. OF STATE
RECEIVED

JUL 29 2008

S.D. SEC. OF STATE

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 Nancy Pauly

2. The name of the registered agent on file Sandra Huber

The name of the successor registered agent Nancy Pauly

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

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

<u>Sandra Huber</u>			
Street Address (Required)	City	State	ZIP+4
<u>Box M</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address - same address

<u>501 2nd Ave Suite A</u>	<u>Martin</u>	<u>SD</u>	<u>57551-0239</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box M</u>	<u>Martin</u>	<u>SD</u>	<u>57551-0239</u>
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 July 14, 08

Melissa Byrne
(Signature of an authorized officer)

Melissa Byrne
(Printed Name)

Treasurer
(Title)

303 3126 04/12/2010

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

2009
**ANNUAL REPORT
DOMESTIC NONPROFIT**

Please Type or Print Clearly in Ink

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

FILE DATE	<u>3/29/10</u>
RECEIPT NO	<u>2016000</u>
RECEIVED	
MAR 29 2010	
S.D. SEC. OF STATE	

Telephone #	<u>(605) 685-6972</u>
FAX #	<u>(605) 685-6311</u>
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.	

1. Corporate ID and Name:

NS002229
Bennett County Fair Association
Pauly, Nancy
Box M
Martin SD 57551-0320

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

501 2nd Ave Suite A	Martin	SD	57551
Street Address	City	State	ZIP+4
PO Box M	Martin	SD	57551-0320
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Nancy Pauly

501 2nd Ave Suite A	Martin	SD	57551
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
PO Box M	Martin	SD	57551-0320
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 three directors.

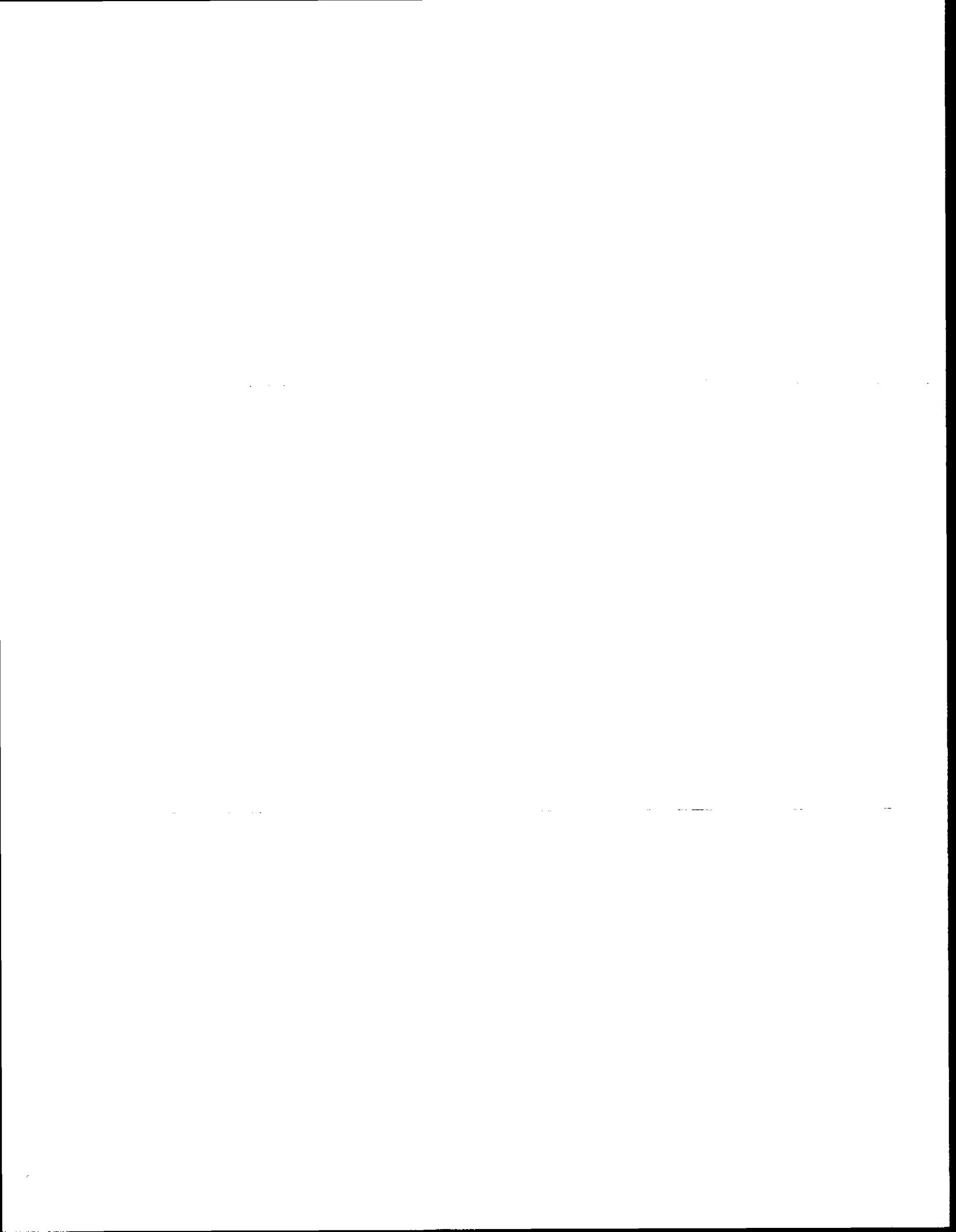
<input checked="" type="checkbox"/> Dave Sell	PO Box 298	Martin	SD	57551-0298
President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/> Sam Smith	PO Box 108	Batesland	SD	57716-0108
Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/> Vera O'Neill	29252 243rd Ave.	Tuthill	SD	57574-6107
Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/> Jay Nies	PO Box 328	Martin	SD	57551-0328
Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/> Wayne Bond	28623 234th Ave.	Tuthill	SD	57574-5601
Director	Street Address	City	State	ZIP+4
<input type="checkbox"/> Dean Livermont	28658 237th Ave.	Martin	SD	57551-5704
Director	Street Address	City	State	ZIP+4
<input type="checkbox"/> Nancy Pauly	PO Box 43	Martin	SD	57551-0043
Director	Street Address	City	State	ZIP+4

Dated March 15, 2010

David D. Sell President
(Signature of an authorized officer)

David D. Sell
(Printed Name)

President
(Title)



2010

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 07/21/10

RECEIPT NO 2052274

RECEIVED

JUL 21 2010

S.D. SEC. OF STATE

Telephone # _____

FAX # _____

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

1. Corporate Name, Registered Agent Name and Address:



NS002229
NS002229 JUL/2009

BENNETT COUNTY FAIR ASSOCIATION
PAULY, NANCY
BOX M
MARTIN SD 57551-0320

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.

<u>501 2nd Ave Suite A</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
Street Address	City	State	ZIP+4
<u>PO Box M</u>	<u>Martin</u>	<u>SD</u>	<u>57551-0320</u>
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Nancy Pauly

<u>501 2nd Ave Suite A</u>	<u>Martin</u>	<u>SD</u>	<u>57551</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box M</u>	<u>Martin</u>	<u>SD</u>	<u>57551-0320</u>
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

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 three directors.

<input checked="" type="checkbox"/>	<u>Dave Sell</u>	<u>PO Box 298</u>	<u>Martin</u>	<u>SD</u>	<u>57551-0298</u>
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Sam Smith</u>	<u>PO Box 108</u>	<u>Batesland</u>	<u>SD</u>	<u>57716-0108</u>
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Vera O'Neill</u>	<u>29252 243rd Ave.</u>	<u>Tuthill</u>	<u>SD</u>	<u>57574-6107</u>
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Jay Nies</u>	<u>PO Box 328</u>	<u>Martin</u>	<u>SD</u>	<u>57551-0328</u>
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	<u>Wayne Bond</u>	<u>28623 234th Ave.</u>	<u>Tuthill</u>	<u>SD</u>	<u>57574-5601</u>
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	<u>Dean Livermont</u>	<u>28658 237th Ave.</u>	<u>Martin</u>	<u>SD</u>	<u>57551-5704</u>
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	<u>Nancy Pauly</u>	<u>PO Box 43</u>	<u>Martin</u>	<u>SD</u>	<u>57551-0043</u>
	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 June 25, 2010

David D Sell
(Signature of an Authorized Person)

David D Sell
(Printed Name)

308 2164

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.

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)

324 0385 08/02/2011

2011

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE	7/28/11
RECEIPT NO	2172287
RECEIVED	
JUL 28 2011	
S.D. SEC. OF STATE	

1. Corporate Name, Registered Agent Name and Address:



NS002229 JUL/2010
BENNETT COUNTY FAIR ASSOCIATION
PAULY, NANCY
BOX M
MARTIN SD 57551-0320

Telephone #	_____
-------------	-------

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.

501 2nd Ave. Suite A	Martin	SD	57551
Street Address	City	State	ZIP+4
PO Box M	Martin	SD	57551-0320
Mailing Address	City	State	ZIP+4
Email Address			

4. The name of the South Dakota Registered Agent Nancy Pauly

501 2nd Ave. Suite A	Martin	SD	57551
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO Box M	Martin	SD	57551-0320
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 three directors.

<input checked="" type="checkbox"/>	Sam Smith	PO Box 108	Batesland	SD	57716-0108
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Leo Goss	23420 284th St.	Martin	SD	57551
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Vera O'Neill	29252 243rd Ave.	Tuthill	SD	57574
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Jay Nies	PO Box 328	Martin	SD	57551-0328
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Jason Fanning	28501 SD Hwy 73	Martin	SD	57551
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Dean Livermont	28658 237th Ave.	Martin	SD	57551
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Nancy Pauly	PO Box 43	Martin	SD	57551
	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 of an Authorized Person)

Email _____

(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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 9/17/2012

RECEIPT NO 63956

1. Corporate Name and Address:

NS002229
BENNETT COUNTY FAIR ASSOCIATION
501 2ND AVE STE A
MARTIN, SD 57551

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: NANCY PAULY

501 2ND AVE STE A	MARTIN	SD	57551-0320
Street Address or Rural Route Box Number in This State and BOX M	City	State	ZIP+4
	MARTIN	SD	57551-0320
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: BETH LYON

501 2ND AVE. STE A	MARTIN	SD	57551
Street Address or Rural Route Box Number in This State and P.O BOX M	City	State	ZIP+4
	MARTIN	SD	57551
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 09/17/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

BETH LYON

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 9/17/2012

RECEIPT NO 63956

1. Corporate Name and Address:

NS002229
BENNETT COUNTY FAIR ASSOCIATION
501 2ND AVE STE A
MARTIN, SD 57551

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

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

501 2ND AVE STE A	MARTIN	SD	57551
Street Address	City	State	ZIP+4
BOX M	MARTIN	SD	57551
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BETH LYON

501 2ND AVE. STE A	MARTIN	SD	57551
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
P.O BOX M	MARTIN	SD	57551
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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	SAM SMITH	P.O BOX 108	BATESLAND	SD	57716
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SAM SMITH	P.O BOX 108	BATESLAND	SD	57716
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	VERA O'NEIL	29252 243RD AVE.	TUTHILL	SD	57574
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JAY NIES	P.O BOX 328	MARTIN	SD	57551
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DAVE SELL	P.O BOX 298	NORRIS	SD	57560
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KATHY MANSFIELD	23634 280TH ST.	NORRIS	SD	57560
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	VELDON THAYER	22634 283RD ST.	MARTIN	SD	57551
	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 09/17/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

BETH LYON

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 9/18/2013

RECEIPT NO 140914

1. Corporate Name and Address:

NS002229
BENNETT COUNTY FAIR ASSOCIATION
501 2ND AVE STE A
MARTIN, SD 57551

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

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

501 2ND AVE STE A	MARTIN	SD	57551
Street Address	City	State	ZIP+4
BOX M	MARTIN	SD	57551
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BETH LYON

501 2ND AVE. STE A	MARTIN	SD	57551
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
P.O BOX M	MARTIN	SD	57551
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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	SAM SMITH	P.O BOX 108	BATESLAND	SD	57716
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LEO GOSS	23420 284TH ST.	MARTIN	SD	57551
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	VERA O'NEIL	29252 243RD AVE.	TUTHILL	SD	57574
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JAY NIES	P.O BOX 328	MARTIN	SD	57551
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DAVE SELL	P.O BOX 298	NORRIS	SD	57560
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KATHY MANSFIELD	23634 280TH ST.	NORRIS	SD	57560
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	VELDON THAYER	22634 283RD ST.	MARTIN	SD	57551
	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 09/18/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

BETH A LYON

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE DATE 6/17/2015

RECEIPT NO 311891

1. Corporate Name and Address:

NS002229
BENNETT COUNTY FAIR ASSOCIATION
501 2ND AVE STE A
MARTIN, SD 57551

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

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

501 2ND AVE STE A MARTIN SD 57551

Street Address City State ZIP+4

BOX M MARTIN SD 57551

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: NANCY PAULY

501 2ND AVE STE A MARTIN SD 57551-0320

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

BOX M MARTIN SD 57551-0320

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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	SAM SMITH	P.O BOX 108	BATESLAND	SD	57716
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	VERA O'NEIL	29252 243RD AVE.	TUTHILL	SD	57574
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JAY NIES	P.O BOX 328	MARTIN	SD	57551
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DAVE SELL	P.O BOX 298	NORRIS	SD	57560
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KATHY MANSFIELD	23634 280TH ST.	NORRIS	SD	57560
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	VELDON THAYER	22634 283RD ST.	MARTIN	SD	57551
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DEAN LIVERMONT	28658 237TH AVE	MARTIN	SD	57551
	Vice President	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 06/17/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

MARY KAY SELL

(Printed Name)

2015

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

ANNUAL REPORT
DOMESTIC NONPROFIT
 SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATEFILE DATE 7/1/2015RECEIPT NO 315810

Telephone # _____

1. Corporate Name and Address:

NS002229BENNETT COUNTY FAIR ASSOCIATION2. The jurisdiction under whose law it is formed SOUTH DAKOTA

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

<u>501 2ND AVE STE A</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
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Actual Street Address or Rural Route Box Number	City	State	ZIP+4
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<u>BOX M</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
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Mailing Address, if Different from Street Address	City	State	ZIP+4
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bennett.county@sddstate.edu

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: NANCY PAULY

<u>501 2ND AVE STE A</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551-0320</u>
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Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
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<u>BOX M</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551-0320</u>
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Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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Email Address (Optional)

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 three director.

<input checked="" type="checkbox"/> <u>SAM SMITH</u>	<u>P.O BOX 108</u>	<u>BATESLAND</u>	<u>SD</u>	<u>57716</u>
President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> <u>VERA O'NEIL</u>	<u>29252 243RD AVE.</u>	<u>TUTHILL</u>	<u>SD</u>	<u>57574</u>
Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> <u>JAY NIES</u>	<u>P.O BOX 328</u>	<u>MARTIN</u>	<u>SD</u>	<u>57551</u>
Treasurer	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> <u>DAVE SELL</u>	<u>P.O BOX 298</u>	<u>NORRIS</u>	<u>SD</u>	<u>57560</u>
Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	KATHY MANSFIELD	23634 280TH ST.	NORRIS	SD	57560
	Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	VELDON THAYER	22634 283RD ST.	MARTIN	SD	57551
	Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DEAN LIVERMONT	28658 237TH AVE	MARTIN	SD	57551
	Vice President	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

Email _____
(Optional)

Signature Accepted Electronically _____

(Signature of an Authorized Person)

MARY K SELL _____

(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.

7/1/2015 10:54:05 AM

2016

Enter Filing Year

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

STATEMENT OF CHANGE OF REGISTERED OFFICE
DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

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

FILE DATE 6/23/2016

RECEIPT NO 429430

1. Corporate ID and Name:

NS002229

Enter Corporate ID

BENNETT COUNTY FAIR ASSOCIATION

Enter Corporate Name

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: NANCY PAULY

501 2ND AVE STE A	MARTIN	SD	57551-0320
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
BOX M	MARTIN	SD	57551-0320
Mailing Address, if Different from Street Address	City	State	ZIP+4

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

New Agent Name: MARY K SELL

20552 PEAR LANE	ALLEN	SD	57714
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 298	MARTIN	SD	57551
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 (SDCL 47-1A-129).

Dated 06/23/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

MARY K SELL

(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.

6/23/2016 2:46:44 PM

2016

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

ANNUAL REPORT
 DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

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

FILE DATE 6/23/2016

RECEIPT NO 429430

1. Corporate ID and Name:

NS002229

Enter Corporate ID

BENNETT COUNTY FAIR ASSOCIATION

Enter Corporate Name

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

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

501 2ND AVE STE A MARTIN SD 57551

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

BOX M MARTIN SD 57551

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

4. The name of the South Dakota Registered Agent

Agent Name: MARY K SELL

20552 PEAR LANE ALLEN SD 57714

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

PO BOX 298 MARTIN SD 57551

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 (governors). South Dakota Law requires at least three directors.

<input checked="" type="checkbox"/>	SAM SMITH	P.O BOX 108	BATESLAND	SD	57716
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	VERA O'NEIL	29252 243RD AVE.	TUTHILL	SD	57574
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	JAY NIES	P.O BOX 328	MARTIN	SD	57551
	Treasurer	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DAVE SELL	P.O BOX 298	MARTIN	SD	57551
	Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	KATHY MANSFIELD	23634 280TH ST.	NORRIS	SD	57560
	Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	VELDON THAYER	22634 283RD ST.	MARTIN	SD	57551
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Director	Actual Street Address	City	State	ZIP+4
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<input type="checkbox"/>	HEATHER HARRIS	29301 216TH AVE	MARTIN	SD	57551
--------------------------	----------------	-----------------	--------	----	-------

Director	Actual Street Address	City	State	ZIP+4
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

MARY K SELL

(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.

6/23/2016 2:46:44 PM