

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

BUSINESS CORPORATION

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of SPORTSMEN, INC. duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation 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 issued this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation of SPORTSMEN, INC.



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 April 15, 1994.

JOYCE HAZELTINE
Secretary of State

Filed this 15th 207 of
April 94

ARTICLES OF INCORPORATION
OF SPORTSMEN, INC.

RECEIVED
APR 15 1994
Secretary of State

KNOW ALL MEN BY THESE PRESENTS: That I, Gus C. Marcus, for myself, associates and successors, have associated for the purpose of forming a corporation under and by virtue of the statutes and laws of the State of South Dakota, and I do hereby certify and declare as follows, to-wit:

FIRST: The name of this corporation shall be SPORTSMEN, INC.

SECOND: The purpose for which this organization is formed: To own, operate and maintain a commercial and retail corporation for the sale of food and alcoholic beverages and related items designed to be profitable to this corporation and in conformity with the laws of the State of South Dakota;

To generally engage in, do and perform any enterprise, act or vocation that a natural person might or could do or perform in relation to the above sale of food and alcoholic beverages and all items in connection with such type of enterprise;

To purchase, improve, develop, exchange, sell, dispose of and otherwise deal in and turn to account all things that are involved in the operation of said type of enterprise; to purchase, lease, build, construct, erect, occupy and manage property necessary for the operation and development of this corporation; to finance, purchase, improve, develop and construct buildings belonging to or to be acquired by this corporation, and to do all things allowed within the statutes of the State of South Dakota.

The purposes specified herein shall be construed both as purposes and powers and shall be in nowise limited to or restricted by reference to or inference from the terms of any clause in this or any other article, but the

purposes and powers specified in each of the clauses herein shall be regarded independent purposes and powers and the enumeration of specific purposes and powers shall not be construed to limit or restrict in any manner the meaning of general terms or of the general powers of the corporation; nor shall the expression of one thing be deemed to exclude another, although it be of like nature not expressed.

THIRD: The place where the principal place of business of this corporation shall be transacted shall be 65 Third Street S.W., Huron, Beadle County, South Dakota, and the registered office of this business shall be 65 Third Street S.W., Huron, South Dakota 57350. The name of the registered agent at such address shall be Gus C. Marcus.

FOURTH: The term for which this corporation shall exist shall be perpetual.

FIFTH: The name and address of the incorporator of this corporation is: Gus C. Marcus, 871 Wisconsin S.W., Huron, South Dakota 57350.

SIXTH: The number of directors of this corporation shall not be less than one (1) nor more than seven (7), and the name and address of such, who is to serve until the election of his successor, shall be as follows:

Gus C. Marcus	871 Wisconsin S.W.
	Huron, South Dakota 57350

SEVENTH: The amount of capital stock of this corporation shall be One Hundred Thousand Dollars (\$100,000), divided into One Thousand (1000) shares of the par value of One Hundred Dollars (\$100) each, fully paid and nonassessable. Each stockholder shall be entitled to one (1) vote for each share of stock owned by him.

EIGHTH: The corporation will not commence to do business in the State of South Dakota or any other place until the corporation has deposited in

the corporate account a sum in at least the amount of One Thousand Dollars (\$1,000) paid to the corporation for the issuance of shares of stock of the corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 14th day of April, 1994.

Gus C. Marcus
Gus C. Marcus

I, Gus C. Marcus hereby consent to be the registered agent of this corporation known as SPORTSMEN, INC.

Dated this 14th day of April, 1994.

Gus C. Marcus
Gus C. Marcus

STATE OF SOUTH DAKOTA)
 : ss
COUNTY OF BEADLE)

Be it remembered, that on this 14th day of April, 1994, before me, the undersigned, personally appeared the above-named Gus C. Marcus, well and personally known to me to be the same person described in and who executed the foregoing instrument and acknowledged to me that he executed the same.

In Witness Whereof, I have hereunto set my hand and seal and affixed my official seal at said County and State the day and year last above written.

Peggy Sheridan
Peggy Sheridan, Notary Public
My commission expires: February 20, 2002

9 4 0 5 1 0 0 0 4 1 0
Receipt No: 5821-48

File Number: DB034286

ART OF INC

For

SPORTSMEN, INC.

File at the request of:

CHURCHILL MANOLIS FREEMAN KLUDT & KAUFMAN
RODNEY FREEMAN JR
PO BOX 176
HURON SD 57350

STATE OF SOUTH DAKOTA

SS.

OFFICE OF THE SECRETARY OF STATE

Filed in the office of Secretary of State on

Date April 15, 1994

Joyce Hazeltine
Secretary of State

Fee Recieved \$60 1.000 @ \$100.

SOS CRP 491 10/93

1995

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
805-773-4845
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
RECEIPT NO.

RECEIVED

\$50

1995

1. Corporate Name, Registered Agent and Registered Address:

DB-034286
SPORTSMEN, INC.
HURON, SD 57350-1907
559 10th St. SW.
HURON, SD 57350-1907

Telephone # 605-352-2360

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 Bar

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
Steve Chason	Director	1840 Grand Ave	Huron	SD	57350
Gus C. Marcus	President	371 Wisconsin SW	Huron	SD	57350
Dean Marcus	Secretary	559 SW 10th Street	Huron	SD	57350
	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 1000 CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$1.00

5. NUMBER OF SHARES ISSUED 80 CLASS SERIES

6. The amount of its stated capital is \$ 100.00

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 August 31 19 95

By Gus C. Marcus
(Signature) GUS C. MARCUS
its President
(Title)

STATE OF South Dakota
COUNTY OF Deuel

I, Dwight DeVore, a notary public, do hereby certify that on this 31st day of August 19 95, personally appeared before me Gus C. Marcus who, being by me first duly sworn, declared that he/she is the President of SPORTSMEN INC

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

My Commission Expires SEAL 11-18-92
OF SOUTH DAKOTA
(Notarial Seal)

Dwight DeVore
Notary Public

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 SPORTSMEN, INC.
2. The previous street address, or a statement that there is no street address, of its registered office, _____
65 3rd Street SW. Huron, SD. ZIP + 4 57350-1967
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is 559 12th Street Southwest
Huron, South Dakota ZIP + 4 57350-3103
4. The name of its previous registered agent is Gus C. Marcus
5. The name of its successor registered agent is Gus C. Marcus
• 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.

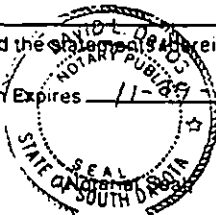
Date August 31st 19 95

Gus C. Marcus
(signature)
President
(title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, David L. DeVos, a notary public, do hereby certify that on this 31st day of August 19 95, personally appeared before me Gus C. Marcus who, being by me first duly sworn, declared that he/she is the President of SPORTSMEN, INC. that he/she signed the foregoing document as officer of the corporation, and the statements herein contained are true.

My Commission Expires 11-09-02



David L. DeVos
Notary Public

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)

95091783131
9/15/95

RECEIPT NO. 487942

FILE NO. DB-034286

FEE RECEIVED: \$ 5

ST OF CHGE

OF

SPORTSMEN, INC.

Filed at the Request of:
F & M BANK
BOX 848
HURON SD 57350

State of South Dakota ss
Office of the Secretary of State

Filed in the office of the Secretary of
State on SEPTEMBER 5, 1995.

JOYCE HAZELTINE
Secretary of State

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 4-11-96
RECEIPT NO. 532222

1. Corporate Name, Registered Agent and Registered Address:

SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON, SD 57350-3103

Telephone # 352-8624
FAX # 352-2205

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 To own, operate and maintain a commercial and retail corporation for the sale of food and alcoholic beverages and related items designed to be profitable to this corporation and in conformity with the laws of the State of South Dakota.
- 3 The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
Gus C. Marcus	President	871 Wisconsin S.W.	Huron	South Dakota	57350
Gus C. Marcus	Vice President	same as above			
Dean Manolis	Secretary	559 10th S.W.	Huron	South Dakota	57350
Dean Manolis	Treasurer	same as above			

SD law requires at least one director.

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

Gus C. Marcus	Director	same as above
Dean Manolis	Director	same as above
Steve Charron		1940 Cardinal Lane, Huron, South Dakota 57350

- 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
1,000	common		\$100.00

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES
80	common	

6. The amount of its stated capital is \$ 8,000.00 (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 April 4th 19 96

By Gus C. Marcus
(Signature) Gus C. Marcus
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Kelli Peterson, a notary public, do hereby certify that on this 4th day of April 19 96,

personally appeared before me Gus C. Marcus who, being by me first duly sworn, declared that he/she is the
President of Sportsmen, Inc.

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

My Commission Expires 9/9/2002

Kelli Peterson
Notary Public Kelli Peterson

(Notarial Seal)

SOS CRP 410 10/95

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

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

File Date: _____
Receipt No.: _____

FILING FEE: \$5 In addition to annual report fee

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____.

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

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

FILE DATE 4-1-97
RECEIPT NO. 616370

RECEIVED

MAR 2, 1997

1. Corporate Name, Registered Agent and Registered Address:

DB-034286
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON, SD 57350-3103

APR/96

Telephone # 605-352-2566

FAX # _____

Federal Taxpayer ID _____

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

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

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

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

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

3. The names and addresses of its directors and officers

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

SD law requires at least one director.

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

Director

Director

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

NUMBER OF SHARES <u>CAN</u> ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
_____	_____	_____	_____

5. NUMBER OF SHARES
- ACTUALLY ISSUED

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 March 26, 1997

STATE OF South Dakota
COUNTY OF Beadle

I, David L. DeVos, a notary public, do hereby certify that on this 26th day of March, 1997,
personally appeared before me Gus C. Marcus who, being by me first duly sworn, declared that he/she is the
President of Sportsmen, Inc.

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

My Commission Expires 11-19-02

Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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: \$5 In addition to annual report fee

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

1998

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 4-1-98
RECEIPT NO. 701893
RECEIVED

MAR 26 1998

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DB-034286
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON, SD 57350-3103

APR/97

Telephone # 605-352-2500

FAX # _____

Federal Taxpayer ID _____

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

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

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

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

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

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

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

SD law requires at least one director.

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED

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 3-25 19 98By Gus C. Marcus
(Signature)Its President Sportsmen, Inc.
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Arita Selting, a notary public, do hereby certify that on this 25th day of March 19 98,
personally appeared before me Gus C. Marcus who, being by me first duly sworn, declared that he is the
President of Sportsmen, Inc.
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)

SOS CRP 6/97

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

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

File Date: _____

Receipt No.: _____

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

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

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

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**

MAR 26 1999

~~S.D. SEC. 1011~~

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

DB-034286
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON, SD 57350-3103

APR/98

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.

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 3-22 19 99

By James M. Jones
(Signature)

Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Beadle

I, HELEN CROW, a notary public, do hereby certify that on this 22 day of MARCH 19 99,
personally appeared before me SC Marcus who, being by me first duly sworn, declared that he/she is the
President of Sportsmen 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 2/11/05 Helen Crow

Notary Public

SOS CRP 5/98

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

My Commission Expires _____ Notary Public _____

(Nectarial 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)

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 4-3-00
RECEIPT NO. 872679

RECEIVED

MAR 27 '00

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-034286 APR/1999
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON SD 57350-3103

Telephone # 605-852-2566

FAX # _____

Federal Taxpayer ID _____

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

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

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

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

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

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

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

SD law requires at least one director.

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 3-24-00

By Gus C. Marcus
(Signature)

Its President
(Title)

STATE OF South Dakota ss

COUNTY OF Beadle

On this the 24th day of March, 2000, before me, Leore Nixon

personally appeared Gus L. Marcus, 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 acknowledge to me that such corporation executed the same.

My Commission Expires _____

Leore Nixon
Notary Public

(Notarial Seal)

SOS CRP 11/99

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

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

File Date _____
Receipt No. _____

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

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

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____

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

ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(signature)

**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 4-1-01
RECEIPT NO. 965756

RECEIVED

MAR 19 '01

~~S.D. SEC. OF STATE~~

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

DB-034286 APR/2000
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW

HURON SD 57350-3103

Telephone # 605-352-2560

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.

[illegible]

- 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 |
|-------------------------------------|-------|--------|
|-------------------------------------|-------|--------|

8. 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 2-16-81

By M. J. M. M. M.
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Beadle

On this the 16th day of March, 2001, before me, Joan Scheidtger
personally appeared Gus Marcus, 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 01-13-2004

Jean Scheidegger
Notary Public

(Notary Seal)

SOS CRP 11/00

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4645

**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)

2002

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INKFILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGSFILE DATE 4/17/02
RECEIPT NO. 1090313
RECEIVED

APR 17 02

1. Corporate Name, Registered Agent and Registered Address:

DB-034286 APR/2001
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON SD 57350-3103Telephone # 605-352-2368 S.D. SEC. OF STATE

FAX # _____

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 Mar 20, 2002By Gus C. Marcus
(Signature)Its President
(Title)STATE OF SOUTH DAKOTACOUNTY OF BEADLE ssOn this the 20th day of March, 2002, before me, Kristi Neuhaert, known to me, or proved to me, personally appeared Gus C. Marcus, to be the President/Director 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 Aug. 20, 2005Kristi Neuhaert
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

SECRETARY OF STATE
STATE CAPITOL
530 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 _____
COUNTY OF _____ ss

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)

2003

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 4-1-03RECEIPT NO. RECEIVED

APR 19 03

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB-034286 APR/2002

SPORTSMEN, INC.
 MARCUS, GUS C.
 559 10TH ST SW
 HURON SD 57350-3103

Telephone # 605-352-2560

FAX # _____

Federal Taxpayer ID _____

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

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

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

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

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

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

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

SD law requires at least one director.

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

Director _____
 Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 3/18/03By Gus Marcus
(Signature)Its President
(Title)STATE OF South Dakota ssCOUNTY OF Deadle

On this the 18th day of March, 2003, before me, Patricia Hallenbeck
 personally appeared Gus Marcus, 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 5-9-05

Patricia Hallenbeck
 Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
 PHONE: 605-773-4845 FAX (605) 773-4550
 www.state.sd.us/sos/sos.htm

SOS CRP 11/01

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

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

File Date _____
Receipt No. _____

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

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

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____

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

ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is " _____
"The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(signature)

2004

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

RECEIVED
FILE DATE 07/01/04
RECEIPT NO. 04
1304120
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB034286 APR/2003
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON SD 57350-3103

Telephone # 601-352-2652

FAX #

Federal Taxpa

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

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

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

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

[illegible]

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 3-23-04

By John C. M. Owens

(Signature)

Its President

(Title)

STATE OF South Dakota
COUNTY OF Beadle SS

On this the 23rd day of March, 2004, before me, Joan Scheidegger
 personally appeared Gus C. Marcus, 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 01-13-2010

Jean Scheidegger
Notary Public

Notary Public

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

SOS CRP 07/03

**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)

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 4/1/05
RECEIPT NO. 1418826

1. Corporate Name, Registered Agent and Registered Address:



DB034286 APR/2004
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON SD 57350-3103

Telephone # 605-352-2560

FAX #

Federal Taxpa

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

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

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check the box** below and sign the report. 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.

[illegible]

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.

Dated 3-14-05

Hus C. Mancos
(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 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)

2006

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

FILE DATE

RECEIPT NO.

RECEIVED

RECEIVED

APR 05 '06

APR 3 '06

S.D. SEC. of STATE

S.D. SEC. OF STATE

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



* DB034286 *
 DB034286 APR/2005
 SPORTSMEN, INC.
 MARCUS, GUS C.
 559 10TH ST SW
 HURON SD 57350-3103

Telephone # 605-352-2560

FAX #

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

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

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

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

2. The address of the principal office
- 65 - 3rd St. SW, Huron, SD 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Gus Marcus	President	871 Wisconsin Sw	Huron	SD	57350
Gus Marcus	Vice President	871 Wisconsin Sw	Huron	SD	57350
Dean Manolis	Secretary	559 10th Sw	Huron	SD	57350
Dean Manolis	Treasurer	559 10th Sw	Huron	SD	57350

SD law requires at least one director.

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

Steve Charron Director 1846 Cardinal Lane, Huron, SD 57350

4. Provide a brief description of the nature of the business
- Bar

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

NUMBER OF AUTHORIZED SHARES

CLASS SERIES

1,000

Common Par value \$100.00

6. NUMBER OF ISSUED SHARES

CLASS SERIES

80

Common Par value \$100.00

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

Dated 4-4-06

Gus C. Marcus
 Signature

Gus C. Marcus
 Printed Name

President
 Title

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

SOS CRP 07/05

249 0350

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

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

File Date _____
Receipt No. _____

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

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

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____

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

ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

FILE DATE 04/03/07
RECEIPT NO. 1666012

RECEIVED

APR 03 2007

~~S.D. SEC. OF STATE~~

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

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



DB034286 APR/2006
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON SD 57350-3103

Telephone # 605-352-2652
FAX #

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

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

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

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

[illegible]

2. The address of the principal office _____

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

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

SD law requires at least one director.

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

Director

4. Provide a brief description of the nature of the business _____

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES

6. NUMBER OF ISSUED SHARES	CLASS	SERIES
----------------------------	-------	--------

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

Dated 4-2-07

Robt. Marcus
Signature

Gus C. Marcus
Printed Name

President
Title

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

SOS CRP 07/05

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 04/02/08
RECEIPT NO. 1183165
RECEIVED
APR 02 2008
S.D. SEC. OF STATE

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



* B B U 3 4 2 8 8 *

DB034286 APR/2007

SPORTSMEN, INC.

MARCUS, GUS C.

559 10TH ST SW

HURON SD 57350-3103

Telephone # _____

FAX # _____

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

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

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

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

[illegible]

2. The address of the principal office _____

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
------	--------	----------------	------	-------	-------

President _____

Vice President _____

Secretary

Treasurer _____

SD law requires at least one director.

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

Director _____

Director _____

4. Provide a brief description of the nature of the business _____

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
-----------------------------	-------	--------

6. NUMBER OF ISSUED SHARES	CLASS	SERIES
----------------------------	-------	--------

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

Dated 4-1-08

Signature

Gus L. Marcus
Printed Name

President
Title

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

SOS CRP 07/05

**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)

289 2024 04/29/2009

2009

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

4-1-09

RECEIPT NO

1900784

RECEIVED**MAR 30 2009****S.D. SEC. OF STATE**

Telephone # 605-352-2652

FAX #

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

1. Corporate Name, Registered Agent Name and Address:



DB034286 APR/2008
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON SD 57350-3103

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

559-10 th St SW	Huron	SD	57350
Street Address	City	State	ZIP+4
559-10 th St SW	Huron	SD	57350
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Gus C. Marcus

559-10 th St SW	Huron	SD	57350
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.

☒	Gus C. Marcus	871 Wisconsin SW	Huron	SD	57350
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☒	Dean Mandolis	559 10 th St SW	Huron	SD	57350
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☒	Steve Charren	1840 Cardinal Ln	Huron	SD	57350
	Director	Street Address	City	State	ZIP+4
☒	Dave DeVos	1834 Evergreen Way	West Fargo	N.D.	58078
	Director	Street Address	City	State	ZIP+4

Dated 3-25-09

Gus C. Marcus
(Signature of an authorized officer)

Gus C. Marcus
(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)

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

RECEIPT NO

RECEIVED**APR 05 2010****S.D. SEC OF STATE**Telephone # 605-352-2560

FAX # _____

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

1. Corporate Name, Registered Agent Name and Address:



* DB034286 *
DB034286 APR/2009
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON SD 57350-3103

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

559 10TH ST SW Huron SD 57350
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Gus C Marcus

559 10TH ST SW Huron SD 57350
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.

☒ Gus C Marcus 571 Wisconsin St Huron SD 57350
President Street Address City State ZIP+4

☒ _____
Vice President Street Address City State ZIP+4

☐ Dean Manolis 559 10th St Huron SD 57350
Secretary Street Address City State ZIP+4

☐ _____
Treasurer Street Address City State ZIP+4

☒ Dave DeVos 1834 Evergreen Way West Fargo ND 58078
Director Street Address City State ZIP+4

☒ Steve Chamon 1840 Cardinal Ln Huron SD 57350
Director Street Address City State ZIP+4

Dated 3-22-10

Gus C Marcus
(Signature of an authorized officer)

Gus C Marcus
(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)

2011

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

1. Corporate Name, Registered Agent Name and Address:



DB034286
DB034286 APR/2010
SPORTSMEN, INC.
MARCUS, GUS C.
559 10TH ST SW
HURON SD 57350-3103

FILE DATE 04.11.2011
RECEIPT NO 2134065

RECEIVED

APR 11

S.D.

Telephone # 605-352-25602. 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.

559 10th St. SW Huron SD 57350
Street Address City State ZIP+4

Mailing Address City State ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Gus C Marcus

559 10th St. SW Huron SD 57350
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.

☒ Gus C Marcus 871 Wisconsin St Huron SD 57352
President Street Address City State ZIP+4

☐ Vice President Street Address City State ZIP+4

☒ Dean Manolis 559 10th St SW Huron SD 57352
Secretary Street Address City State ZIP+4

☐ Treasurer Street Address City State ZIP+4

☒ Steve Charron 1840 Cardinal Ln. Huron SD 57350
Director Street Address City State ZIP+4

☒ Dave DeVos 1834 Evergreen Way West Fargo ND 58078
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 4-7-11

Gus C Marcus
(Signature of an Authorized Person)

Email _____

Gus C Marcus
(Printed Name)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

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

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

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

5. If the address has changed, list the new registered agent address

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

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

Email Address _____

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

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

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 5/14/2012

RECEIPT NO 41424

1. Corporate ID and Name:

DB034286
SPORTSMEN, INC.
559 10TH ST SW
HURON, SD 57350-3103

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

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

559 10TH ST SW	HURON	SD	57350-3103
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: GUS C. MARCUS

559 10TH ST SW	HURON	SD	57350-3103
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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

☒	GUS MARCUS	871 WISCONSIN SW	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☒	DEAN MANOLES	559 10TH ST SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☒	STEVE CHURRON	1840 CARDINAL LANE	HURON	SD	57350
	Director	Street Address	City	State	ZIP+4
☒	DAVE DEVOS	1834 EVERGREEN WAY	WEST FARGO	ND	58078
	Director	Street Address	City	State	ZIP+4

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

Date 05/14/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

GUS C MARCUS

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 4/4/2013

RECEIPT NO 108057

1. Corporate ID and Name:

DB034286
SPORTSMEN, INC.
559 10TH ST SW
HURON, SD 57350-3103

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

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

559 10TH ST SW	HURON	SD	57350-3103
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: GUS C. MARCUS

559 10TH ST SW	HURON	SD	57350-3103
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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

☒	GUS MARCUS	871 WISCONSIN SW	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☒	DEAN MANOLIS	559 10TH ST SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☒	STEVE CHARRON	1840 CARDINAL LANE	HURON	SD	57350
	Director	Street Address	City	State	ZIP+4
☒	DAVE DEVOS	1834 EVERGREEN WAY	WEST FARGO	ND	58078
	Director	Street Address	City	State	ZIP+4

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

Date 04/04/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

GUS C MARCUS

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 3/29/2014

RECEIPT NO 188311

1. Corporate ID and Name:

DB034286
SPORTSMEN, INC.
559 10TH ST SW
HURON, SD 57350-3103

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

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

559 10TH ST SW	HURON	SD	57350-3103
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: GUS C. MARCUS

559 10TH ST SW	HURON	SD	57350-3103
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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

☒	GUS MARCUS	871 WISCONSIN SW	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☒	DEAN MANOLIS	559 10TH ST SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☒	STEVE CHARRON	1840 CARDINAL LANE	HURON	SD	57350
	Director	Street Address	City	State	ZIP+4
☒	DAVE DEVOS	1834 EVERGREEN WAY	WEST FARGO	ND	58078
	Director	Street Address	City	State	ZIP+4

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

Date 03/29/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

GUS C MARCUS

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 5/1/2015

RECEIPT NO 298604

1. Corporate ID and Name:

DB034286
SPORTSMEN, INC.
559 10TH ST SW
HURON, SD 57350-3103

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

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

559 10TH ST SW HURON SD 57350-3103

Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: GUS C. MARCUS

559 10TH ST SW HURON SD 57350-3103

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

☒ GUS MARCUS 871 WISCONSIN SW HURON SD 57350
President Street Address City State ZIP+4

☐
Vice President Street Address City State ZIP+4

☒ DEAN MANOLIS 559 10TH ST SW HURON SD 57350
Secretary Street Address City State ZIP+4

☐
Treasurer Street Address City State ZIP+4

☒ STEVE CHARRON 1840 CARDINAL LANE HURON SD 57350
Director Street Address City State ZIP+4

☒ DAVE DEVOS 1834 EVERGREEN WAY WEST FARGO ND 58078
Director Street Address City State ZIP+4

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

Dated 05/01/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

GUS C MARCUS

(Printed Name)

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 4/24/2016

RECEIPT NO 408172

1. Corporate ID and Name:

DB034286

Enter Corporate ID

SPORTSMEN, 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).

559 10TH ST SW

HURON

SD

57350-3103

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

GUS C. MARCUS

559 10TH ST SW

HURON

SD

57350-3103

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 (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.



GUS MARCUS

871 WISCONSIN SW

HURON

SD

57350

President

Actual Street Address

City

State

ZIP+4



Vice President

Actual Street Address

City

State

ZIP+4



DEAN MANOLIS

559 10TH ST SW

HURON

SD

57350

Secretary

Actual Street Address

City

State

ZIP+4



Treasurer

Actual Street Address

City

State

ZIP+4



STEVE CHARRON

1840 CARDINAL LANE

HURON

SD

57350

Director

Actual Street Address

City

State

ZIP+4



DAVE DEVOS

1834 EVERGREEN WAY

WEST FARGO

ND

58078

Director

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 04/24/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

GUS C MARCUS

(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.

4/24/2016 10:41:02 AM