

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

91998 1 0 9 0 0 7  
**ANNUAL REPORT**

FILE DATE 11-1-93  
RECEIPT NO. 794833  
RECEIVED  
OCT 27 1993  
Secretary of State

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

1. Corporate Name, Registered Agent and Registered Address:

DF-026870 NOV/92  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
HCR 2, BOX 610A  
ONIDA, SD 57564-9206

Telephone # 605-264-5454

FAX # \_\_\_\_\_

Federal Taxpayer ID \_\_\_\_\_

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

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

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

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

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 10-26 19 93  
By Cecil Richter  
(Signature)  
its PRESIDENT  
(Title)

STATE OF South Dakota  
COUNTY OF Sully ss

I, Sharon M. Nuttall, a notary public, do hereby certify that on this 26 day of October 19 93,  
personally appeared before me Cecil Richter who, being by me first duly sworn, declared that he/she is the  
president of RICHTER ENTERPRISES INC.  
that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires SHARON M. NUTTALL  
My Commission Expires 2/18/95  
Sharon M. Nuttall  
Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
505-773-4845

**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 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)

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

9 3 1 1 0 9 0 0 7 3 0

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 11-1-93  
FILE NO. \_\_\_\_\_

RECEIVED

OCT 27 1993

Secretary of State

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Richter Enterprises Inc.

The state of incorporation is SOUTH DAKOTA

2. The name of the registered agent in South Dakota and the registered office address is Cecil N. Richter  
HCR2, Box 610A, Onida, S.D. 57564 zip +4 9206

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,500  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 10-26 19 93

By Cecil N. Richter  
(Signature)  
Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Sully ss

I, Sharon M. Nuttall, a notary public, do hereby certify that on this 26 day of October 19 93, personally appeared before me Cecil N. Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires SHARON M. NUTTALL  
My Commission Expires 2/18/95.

Sharon M. Nuttall  
Notary Public

(Notarial Seal)

1994

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4580

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE: 10/17  
RECEIPT NO. 12467

RECEIVED RECEIVED

NOV 1994 OCT 18 1994

1. Corporate Name, Registered Agent and Registered Address:

DF-02687C NOV-93  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
HCR 2, BOX 6102  
ONIDA, SD 57564-9206

Telephone # 605-264-5454  
FAX # None

Federal Taxpayer ID #

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

## \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

IF ALL OF THE INFORMATION PROVIDED AND REGISTERED AGENT AND ADDRESS LISTED IN NUMBER ONE IS IDENTICAL TO THAT 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 \_\_\_\_\_

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 AUTHORIZED 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 10-17 1994 by Cecil H. Richter  
(Signature) President  
(Title)

STATE OF South Dakota  
COUNTY OF Sioux  
Michael J. Yackley a notary public, do hereby certify that on this 17<sup>th</sup> day of October 1994  
personally appeared before me Cecil H. Richter who, being by me first duly sworn, declared that  he is the  
President of Richter Enterprises, Inc.  
that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_  
Michael J. Yackley  
Notary Public

MICHAEL J. YACKLEY, Notary Public  
My Commission Expires January 17, 1998

or by its president or by another of

Date \_\_\_\_\_ 19\_\_\_\_

(signature)

(title)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being by me 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 \_\_\_\_\_

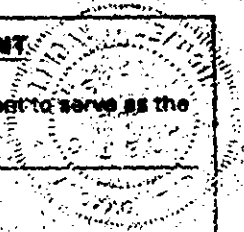
Notary Public

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, \_\_\_\_\_, hereby give my consent to serve as the registered agent for \_\_\_\_\_

Date: \_\_\_\_\_ 19\_\_\_\_

(signature)



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SECRETARY OF STATE  
STATE CAPITOL  
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PIERRE, S.D. 57501-5077  
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FAX (605) 773-4550

9 4 1 2 1 7 5 1 0 3 7

FILE DATE  
FILE NO.

11-1-94

## ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

RECEIVED

RECEIVED

NOV 1 1994

OCT 18 1994

Secretary of State

Secretary of State

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

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Richter Enterprises Inc  
The state of incorporation is SOUTH DAKOTA
- The name of the registered agent in South Dakota and the registered office address is Cecil H. Richter  
HCR 2 Box 610A, OVIDA, SD ZIP 57564-9206
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

\_\_\_\_\_  
\_\_\_\_\_

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,500. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

\_\_\_\_\_  
\_\_\_\_\_

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 10-17 19 94

By

(Signature)

Its

(Title)

Cecil H. Richter  
President

STATE OF South Dakota  
COUNTY OF Sully ss

I, Michael J. Yackley, a notary public, do hereby certify that on this 17<sup>th</sup> day of October 19 94, personally appeared before me Cecil H. Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises, Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires MICHAEL J. YACKLEY, Notary Public  
My Commission Expires January 17, 1998

Michael J. Yackley  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

RECEIVED  
FEB 10 1964

RECEIVED

FEB 10 1964

FEB 10 1964

FEB 10 1964

FEB 10 1964

FEB 10 1964

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FEB 10 1964



1995

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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 11-1-95  
RECEIPT NO. 4969774  
**RECEIVED**  
OCT 25 1995  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-026870 NOV/94  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
HCR 2, BOX 610A  
ONIDA, SD 57564-9206

Telephone # 605-264-5454

FAX # None

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. (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 10/24 19 95

By Cecil H. Richter  
(Signature)  
Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Sully

I, Sharon M. Nuttall, a notary public, do hereby certify that on this 24 day of October 1995, personally appeared before me Cecil H. Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires SHARON M. NUTTALL  
Sharon M. Nuttall  
Notary Public

Expires February 18, 2003  
(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 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)

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

25111796132  
11/20/95

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 11-1-95  
FILE NO. \_\_\_\_\_

RECEIVED

OCT 25 1995

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is RICKTER ENTERPRISES INC  
The state of incorporation is SOUTH DAKOTA
2. The name of the registered agent in South Dakota and the registered office address is Cecil N. Richter  
HC R 2 Box 610A, ONIDA, S.D. Zip + 4 57564-9206
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
- \_\_\_\_\_
- \_\_\_\_\_

5. List only the changes of the names or addresses of the officers and directors
- | NAME | REPLACED | AS OFFICER OR DIRECTOR |
|------|----------|------------------------|
|------|----------|------------------------|
- \_\_\_\_\_

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,500  
(Degree of kindred is defined as number of generations with each generation being a degree) #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders
- | NAME | ADDRESS | NUMBER OF SHARES | DEGREE OF KINDRED |
|------|---------|------------------|-------------------|
|------|---------|------------------|-------------------|
- \_\_\_\_\_

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 10/24 19 95

By Cecil N. Richter  
(Signature)  
his President  
(Title)

STATE OF South Dakota  
COUNTY OF Sully ss

I, Sharon M. Nuttall, a notary public, do hereby certify that on this 24 day of October 19 95, personally appeared before me Cecil N. Richter, who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires \_\_\_\_\_  
**SHARON M. NUTTALL**  
My Commission  
Expires February 18, 2003  
(Notarial Seal)

Sharon M. Nuttall  
Notary Public

10-28-96

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 10-28-96  
RECEIPT NO. 579194  
RECEIVED

1. Corporate Name, Registered Agent and Registered Address

DF-026870 NOV/95  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
HCR 2, BOX 610A  
ONIDA, SD 57564-9206

Telephone # 605-264-5454  
FAX # 605-264-7600

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 Family Farm

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Cecil Richter</u>	President	<u>18542 301st Ave.</u>	<u>Onida</u>	<u>S.D.</u>	<u>57564</u>
<u>Marcella Richter</u>	Vice President	<u>18542 301st Ave.</u>	<u>Onida</u>	<u>S.D.</u>	<u>57564</u>
<u>Marcella Richter</u>	Secretary	<u>18542 301st Ave.</u>	<u>Onida</u>	<u>S.D.</u>	<u>57564</u>
<u>Cecil Richter</u>	Treasurer	<u>18542 301st Ave.</u>	<u>Onida</u>	<u>S.D.</u>	<u>57564</u>

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 SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE  
100,000 Common 1:00 Par

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES  
25,500 Common 1:00 Par

6. The amount of its stated capital is \$ 25,500 (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 10/22 19 96

By Cecil Richter  
(Signature)

Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Sully ss

I, Richard C. Steg, a notary public, do hereby certify that on this 25<sup>th</sup> day of October 19 96 personally appeared before me Cecil H. Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises, Inc.

that he/she signed the foregoing Certificate of Incorporation, and the statements therein contained are true

My Commission Expires April 21, 1999

Richard C. Steg, Notary Public

Richard C. Steg  
Notary Public

(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

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 Richter Enterprises Inc.
2. The previous street address, or a statement that there is no street address, of its registered office HCR 2 Box 610 A Onida, S.D. 57564 ZIP + 4 9206
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 (Postal Records Change)  
18542 301st Ave. Onida, S.D. 57564 ZIP + 4 9206
4. The name of its previous registered agent is Cecil H. Richter
5. The name of its successor registered agent is Cecil H. Richter  
\* 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 10/22 19 96

Cecil H. Richter  
(signature)  
President  
(title)

STATE OF South Dakota  
COUNTY OF Sully ss

I, Richard C. Stolf, a notary public, do hereby certify that on this 25<sup>th</sup> day of October 19 96, personally appeared before me Cecil H. Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Richard C. Stolf, Notary Public  
My Commission Expires  
April 21, 1999

Richard C. Stolf  
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Cecil H. Richter, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for Richter Enterprises, Inc.  
(corporate name)

Dated 10/22 19 96

Cecil H. Richter  
(signature)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 10-24-96  
FILE NO. \_\_\_\_\_

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Richter Enterprises, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is \_\_\_\_\_  
18542 301st Ave. Onida, S.D. 57564 Zip + 4 9206

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

Leased S $\frac{1}{2}$  and S $\frac{1}{2}$  NW $\frac{1}{4}$  Section 30 T114N R77W Sully County, S.D.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,500  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 10/22 19 96

By Keith Richter  
(Signature)

Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Sully ss

I, Richard C. Spinn, a notary public, do hereby certify that on this 25<sup>th</sup> day of October 1996, personally appeared before me Keith Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises, Inc. that he/she signed the foregoing document

as officer of the corporation. The statements and information contained are true

My Commission Expires April 21, 1999

Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1997

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

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 11-1-97  
RECEIPT NO. 6370

RECEIVED

OCT 29 1997

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-026870 NOV/96  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA, SD 57564-6904

Telephone # 605-264-5454

FAX # 605-764-7600

Federal Taxpayer IC

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 10/28 19 97

By Cecil H. Richter  
(Signature)  
Its PRESIDENT  
(Title)

STATE OF South Dakota  
COUNTY OF Sully ss

I, Michael J. Yackley, a notary public, do hereby certify that on this 28 day of October 19 97, personally appeared before me Cecil H. Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises Inc.

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

My Commission Expires MICHAEL J. YACKLEY, Notary Public  
My Commission Expires January 17, 1998

Michael J. Yackley  
Notary Public

(Notarial Seal)

SECRETARY OF STATE  
STATE CAPITOL  
600 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4046

**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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
 NO FILING FEE

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

FILE DATE 11-1-97  
 FILE NO. 62950  
 RECEIVED  
 OCT 29 1997  
 S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Richter Enterprises, Inc  
 The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is \_\_\_\_\_  
18542 301st Ave, Onida, S.D Zip + 4 57564-9206
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
 \_\_\_\_\_  
 \_\_\_\_\_

- List only the changes of the names or addresses of the officers and directors.  

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,500.  
 (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- List changes only of names, address and number of shares owned by shareholders  

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 10/28 19 97 By Cecil N. Richter  
 (Signature)  
 Its PRESIDENT  
 (Title)

STATE OF South Dakota  
 COUNTY OF South SS

I, Michael J. Yackley, a notary public, do hereby certify that on this 25<sup>th</sup> day of October 1997, personally appeared before me Cecil N. Richter who, being by me first duly sworn, declared that he she is the President of Richter Enterprises, Inc that he she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires MICHAEL J. YACKLEY Notary Public Michael J. Yackley  
 My Commission Expires January 17, 1998 Notary Public

(Notarial Seal)



SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-6070  
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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 11-1-98  
FILE NO. \_\_\_\_\_

RECEIVED  
OCT 15 1998  
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Richter Enterprises Inc  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Cecil Richter  
18542 301st Ave Onida, SD Zip + 4 57564-9206
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
\_\_\_\_\_  
\_\_\_\_\_

- List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,500  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 10/13 19 98

By Cecil Richter  
(Signature) PRESIDENT  
Its (Title)

STATE OF South Dakota  
COUNTY OF Potter SS

I, Craig E Smith, a notary public, do hereby certify that on this 13th day of October 19 98, personally appeared before me Cecil H Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires February 11, 2003

Craig E Smith  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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

9912199.3459  
2/22/99

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

FILE DATE 11-1-99  
RECEIPT NO. 83387

RECEIVED

OCT 13 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-026870 NOV/98  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

Telephone # 605-264-5454  
FAX # 605-264-7100  
Federal Taxpayer ( )  
FILING DATE: Due during the month the  
Certificate of Incorporation was issued, and  
delinquent after the last day of the following  
month.

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

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

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

\*\*\*\*\*

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

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

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

SD law requires at least one director.

Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.

Director \_\_\_\_\_  
Director \_\_\_\_\_

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 10-12 1999

By Cecil H. Richter  
(Signature)  
Its President  
(Title)

STATE OF South Dakota ss  
COUNTY OF Sully

I, Sharon M. Nuttall, a notary public, do hereby certify that on this 12 day of October 1999, personally appeared before me Cecil H. Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises, 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 \_\_\_\_\_ SHARON M. NUTTALL My Commission Expires \_\_\_\_\_ Sharon M. Nuttall  
Notary Public

(Notarial Seal)

Expires February 16, 2003

SOS CRP 6/98

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

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 in addition to annual report fee**

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

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

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ that he/sho 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)

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

ANNUAL FARM REPORT 0012496 3459  
12/22/99

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE  
FILE NO. 523917

RECEIVED

OCT 13 1999

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Richter Enterprises, Inc  
The state of incorporation is SOUTH DAKOTA
2. The name of the registered agent in South Dakota and the registered office address is Neil Richter  
18542 301st AVE, ONIDA, S.D ZIP + 4 57564-9206
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME REPLACED AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is \_\_\_\_\_  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 10/12 19 99

By Neil H Richter  
(Signature)  
Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Sully

I, Sharon M. Nuttall, a notary public, do hereby certify that on this 12 day of October 19 99 personally appeared before me Neil H. Richter who, being by me first duly sworn, declared that he/she is the President of Richter Enterprises, Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_

SHARON M. NUTTALL

My Commission

Expires February 10, 2003

Sharon M. Nuttall  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

10/14/11  
5:11 PM  
10/14/11 10:10

11



2000

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 11-1-00  
**RECEIVED**  
OCT 12 2000  
S.D. SEC. OF STATE  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-026870 NOV/1999  
RICHTER ENTERPRISES, INC  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

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, per 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 11/1/00  
By Cecil Richter  
(Signature)  
Its President  
(Title)

STATE OF South Dakota ss  
COUNTY OF Sully  
On this the 11th day of October, 2000, before me, Solene Schall,  
personally appeared Cecil Richter, 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 \_\_\_\_\_ My Commission Expires  
February 19, 2004  
(Notarial Seal) Solene Schall  
Notary Public

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**

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**

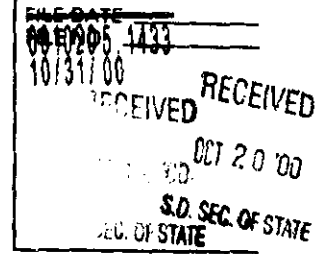
I, \_\_\_\_\_, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for \_\_\_\_\_  
(corporate name)  
Dated \_\_\_\_\_  
\_\_\_\_\_  
(signature)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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



Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Richter Enterprises, Inc  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Cecil Richter  
18542 301st Ave. Onida, SD Zip + 4 57564-6904
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
\_\_\_\_\_  
\_\_\_\_\_
- List only the changes of the names or addresses of the officers and directors.  

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____
- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,550  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
- List changes only of names, address and number of shares owned by shareholders  

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____
- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 7 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 10/20/00 By Cecil Richter  
STATE OF South Dakota (Signature)  
COUNTY OF Sully ss President (Title)  
On this the 11th day of October 2000 before me, Jolene Schall  
personally appeared Cecil Richter 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 \_\_\_\_\_ My Commission Expires  
February 19, 2001

Jolene Schall  
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: \$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, \_\_\_\_\_, 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)

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

**ANNUAL FARM REPORT 480**  
PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

FILE DATE \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_

RECEIVED

OCT 19 '01

S.D. SEC. OF STATE

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

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Richter Enterprises, Inc  
The state of incorporation is South Dakota
2. The name of the registered agent in South Dakota and the registered office address is Cecil Richter  
18542 301st Ave Osida, SD 57501
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,550 (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1% %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 10/18/01

STATE OF South Dakota  
COUNTY OF Sully

On this the 18 day of October, 2001, before me, Cecil Richter, known to me, or proved to me, personally appeared Cecil Richter, 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

(Notarial Seal)

SHARON M. MITTALL  
My Commission  
Expires February 10, 2003

Sharon M. Mittall  
(Notary Public)

farmrep.pdf

2002

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 11-1-02 RECEIPT NO. JSD343 RECEIVED OCT 15 02

1217.3815 11/26/02 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DF-026870 NOV/2001 RICHTER ENTERPRISES, INC. RICHTER, CECIL H. 18542 301ST AVE ONIDA SD 57564-6904

Telephone # 605-287-2556 FAX # 605-714-7600 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.

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

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

Table with 7 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for 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.

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.

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 10/25/02 By Cecil Richter (Signature) Its President (Title)

STATE OF South Dakota ss COUNTY OF Sully On this the 25 day of October 2002 before me, Patti Gordon Cecil Richter

personally appeared Cecil Richter, 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 Patti J. Gordon My Commission Expires February 5, 2007 (Notarial Seal) Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4848

**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) \_\_\_\_\_

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLOCK LETTERS  
Filed pursuant to the provisions of SDCL 47-17A  
11/20/02

NO FILING FEE

FILE DATE \_\_\_\_\_

RECEIVED

OCT 15 '02

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

1. Corporate name and address.



DF-026870 NOV/2001  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

2. The state of incorporation is South Dakota
3. The name of the registered agent in South Dakota and the registered office address is Cecil Richter  
18542 301st Ave. Onida, S.D. 57564
4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,550. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from: rent, royalties, dividends, interest and annuities is 1% %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 10-25-02

STATE OF South Dakota  
COUNTY OF Sully

Cecil Richter  
(Signature)  
PRESIDENT  
(Title)

On this the 25 day of October, 2002 before me, Patricia Gordon  
personally appeared Cecil Richter, 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.

Patricia J. Gordon  
My Commission Expires  
February 6, 2007

My Commission Expires \_\_\_\_\_

Patricia J. Gordon  
(Notary Public)

(Notarial Seal)

224 1310 11/21/2003

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 1258901

RECEIVED

OCT 21 '03

1. Corporate name and address:



\*DF-026870\*  
DF-026870 NOV/2002  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

FILING DATE: Due during SD SEC ONE STATE  
domestic Certificate of Incorporation or the  
foreign Certificate of Authority was issued, and  
delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Cecil Richter  
18542 301st Ave, Onida, SD 57564

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,550. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1% %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 10/20/03  
STATE OF South Dakota  
COUNTY OF Sully

Cecil H. Richter  
(Signature)  
President  
(Title)

On this the 20 day of October, 2003, before me, Sharon M. Nuttall  
personally appeared Cecil H. Richter, 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 \_\_\_\_\_  
Sharon M. Nuttall  
My Commission Expires  
February 18, 2009

Sharon M. Nuttall  
(Notary Public)

(Notarial Seal)





**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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 11/01/04

RECEIVED

OCT 14 04

SD SEC. OF STATE

1. Corporate name and address:



\* D F 0 2 6 8 7 0 \*  
DF026870 NOV/2003  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

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

2. The state of incorporation is South DAKOTA

3. The name of the registered agent in South Dakota and the registered office address is \_\_\_\_\_

18542 301st AVE, Onida, S.D. 57560

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,550. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1% %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 10/12/04

Cecil Richter  
(Signature)

President  
(Title)

100  
100  
100  
100



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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

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

1. The name of the corporation is \_\_\_\_\_
2. The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \* \_\_\_\_\_

**\*The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_  
\_\_\_\_\_  
(signature)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 11/01/05

RECEIVED

OCT 18 '05

S.D. SEC. OF STATE

RECEIVED

OCT 12 '05

S.D. SEC. OF STATE

1. Corporate name and address:



\* D F 0 2 6 8 7 0 \*  
DF026870 NOV/2004  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

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

2. The state of incorporation is

South Dakota

3. The name of the registered agent in South Dakota and the registered office address is

18542 301st AVE. ONIDA, S.D. 57564

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25,550. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NUMBER OF SHARES

DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is

1%

%.

(Applies only to AUTHORIZED FARM CORPORATION)

Dated

10/10/05

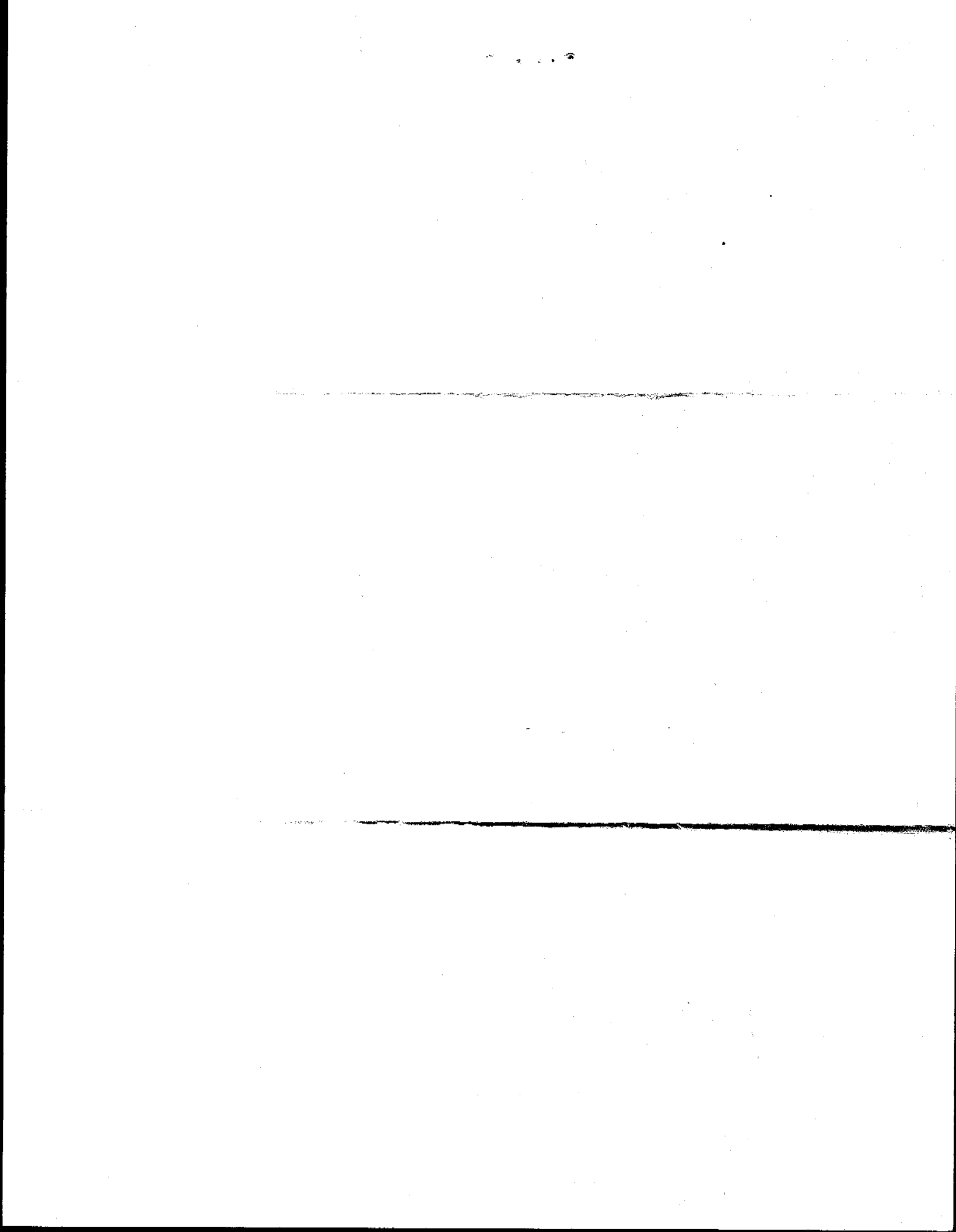
(Signature)

Cecil Richter

(Title)

President

242 0903





**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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 11/01/06

RECEIVED  
OCT 20 2006  
S.D. SEC. OF STATE

1. Corporate name and address:



\* D F 0 2 6 8 7 0 \*  
DF026870 NOV/2005  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is \_\_\_\_\_

18542 301st Ave Onida, S.D. 57564

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25550. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

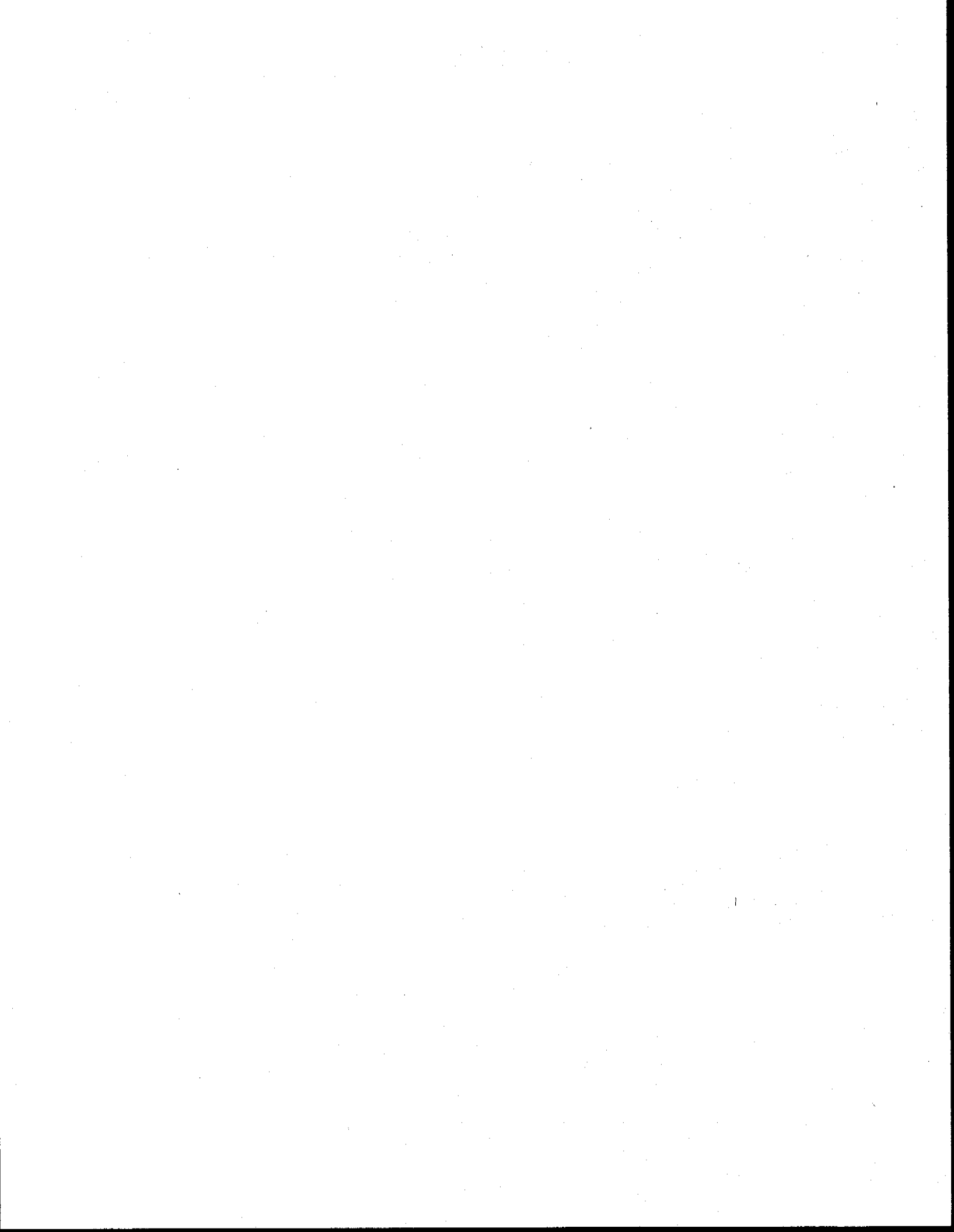
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1% %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 10-18-2006

Cecil Richter  
(Signature)

President  
(Title)

254 3160





**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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 11/01/07  
**RECEIVED**  
**OCT 25 2007**  
S.D. SEC. OF STATE

268 26800

1. Corporate name and address:



DF026870 NOV/2006  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is \_\_\_\_\_  
18542 301st Ave. Onida, S.D. 57564

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25550. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

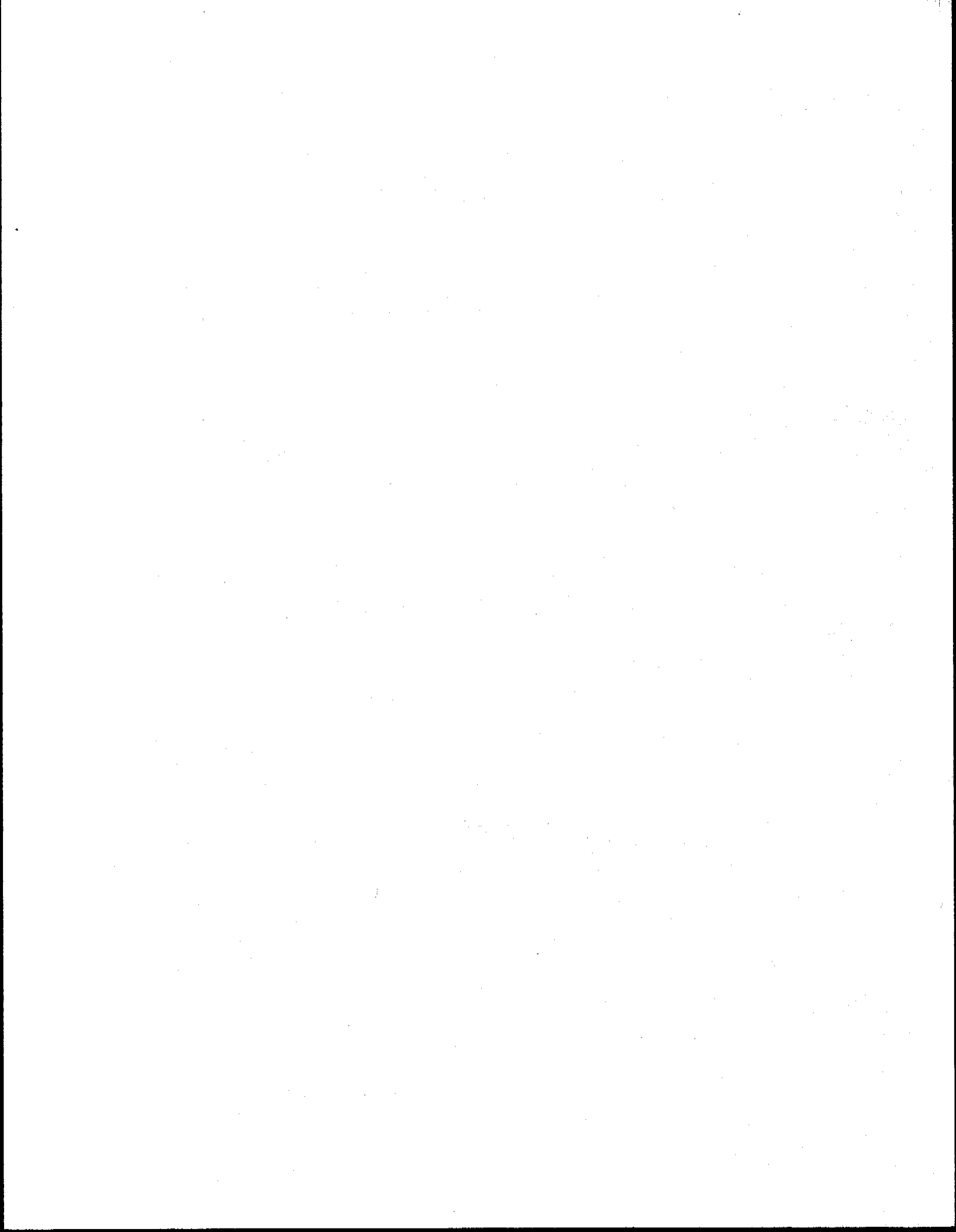
NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1% %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 10-24-07

Cecil Richter  
(Signature)

President  
(Title)





**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)

282 1337 11/07/2008

2008

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

# ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

**FILING FEE: \$30** Make check payable to SECRETARY OF STATE

FILE DATE	11/01/08
RECEIPT NO	82102101
<b>RECEIVED</b>	
<b>OCT 22 2008</b>	
<b>S.D. SEC. OF STATE</b>	

1. Corporate Name, Registered Agent Name and Address:



\* D F 0 2 6 8 7 0 \*  
DF026870 NOV/2007  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

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.

18542 301ST AVE ONIDA S.D. 57564  
Street Address City State ZIP+4

SAME  
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

CECIL RICHTER

18542 301ST AVE ONIDA S.D. 57564  
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

CECIL RICHTER 18542 301ST AVE ONIDA S.D. 57564  
President Street Address City State ZIP+4

MARCELLA RICHTER 18542 301ST AVE ONIDA S.D. 57564  
Vice President Street Address City State ZIP+4

MARCELLA RICHTER 18542 301ST AVE ONIDA S.D. 57564  
Secretary Street Address City State ZIP+4

MARCELLA RICHTER 18542 301ST AVE ONIDA S.D. 57564  
Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Dated 10-21-08

Cecil Richter  
(Signature of an authorized officer)

CECIL RICHTER  
(Printed Name)

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)

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 11/21/08  
RECEIPT NO 1866401  
**RECEIVED**  
**OCT 22 2008**  
**S.D. SEC. OF STATE**

1. Corporate ID, Name and Address:



\* D F 0 2 6 8 7 0 \*  
DF026870 NOV/2007  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
FILING DATE: To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent Cecil Richter  
18542 301st AVE Onida S.D. 57564  
Street Address (Required to be a South Dakota Address) City State ZIP+4  
18542 301st AVE Onida S.D. 57564  
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>25550</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>1%</u>

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

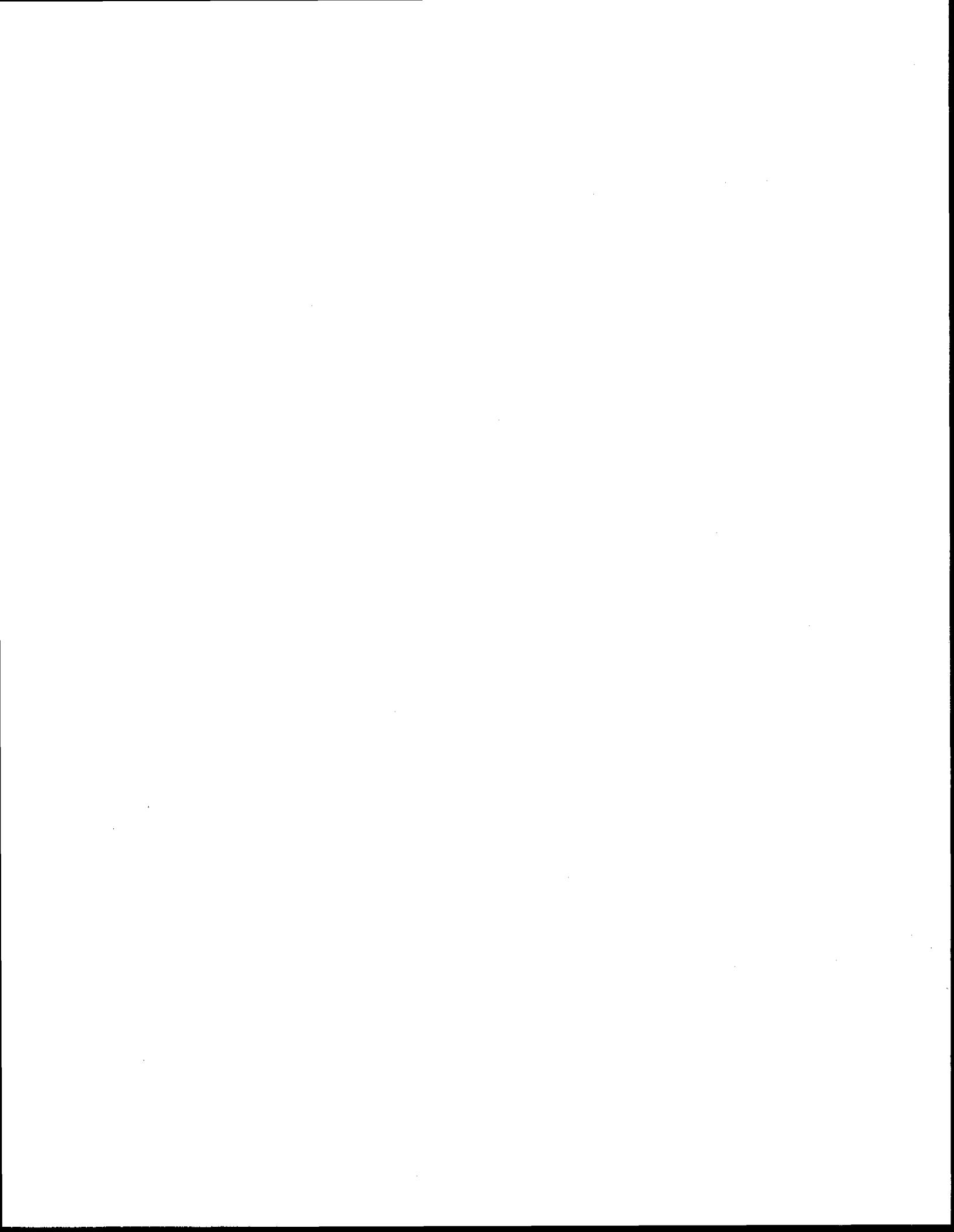
NONE

Name	Address	City	State	Zip	Shares	Kindred

Dated 10-21-08

Cecil Richter  
(Signature of an authorized officer)  
Cecil Richter  
(Printed Name)  
PRESIDENT  
(Title)

282 1338



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: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 11/01/09
RECEIPT NO 1959518
RECEIVED
OCT 21 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF026870 NOV/2008
RICHTER ENTERPRISES, INC.
RICHTER, CECIL H.
18542 301ST AVE
ONIDA SD 57564-6904

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.

18542 301st Ave Onida SD 57564
Street Address City State ZIP+4
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Cecil Richter
18542 301st Ave Onida S.D. 57564
Street Address (Required to be a South Dakota Address) City State ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its 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.

- President: Cecil Richter, 18542 301st Ave, Onida, SD, 57564
Vice President: MARCELLA Richter, 18542 301st Ave, Onida, SD, 57564
Secretary: MARCELLA Richter, 18542 301st Ave, Onida, SD, 57564
Treasurer: MARCELLA Richter, 18542 301st Ave, Onida, SD, 57564
Director: (empty)
Director: (empty)

Dated 10-19-2009

Cecil Richter (Signature)
CECIL RICHTER (Printed Name)
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)

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 11/11/09  
RECEIPT NO **RECEIVED**  
**OCT 21 2009**  
**S.D. SEC. OF STATE**

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:



DF026870 NOV/2008  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

2. The name of the South Dakota Registered Agent Cecil Richter

18542 301st AVE. Onida SD 57564  
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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>25550</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>X</u> %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

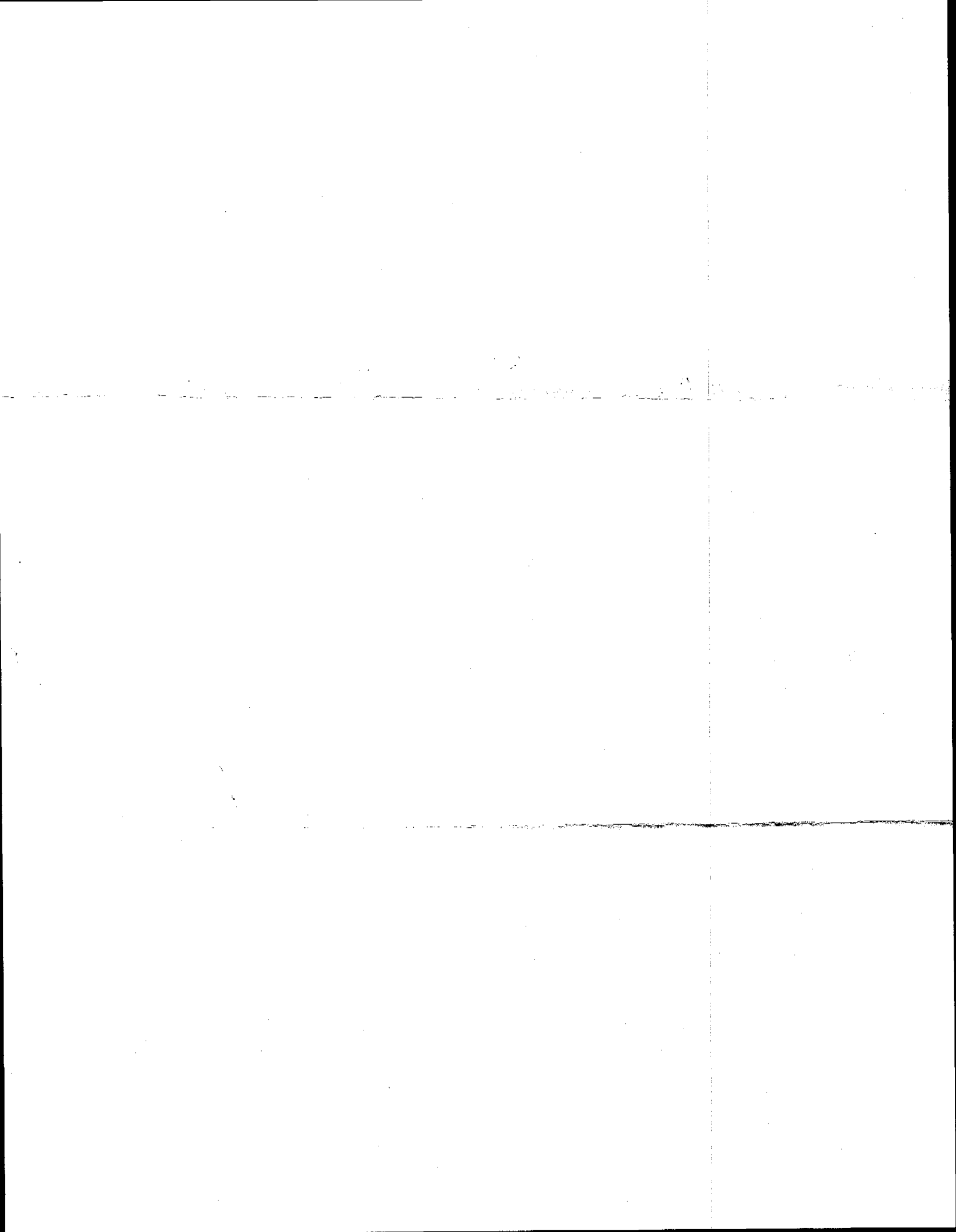
NONE

Name	Address	City	State	Zip	Shares	Kindred

Dated 10-19-2009

Cecil Richter  
(Signature of an authorized officer)  
CECIL RICHTER  
(Printed Name)  
PRESIDENT  
(Title)

297 0204



311 2719 10/14/2010

# 2010

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

## ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 11/01/10  
RECEIPT NO 2075457  
**RECEIVED**  
**OCT 13 2010**  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



\* D F 0 2 6 8 7 0 \*  
DF026870 NOV/2009  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

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 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

18542 301ST AVE Onida S.D 57564  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Cecil Richter

18542 301ST AVE Onida S.D 57564  
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

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.

- Cecil Richter 18542 301ST AVE Onida S.D 57564  
President Street Address City State ZIP+4
- MARCELLA Richter 18542 301ST AVE Onida S.D 57564  
Vice President Street Address City State ZIP+4
- MARCELLA Richter 18542 301ST AVE Onida S.D 57564  
Secretary Street Address City State ZIP+4
- MARCELLA Richter 18542 301ST AVE Onida S.D 57564  
Treasurer Street Address City State ZIP+4
- \_\_\_\_\_  
Director Street Address City State ZIP+4
- \_\_\_\_\_  
Director Street Address City State ZIP+4

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

Dated 10-11-10

Cecil Richter  
(Signature of an Authorized Person)  
Cecil Richter  
(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 (Optional)	City	State	ZIP+4
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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)

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

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink  
No Filing Fee

FILE DATE 11/01/10  
RECEIPT NO. **RECEIVED**  
**OCT 13 2010**  
**S.D. SEC. OF STATE**

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
FILING DATE: To be filed with the Annual Report.

311 2720

1. Corporate ID, Name and Address:



\* D F 0 2 6 8 7 0 \*  
DF026870 NOV/2009  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564-6904

2. The name of the South Dakota Registered Agent CECIL RICHTER  
18542 301ST AVE ONIDA S.D. 57564  
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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>25550</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>1%</u> %

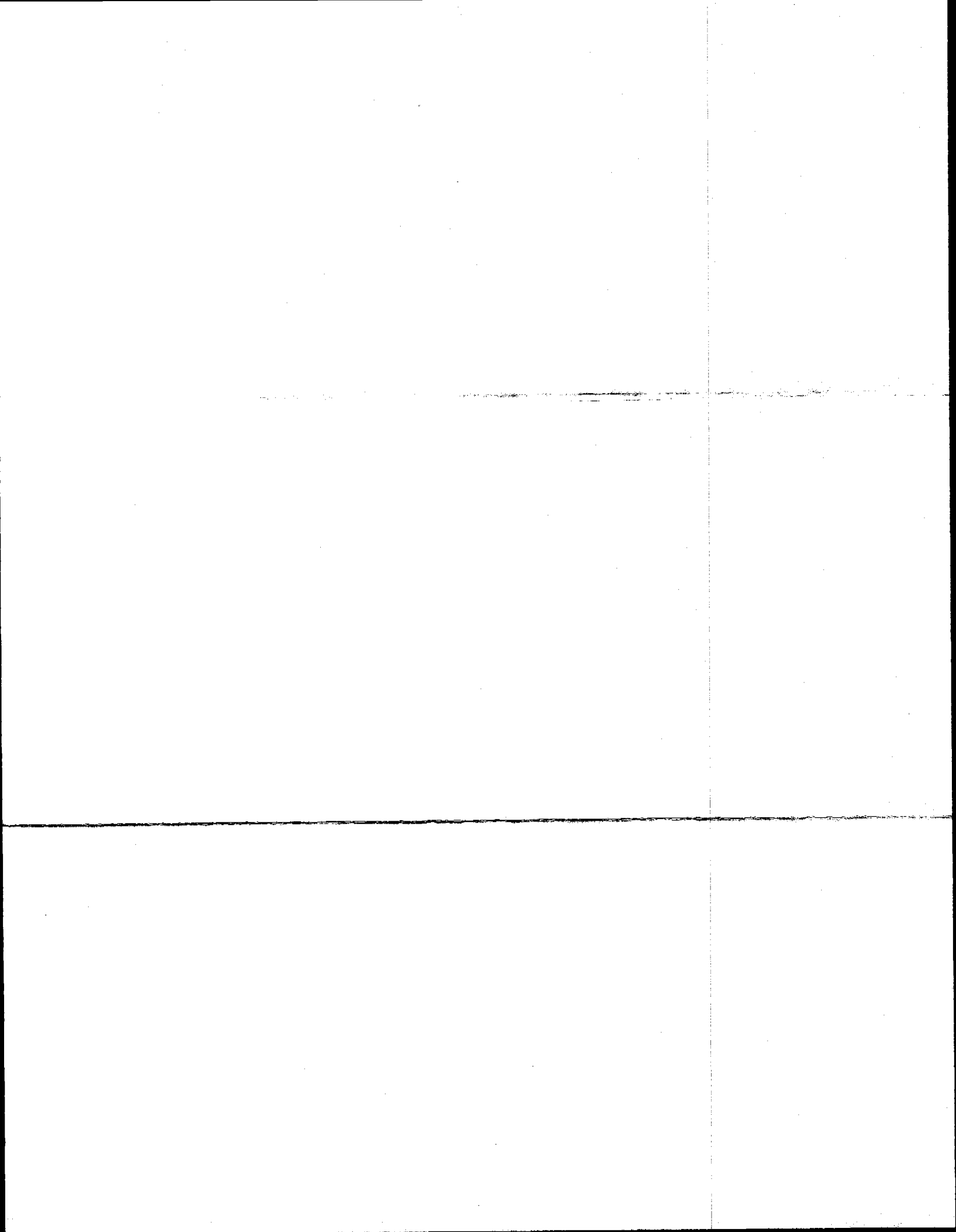
5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

None

Name	Address	City	State	Zip	Shares

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

Dated 10-11-10  
Cecil Richter  
(Signature of an Authorized Person)  
CECIL RICHTER  
(Printed Name)



2011

Enter Filing Year

## ANNUAL FARM REPORT

FILE DATE 11/17/2011

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

## Corporation

Please Type or Print Clearly In Ink

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

RECEIPT NO 7587

## 1. Corporate Name and Address:

DF026870  
 RICHTER ENTERPRISES, INC.  
 18542 301ST AVE  
 ONIDA, SD57564-6904

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

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

18542 301ST AVE	ONIDA	SD	57564-6904
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

## 4. The name of the South Dakota Registered Agent

Agent Name: CECIL H. RICHTER

18542 301ST AVE	ONIDA	SD	57564-6904
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

## 5. The names and business addresses of its 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.

<input checked="" type="checkbox"/>	CECIL RICHTER	18542 301ST AVE	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Tow nship	Acres
--------	---------	-----------	-------

## 7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	25550
<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

## 8. List changes only of names, address and number of membership interests owned by shareholders.

---

Name	Street Address	City	State	ZIP+4	Shares	DOK
------	----------------	------	-------	-------	--------	-----

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

\_\_\_\_\_  
Signature Accepted Electronically  
(Signature of an Authorized Person)

\_\_\_\_\_  
CECIL RICHTER  
(Printed Name)

11/17/2011 9:50:31AM

325 3133 11/18/2011

2011 Enter Filing Year

# 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 \_\_\_\_\_  
RECEIVED **RECEIVED 7587**  
**NOV 17 2011**  
**S.D. SEC. OF STATE**

Telephone # \_\_\_\_\_

1. Corporate ID and Name:

DF026870  
RICHTER ENTERPRISES, INC.  
RICHTER, CECIL H.  
18542 301ST AVE  
ONIDA SD 57564

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

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

18542 301st Ave Onida S.D. 57564-6904  
Street Address City State ZIP+4

\_\_\_\_\_  
Mailing Address City State ZIP+4

\_\_\_\_\_  
Email Address

4. The name of the South Dakota Registered Agent CECIL RICHTER

18542 301st Ave Onida S.D. 57564-6904  
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

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

Cecil Richter 18542 301st Ave Onida S.D. 57564-6904  
President Street Address City State ZIP+4

MARCELLA Richter 18542 301st Ave Onida S.D. 57564-6904  
Vice President Street Address City State ZIP+4

MARCELLA Richter 18542 301st Ave Onida S.D. 57564-6904  
Secretary Street Address City State ZIP+4

MARCELLA Richter 18542 301st Ave Onida SD 57564-6904  
Treasurer Street Address City State ZIP+4

\_\_\_\_\_  
Director Street Address City State ZIP+4

\_\_\_\_\_  
Director Street Address City State ZIP+4

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

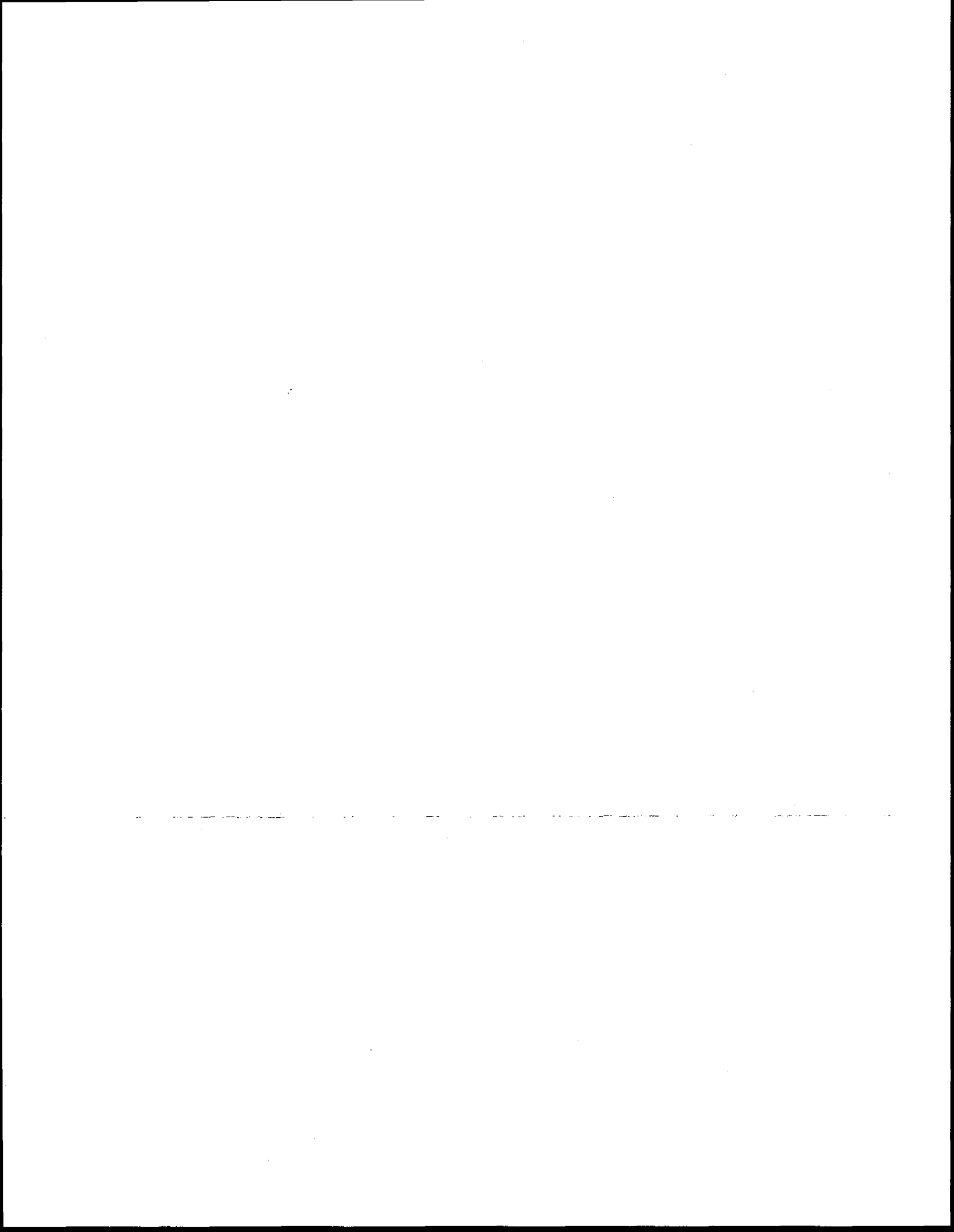
Dated 11-15-2011

Cecil Richter  
(Signature of an Authorized Person)

Email \_\_\_\_\_

CECIL RICHTER  
(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically.



2011

Enter Filing Year

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

# ANNUAL FARM REPORT

## Corporation

Please Type or Print Clearly In Ink

No Filing Fee

FILE DATE

RECEIPT NO

7587

**RECEIVED**

**NOV 17 2011**

**S.D. SEC. OF STATE**

Telephone # \_\_\_\_\_

1. Corporate ID, Name and Address:

DF026870  
RICHTER ENTERPRSES, INC.  
RICHTER, CECIL H  
18542 301ST AVE  
ONIDA SD 57564

2. The name of the South Dakota Registered Agent

Cecil Richter

18542 301st Ave  
Street Address or Rural Route Box Number in This State and

Onida  
City

SD  
State

57564-6904  
ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

Email Address

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>25550</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>2</u> %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred (DOK).

NONE

Name	Address	City	State	Zip+4	Shares	DOK

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

Dated 11-15-2011

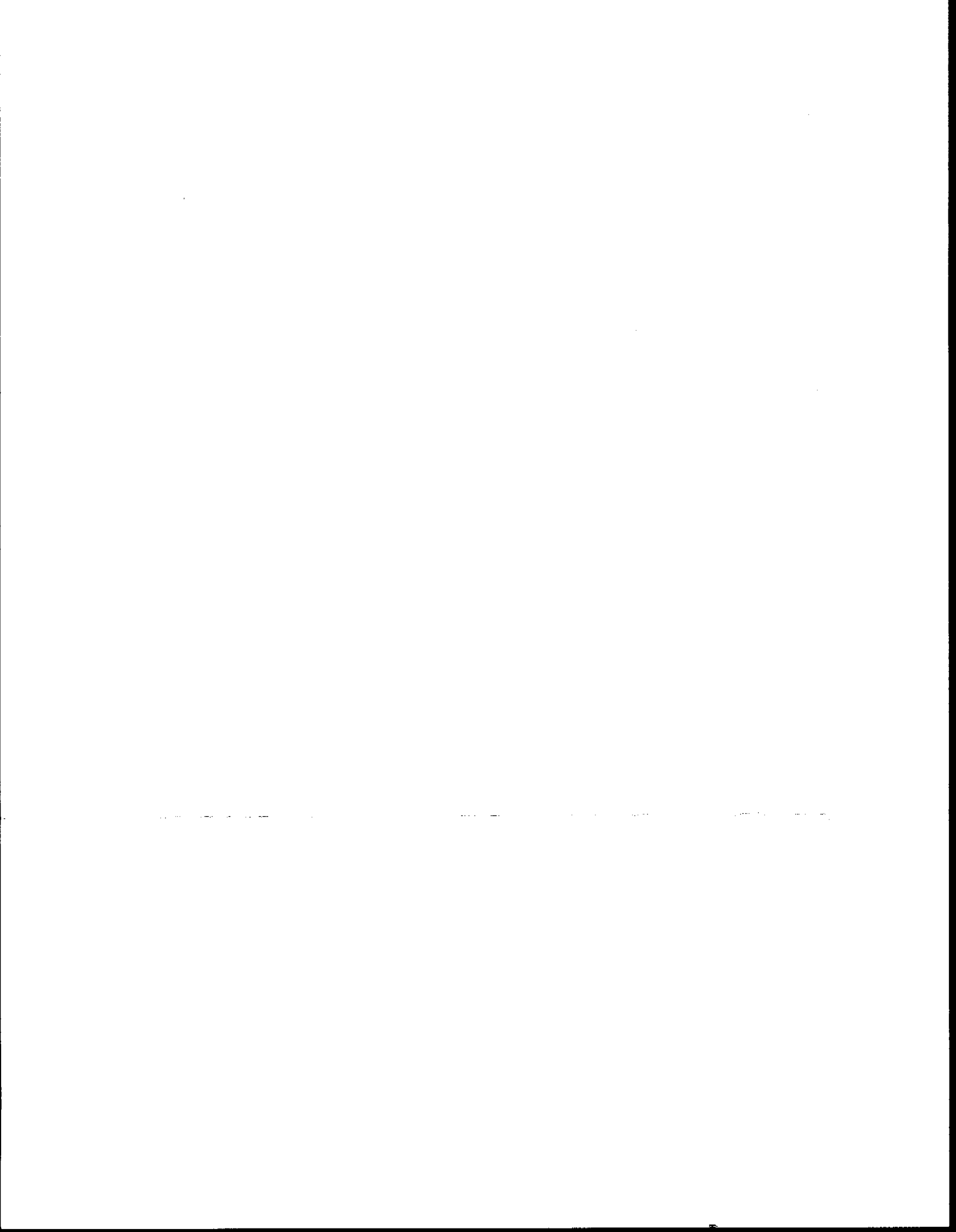
Cecil Richter  
(Signature of an Authorized Person)

Email \_\_\_\_\_

CECIL RICHTER  
(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically.

325 3134



2012

Enter Filing Year

## ANNUAL FARM REPORT

FILE 11/26/2012

RECEIPT NO 76165

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

**Corporation**

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF026870  
RICHTER ENTERPRISES, INC.  
18542 301ST AVE  
ONIDA, SD 57564-6904

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

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

18542 301ST AVE	ONIDA	SD	57564-6904
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
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## 4. The name of the South Dakota Registered Agent

Agent Name: CECIL H. RICHTER

18542 301ST AVE	ONIDA	SD	57564-6904
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

## 5. The names and business addresses of its 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.

<input checked="" type="checkbox"/>	CECIL RICHTER	18542 301ST AVE	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	2550
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
------	----------------	------	-------	-------	--------

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

Signature Accepted Electronically

(Signature of an Authorized Person)

CECIL RICHTER

(Printed Name)

2013

Enter Filing Year

## ANNUAL FARM REPORT

FILE 10/24/2013

RECEIPT NO 148455

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

**Corporation**

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF026870  
RICHTER ENTERPRISES, INC.  
18542 301ST AVE  
ONIDA, SD 57564

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

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

18542 301ST AVE ONIDA SD 57564

Street Address City State ZIP+4

18542 301ST AVE ONIDA SD 57564

Mailing Address City State ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: CECIL H. RICHTER

18542 301ST AVE ONIDA SD 57564-6904

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

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

## 5. The names and business addresses of its 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.

CECIL RICHTER 18542 301ST AVE ONIDA SD 57564  
President Street Address City State ZIP+4

MARCELLA RICHTER 18542 301ST AVE ONIDA SD 57564  
Vice President Street Address City State ZIP+4

MARCELLA RICHTER 18542 301ST AVE ONIDA SD 57564  
Secretary Street Address City State ZIP+4

MARCELLA RICHTER 18542 301ST AVE ONIDA SD 57564  
Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>25550</u>
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>                    </u>

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
------	----------------	------	-------	-------	--------

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

Signature Accepted Electronically  
\_\_\_\_\_  
(Signature of an Authorized Person)  
CECIL RICHTER  
\_\_\_\_\_  
(Printed Name)

2014

Enter Filing Year

## ANNUAL FARM REPORT

FILE DATE 12/5/2014

RECEIPT NO 251643

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

## Corporation

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF026870  
RICHTER ENTERPRISES, INC.  
18542 301ST AVE  
ONIDA, SD 57564

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

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

18542 301ST AVE ONIDA SD 57564

Street Address City State ZIP+4

18542 301ST AVE ONIDA SD 57564

Mailing Address City State ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: CECIL H. RICHTER

18542 301ST AVE ONIDA SD 57564-6904

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

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

## 5. The names and business addresses of its 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.

CECIL RICHTER 18542 301ST AVE ONIDA SD 57564

President Street Address City State ZIP+4

MARCELLA RICHTER 18542 301ST AVE ONIDA SD 57564

Vice President Street Address City State ZIP+4

MARCELLA RICHTER 18542 301ST AVE ONIDA SD 57564

Secretary Street Address City State ZIP+4

MARCELLA RICHTER 18542 301ST AVE ONIDA SD 57564

Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.



2015

## ANNUAL FARM REPORT

FILE DATE 10/27/2015

Enter Filing Year

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

## Corporation

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

RECEIPT NO 346910

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF026870

RICHTER ENTERPRISES, INC.

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

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

18542 301ST AVE	ONIDA	SD	57564
-----------------	-------	----	-------

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

18542 301ST AVE	ONIDA	SD	57564
-----------------	-------	----	-------

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

## 4. The name of the South Dakota Registered Agent

Agent Name: CECIL H. RICHTER

18542 301ST AVE	ONIDA	SD	57564-6904
-----------------	-------	----	------------

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

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

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

<input checked="" type="checkbox"/> CECIL RICHTER	18542 301ST AVE	ONIDA	SD	57564
President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
Treasurer	Actual Street Address	City	State	ZIP+4

Director Actual Street Address City State ZIP+4

Director Actual Street Address City State ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	0
<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name Actual Street Address City State ZIP+4 Shares

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

CECIL RICHTER

(Printed Name)

2016

## ANNUAL FARM REPORT

FILE DATE 9/8/2016

Enter Filing Year

## Corporation

RECEIPT NO 453067

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

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

Please Type or Print Clearly In Ink

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

## 1. Corporate ID and Name:

DF026870

Enter Corporate ID

RICHTER ENTERPRISES, INC.

Enter Corporate Name

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

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

18542 301ST AVE	ONIDA	SD	57564
-----------------	-------	----	-------

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

18542 301ST AVE	ONIDA	SD	57564
-----------------	-------	----	-------

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

## 4. The name of the South Dakota Registered Agent

Agent Name: CECIL H. RICHTER

18542 301ST AVE	ONIDA	SD	57564-6904
-----------------	-------	----	------------

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

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

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

<input checked="" type="checkbox"/>	CECIL RICHTER	18542 301ST AVE	ONIDA	SD	57564
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	MARCELLA RICHTER	18542 301ST AVE	ONIDA	SD	57564
	Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Director	Actual Street Address	City	State	ZIP+4



Director Actual Street Address City State ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	25550
<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name Actual Street Address City State ZIP+4 Shares

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 09/08/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

CECIL H RICHTER

(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.

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