

1494239

Receipt Number: _____

File Number **DL010163**



DL010163



ARTICLES OF ORGANIZATION

ARTICLES_OF_ORGANIZATION

For

HICKS PROPERTIES, L.L.C.

Filed at the request of:

**LESTER NIES
HOOD & NIES, P.C.
PO BOX 759
SPEARFISH SD 57783**

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Tuesday, November 15, 2005**

Secretary of State

Fee Received: \$125.00

342 3400 11/15/2005

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

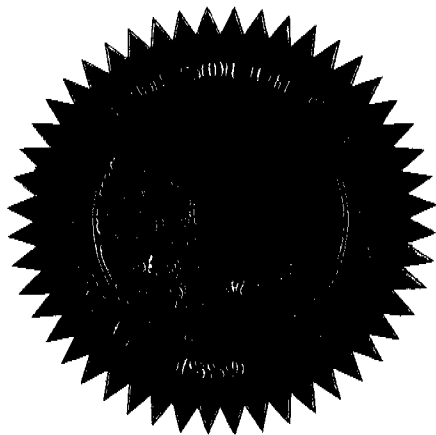
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL010163

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **HICKS PROPERTIES, L.L.C.** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this November 15, 2005.



Chris Nelson

Chris Nelson
Secretary of State

Litho in U.S.A.

342 3401

Filed the 15th NOV 05

RECEIVED

NOV 15 '05

S.D. SEC. OF STATE

**ARTICLES OF ORGANIZATION
OF
HICKS PROPERTIES, L.L.C.**

We, the undersigned persons, who shall be Members upon the issuance of a Certificate of Organization from the Secretary of State, acting as organizers of a Limited Liability Company under South Dakota Limited Company Act, do hereby adopt the following Articles of Organization for such Limited Liability Company.

ARTICLE ONE - NAME

The name of the Limited Liability Company is **HICKS PROPERTIES, L.L.C.**

ARTICLE TWO - DURATION

The period of duration of this Limited Liability Company is perpetual except upon the earlier dissolution of the Limited Liability Company in accordance with the provisions of its Operating Agreement.

ARTICLE THREE - DESIGNATED OFFICE

The street address of the initial designated and registered office is: 28729 Bad River Rd., Fort Pierre, South Dakota 57532.

ARTICLE FOUR - REGISTERED AGENT

The name and street address of its initial registered agent for service of process is: Orville N. Hicks. The address of the principal place of business is 28729 Bad River Rd., Fort Pierre, South Dakota 57532.

ARTICLE FIVE - ORGANIZER

The name and address of each organizer is:

Orville N. Hicks	28729 Bad River Rd., Fort Pierre, South Dakota	57532
Delores C. Hicks	28729 Bad River Rd., Fort Pierre, South Dakota	57532

ARTICLE SIX - MANAGEMENT

Management of **HICKS PROPERTIES, L.L.C.** is delegated to the Managers. The name and address of each Manager is:

Orville N. Hicks	28729 Bad River Rd., Fort Pierre, South Dakota	57532
Delores C. Hicks	28729 Bad River Rd., Fort Pierre, South Dakota	57532

ARTICLE SEVEN - LIABILITY

No Member of the Limited Liability Company is to be liable for its debts or obligations under SDCL 47-34A-303(c) of the Limited Liability Company Act.

ARTICLE EIGHT - PURPOSE

The purpose for which the Limited Liability Company is organized is to conduct any lawful business, to promote any lawful purpose and to engage in any lawful act or activity for which limited liability companies may be organized under the South Dakota Limited

DL 10163

Liability Company Act, including but not limited to, the investment in, ownership of, and rental of real estate.

ARTICLE NINE - MEMBERSHIP

There shall be two classes of membership: **Class One** (Voting) and **Class Two** (Non-Voting). Each outstanding **Class One Membership Interest** shall be entitled to one vote or a fraction of each One Hundred Dollars (\$100.00) of **Class One Membership Interest** or fraction of **Class One Membership Interest** owned by the Member on each matter submitted to a vote at a meeting of Members, except to the extent that the voting rights of the Membership Interest of any class or classes are limited or denied by the Articles or by law. **Class Two Membership Interests shall have no voting right.**

ARTICLE TEN - OPERATING AGREEMENT

The initial Operating Agreement will be adopted by unanimous consent of the Members. The Operating Agreement may be amended, modified, supplemented or restated in any manner permitted by the Act and approved by **Class One Members by Super Majority**; however, no such Amendment shall limit, diminish, reduce or eliminate the rights or entitlements of Class Two Membership Interests stated in the Operating Agreement unless also approved by **51% of all Class Two Members**. "**Super Majority**" means **Sixty-Six Percent** or more of the votes of the **Class One** Members represented in person or by proxy at a Member meeting where a quorum is present.

ARTICLE ELEVEN - INDEMNITY

To the full extent permitted by South Dakota law, no Manager or Member of the Company shall be liable to the Company or its Members for monetary damages for an act or omission in such Manager's or Member's capacity as a Manager or Member of the Company, **except** that this Article does not eliminate or limit the liability of a Manager or Member to the extent the Manager or Member is found liable for (i) a breach of the Manager's or Member's duty of loyalty to the Company or its members; (ii) an act or omission not in good faith that constitutes a breach of duty of the Manager or Member to the Company or an act or omission that involves intentional misconduct or a knowing violation of the law; (iii) a transaction from which the Manager or Member received an improper benefit whether or not the benefit resulted from an action taken within the scope of the Manager's or Member's office; or (iv) an act or omission for which the liability of a Manager or Member is expressly provided by an applicable statute. Any repeal or amendment of this Article by the Members of the Company shall be prospective only and shall not adversely affect any limitation on the liability of a Manager or Member of the Company existing at the time of such repeal or amendment. The foregoing elimination of the liability to the Company or its Members for monetary damages shall not be deemed exclusive of any other rights or limitations of liability or indemnity to which a Manager or Member may be entitled under any other provision of the Articles of Organization or the Operating Agreement of the Company, contract or agreement, vote of Members and/or disinterested Managers of the Company, or otherwise.

ARTICLE TWELVE - NEW MEMBERS

1. Additional Persons may be admitted to the Company as Members and Membership Interests may be created and issued to those Persons and to existing Members with the consent of ***all of the Class One Members***, on such terms and conditions as the Members may determine at the time of admission. The terms of admission or issuance must specify the Class of Membership, Sharing Ratios, and the Commitments applicable thereto and may provide for the creation of different classes or groups of Members and having different rights, powers, and duties.

2. Any such admission also must comply with the requirements described elsewhere in the Operating Agreement and is effective only after the new Member has executed and delivered to the Company a document including the new Member's notice address, its agreement to be bound by the Operating Agreement, and its representation and warranty that the representation and warranties required of new members are true and correct with respect to the new Member. The provisions of this section shall not apply to Dispositions of Membership Interests.

ARTICLE THIRTEEN - DISSOLUTION

The Company shall dissolve and its affairs shall be wound up upon the events or consent of the Members as specified in the Operating Agreement or as otherwise provided in the Limited Liability Company Act, upon the events or consent of the Members as follows:

- A. the approval of ***Class One Members by Unanimous Consent***;
- B. the expiration of the duration of the Company set in the Articles, if any;
- C. entry of a decree of judicial dissolution of the Company under SDCL 47-34A-801(4) or (5); or,
- D. upon an event that makes it unlawful for all or substantially all of the business of the Company to be continued, except where an illegality is cured under SDCL 47-34A-801(3).

ARTICLE FOURTEEN - TRANSFER OF MEMBERSHIP

The membership interest of the Limited Liability Company will be subject to restrictions on its transferability as set out in the Operating Agreement of the Limited Liability Company. The Limited Liability Company will provide a copy of the Operating Agreement without charge to any record holder of a membership interest upon written request addressed to the Limited Liability Company at its principal business office or its registered agent's address.

ARTICLE FIFTEEN - ACTION WITHOUT MEETING

Any Member action may be taken without a meeting, prior notice, or a vote, if a consent or consents in writing, setting forth the action so taken, are signed by a number

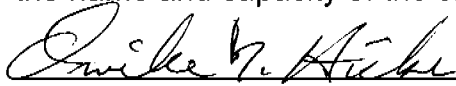
of **Class One Members** not less than the minimum number whose votes would be necessary to take the action at a meeting where holders of all **Class One Members** entitled to vote on the action were present and voted. If the action involves an amendment upon which Class Two Membership Interests are required to vote, the written consent shall also be signed by **51% of all Class Two Members**. A consent by telegram, email, photostatic, facsimile, email, or similar transmission from a Member shall be regarded as signed by the Member. Prompt notice of the taking of any action without a meeting by less than unanimous written consent shall be given to those Members eligible to vote who did not consent in writing to the action. For purposes of this section, the taking of an action includes amending the Articles, the Operating Agreement, or creating a class of membership interest not previously outstanding.

Any **Manager** action may be taken without a meeting, prior notice, or a vote, if a consent or consents in writing, setting forth the action so taken, are signed by a number of **Managers** not less than the minimum number whose votes would be necessary to take the action at a meeting where **all Managers** entitled to vote on the action were present and voted. A consent by telegram, email, photostatic, facsimile, email, or similar transmission from a Member shall be regarded as signed by the Manager. Prompt notice of the taking of any action by **Managers** without a meeting by less than unanimous written consent shall be given to those **Managers** who did not consent in writing to the action.


ARTICLE SIXTEEN - AMENDMENT

These Articles of Organization may be amended, modified, supplemented or restated in any manner permitted by applicable law and approved by the **Class One Members by Super Majority**; however, no such Amendment shall limit, diminish, reduce or eliminate the rights or entitlements of Class Two Membership Interests stated in the Articles unless also approved by **51% of all Class Two Members**.

IN WITNESS WHEREOF, I have hereunto set my hand this 10th day of November, 2005. (Signature must be signed by organizers and must state adjacent to the signature the name and capacity of the signer).



Orville N. Hicks, Member/Manager



Delores C. Hicks, Member/Manager

State of South Dakota)
) ss
County of Lawrence)

BE IT REMEMBERED that on this 10th day of November, 2005, before me, the undersigned officer, personally appeared Orville N. Hicks, Member/Manager, and Delores C. Hicks, Member/Manager, known to me to be the persons whose names are subscribed to and who executed the within and foregoing instrument and that they executed the same for the purposes therein contained.

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

ANNUAL REPORT
DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 8/24/07
RECEIPT NO. 1706438
RECEIVED
AUG 24 2007
~~S.D. SEC. OF STATE~~

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:

DL010163 2006 ANNUAL REPORT
HICKS PROPERTIES, L.L.C.
HICKS, ORVILLE N
28729 BAD RIVER RD
FORT PIERRE, SD 57532-7401

Telephone #
FAX #

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

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

28729 BAD RIVER RD FORT PIERRE, SD 57532-7401
ORVILLE N HICKS

4. The address of its principal office is: 28729 BAD RIVER Rd Fort Pierre SD 57532

5. The names and business addresses of any managers:

ORVILLE N HICKS 28729 BAD RIVER RD FORT PIERRE, SD 57532-7401
DELORES C HICKS 28729 BAD RIVER RD FORT PIERRE, SD 57532-7401

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Date: 8-24-07

DeLores C. Hicks
(Signature)

Manager
(Title)



269 1957 11/27/2007

2007 ANNUAL REPORT

FILE DATE 11/14/2007
RECEIPT NO. 1731810

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

RECEIVED
NOV 14 2007
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent and Mailing Address:



DL010163 NOV/2006
HICKS PROPERTIES, L.L.C.
HICKS, ORVILLE N
28729 BAD RIVER RD
FORT PIERRE SD 57532-7401

Telephone # (605) 223-2258
FAX # _____

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
28729 Bad River Road, Fort Pierre, SD 57532
Orville N. Hicks

4. The address of its principal office is: 28729 Bad River Road, Fort Pierre, SD 57532

5. The names and business addresses of any managers:
Orville N. Hicks 28729 Bad River Road, Fort Pierre, SD 57532
Delores C. Hicks 28729 Bad River Road, Fort Pierre, SD 57532
Jim C. Hicks 110 E. 3rd Street, Pierre, SD 57501

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 11-14-07

Delores C. Hicks
Signature

Delores C. Hicks
Printed Name

Manager
Title

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____

2. The previous address of its registered office _____
_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____

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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(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 _____
(limited liability company name)

Dated _____

(signature)

2008

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 11/10/08
RECEIPT NO 1819883
RECEIVED
NOV 10 2008
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:



DL010163 NOV/2007
HICKS PROPERTIES, L.L.C.
HICKS, ORVILLE N
28729 BAD RIVER RD
FORT PIERRE SD 57532-7401

Telephone # _____
FAX # _____
FILING DATE: Due during the month
the Certificate of Organization 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.

28729 Bad River Road Fort Pierre SD 57532
Street Address City State ZIP+4
Same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Hicks Properties, L.L.C.

28729 Bad River Road Fort Pierre SD 57532
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 managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4
Manager Street Address City State ZIP+4
Manager Street Address City State ZIP+4

Dated 10-28-08

Orville N. Hicks
(Signature of an Authorized Manager or Member)
Orville N. Hicks
(Printed Name)
Member
(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

_____ City State ZIP+4
Street Address (Required)

_____ City State ZIP+4
Mailing Address (Optional)

5. If the address has changed, its new address

_____ City State ZIP+4
Street Address (Required to be a South Dakota Address)

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

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)

297 3293 11/12/2009

2009

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

1. L.L.C. Name, Registered Agent Name and Address:



DL010163
DL010163 NOV/2008
HICKS PROPERTIES, L.L.C.
HICKS, ORVILLE N
28729 BAD RIVER RD
FORT PIERRE SD 57532-7401

FILE DATE 11/04/09
 RECEIPT NO 1905371
RECEIVED
OCT 26 2009
 S.D. SEC. OF STATE

RECEIVED
NOV 04 2009
S.D. SEC. OF STATE

Telephone # _____
 FAX # _____
 FILING DATE: Due during the month the Certificate of Organization 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.

28729 Bad River Road Fort Pierre S.D. 57532-7401
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Orville N Hicks

28729 Bad River Road Fort Pierre S.D. 57532-7401
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 managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4

Dated 10-23-09

James C. Hicks
 (Signature of an Authorized Manager or Member)
James C. Hicks
 (Printed Name)
member
 (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)

2010

ANNUAL REPORT DOMESTIC L.L.C.

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 11-1-10 RECEIPT NO 2079038 RECEIVED OCT 27 2010 S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:



DL010163 NOV/2009 HICKS PROPERTIES, L.L.C. HICKS, ORVILLE N 28729 BAD RIVER RD FORT PIERRE SD 57532-7401

Telephone # FAX # FILING DATE: Due during the month the Certificate of Organization 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.

28729 Bad River Rd. Ft. Pierre S.D. 57532-7401

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent

Orville N. Hicks Ft. Pierre S.D. 57532-7401

28729 Bad River Rd. City State ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager 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 10-27-10

James C. Hicks (Signature of an Authorized Person)

James C. Hicks (Printed Name)

312 0302

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 11/7/2012

RECEIPT NO 73837

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL010163
HICKS PROPERTIES, L.L.C.
28729 BAD RIVER ROAD
FORT PIERRE, SD 57532-7401

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

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

28729 BAD RIVER ROAD FORT PIERRE SD 57532-7401
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ORVILLE N HICKS

28729 BAD RIVER RD FORT PIERRE SD 57532-7401
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

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

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

Date 11/07/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

JAMES C HICKS

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 11/23/2013

RECEIPT NO 154617

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL010163
HICKS PROPERTIES, L.L.C.
28729 BAD RIVER ROAD
FORT PIERRE, SD 57532-7401

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

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

28729 BAD RIVER ROAD FORT PIERRE SD 57532-7401
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ORVILLE N HICKS

28729 BAD RIVER RD FORT PIERRE SD 57532-7401
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three rows of manager information.

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 11/23/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

JAMES C HICKS

(Printed Name)

2015

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

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

Please Type or Print Clearly In Ink

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

FILE DATE 10/19/2015

RECEIPT NO 344104

Telephone #

1. L.L.C. ID and Name:

DL010163

HICKS PROPERTIES, L.L.C.

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

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

28729 BAD RIVER ROAD FORT PIERRE SD 57532-7401

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

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

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: ORVILLE N HICKS

28729 BAD RIVER RD FORT PIERRE SD 57532-7401

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

Email Address (Optional)

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

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

Dated 10/19/2015

Email (Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

JAMES C HICKS

(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.