337 3757

Receipt Number: 1411545

File Number DL008736

DL008736

ARTICLES OF ORGANIZATION

ARTICLES_OF_ORGANIZATION

For

NORTHERN HILLS SOD FARM, LLC

Filed at the request of:

HANSEN & HUBBARD
DALE E HANSEN
PO BOX 580
STURGIS SD 57785

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Thursday, February 24, 2005**

Chris Nelson

Secretary of State

Fee Received: $125.00

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Organization
Limited Liability Company

ORGANIZATIONAL ID #: DL008736

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **NORTHERN HILLS SOD FARM, LLC** 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 February 24, 2005.

Chris Nelson

Chris Nelson
Secretary of State

337 3759 02/25/2005

Filed this 24th day of Feb 2005
SECRETARY OF STATE

FEB 2 4 '05
S.D. SEC. OF STATE

ARTICLES OF ORGANIZATION
OF
NORTHERN HILLS SOD FARM, LLC

1. The name of the Limited Liability Company is Northern Hills Sod Farm, LLC.

2. The duration of the company is perpetual.

3. The address of the initial designated office is: 12698 Eden Road, Whitewood, SD 57793.

4. The name and address of the initial agent for service of process is:

Roch S. Bestgen
12698 Eden Road
Whitewood, SD 57793

5. The name and address of each organizer:

Roch S. Bestgen
12698 Eden Road
Whitewood, SD 57793

Rita K. Bestgen
12698 Eden Road
Whitewood, SD 57793

6. The name and address of each initial manager:

Roch S. Bestgen
12698 Eden Road
Whitewood, SD 57793

Rita K. Bestgen
12698 Eden Road
Whitewood, SD 57793

7. None of the members of the company are to be liable for its debts and obligations under SDCL 47-34A-303(c).

Dated this 23 day of Feb., 2005.

ROCH S. BESTGEN
Organizer / Manager

Rita Bestgen

RITA K. BESTGEN
Organizer / Manager

DL8736

337 3760

FIRST ANNUAL REPORT
OF
NORTHERN HILLS SOD FARM, LLC

1. The name of the Limited Liability Company is NORTHERN HILLS SOD FARM, LLC.

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

3. The address of its registered office is 12698 Eden Road, Whitewood, SD 57793, and its registered agent is Roch S. Bestgen.

4. The address of its principal office is 12698 Eden Road, Whitewood, SD 57793.

5. The name and business address of the manager is:

Roch S. Bestgen
12698 Eden Road
Whitewood, SD 57793

6. The dollar amount of the total agreed contributions to the Limited Liability Company is $174,750.00.

Dated this 23 day of Feb., 2005.

ROCH S. BESTGEN
Organizer / Manager

245 1686 02/14/2006

2006 ANNUAL REPORT

FILE DATE 02/01/06
RECEIPT NO. 1522972

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

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

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

DL008736

DL008736 FEB/0000
NORTHERN HILLS SOD FARM, LLC
BESTGEN, ROCH S
12698 EDEN ROAD
WHITEWOOD SD 57793-6421

Telephone # 605-347-9606
FAX # 605-347-9606

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:

12698 Eden Rd, Whitewood, SD, 57793-6421
Roch Bestgen 12698 Eden Rd., Whitewood, SD, 57793

4. The address of its principal office is: 12698 Eden Rd, Whitewood, SD, 57793

5. The names and business addresses of any managers:

Roch Bestgen
12698 Eden Rd
Whitewood, SD, 57793

Rita Bestgen
12698 Eden Rd
Whitewood, SD, 57793

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 Jan. 26 2006

Signature

Roch Bestgen
Printed Name

Manager
Title

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

Revised 7/05 DBLLCAR.DOC

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 _____

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)

_____
(Title)

258 1961 02/14/2007

2007 ANNUAL REPORT

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

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

FILE DATE 02/01/07
RECEIPT NO. 1643787

RECEIVED
FEB 0 1 2007
S.D. SEC. OF STATE

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

DL008736

DL008736 FEB/2006
NORTHERN HILLS SOD FARM, LLC
BESTGEN, ROCH S
12698 EDEN ROAD
WHITEWOOD SD 57793-6421

Telephone # 605-347-9606
FAX # 605-347-9606

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:

12698 Eden Rd., Whitewood, SD, 57793
Roch Bestgen

4. The address of its principal office is: 12698 Eden Rd, Whitewood, SD, 57793

5. The names and business addresses of any managers:

Roch Bestgen
12698 Eden Rd
Whitewood, SD, 57793

Rita Bestgen
12698 Eden Rd
Whitewood, SD, 57793

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 Jan. 30 2007

Signature

Roch Bestgen
Printed Name

Manager
Title

Paid # 4506.

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

Revised 7/05 DBLLCAR.DOC

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 ANNUAL REPORT

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

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

FILE DATE 02/13/08
RECEIPT NO. 1767418
RECEIVED
FEB 13 2008
S.D. SEC. OF STATE

273 0849

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

DL008736

DL008736 FEB/2007
NORTHERN HILLS SOD FARM, LLC
BESTGEN, ROCH S
12698 EDEN ROAD
WHITEWOOD SD 57793-6421

Telephone # 605-347-9606
FAX # 605-347-9606

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:

Roch S Bestgen
12698 Eden Rd, Whitewood, S.D. 57793

4. The address of its principal office is: 12698 Eden Rd.
Whitewood, S.D. 57793

5. The names and business addresses of any managers:

Roch S Bestgen
12698 Eden Rd
Whitewood, SD, 57793

Rita K. Bestgen
12698 Eden Rd
Whitewood, SD. 57793

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 Feb. 11 2008

Signature

Roch S. Bestgen
Printed Name

Member/Manager.
Title

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

Revised 7/05 DBLLCAR.DOC

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)

2009 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 02/01/09
RECEIPT NO 179143
RECEIVED
JAN 30 2009
S.D. SEC. OF STATE

286 1132

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

DL008736

DL008736 FEB/2008
NORTHERN HILLS SOD FARM, LLC
BESTGEN, ROCH S
12698 EDEN ROAD
WHITEWOOD SD 57793-6421

Telephone # 605-347-9606
FAX # 605-347-9607

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.

Street Address	City	State	ZIP+4
12698 Eden Rd	Whitewood	SD	57793-6421
Mailing Address (Optional)	City	State	ZIP+4
20138 126th Plc.	Whitewood	SD	57793-6421

3. The name of the South Dakota Registered Agent Roch S Bestgen

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
12698 Eden Rd	Whitewood	SD	57793-6421
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
Roch Bestgen	12698 Eden Rd	Whitewood	SD	57793-6421
Rita Bestgen	12698 Eden Rd	Whitewood	SD	57793-6421
Manager	Street Address	City	State	ZIP+4

Dated Jan. 28 2009

(Signature of an Authorized Manager or Member)

Roch Bestgen
(Printed Name)

member/manager
(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 2-1-10
RECEIPT NO 1990327
RECEIVED
JAN 21 2010
S.D. SEC. OF STATE

300 3040

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

DL008736
DL008736 FEB/2009
NORTHERN HILLS SOD FARM, LLC
BESTGEN, ROCH S
12698 EDEN ROAD
WHITEWOOD SD 57793-6421

Telephone # 605-347-9606
FAX # 605-347-9607

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.

Street Address	City	State	ZIP+4
12698 Eden Rd	Whitewood	S.D	57793-6421
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Roch S Bestgen

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
12698 Eden Rd	Whitewood	SD	57793-6421
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 Jan. 19 2010

(Signature of an Authorized Manager or Member)

Roch S. Bestgen
(Printed Name)

Member / Manager
(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 L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 1-28-11
RECEIPT NO 2187718
RECEIVED
JAN 28 2011
S.D. SEC. OF STATE

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

DL008736
DL008736 FEB/2010
NORTHERN HILLS SOD FARM, LLC
BESTGEN, ROCH S
12698 EDEN ROAD
WHITEWOOD SD 57793-6421

Telephone # 605-347-9606
FAX # 605-347-9607

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.

Street Address	City	State	ZIP+4
12698 Eden Rd	Whitewood	SD	57793-6421
Mailing Address (Optional)	City	State	ZIP+4
20138 126th Pl	Whitewood	SD	57793-

4. The name of the South Dakota Registered Agent Roch S Bestgen

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
12698 Eden Rd	Whitewood	SD	57793-6421
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.

Manager	Street Address	City	State	ZIP+4
Roch Bestgen	12698 Eden Rd	Whitewood	SD	57793-6421
Rita Bestgen	12698 Eden Rd	Whitewood	SD	57793-6421
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 Jan 26, 2011

(Signature of an Authorized Person)

Roch Bestgen
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) | City | State | ZIP+4

_____
Mailing Address | City | State | ZIP+4

5. If the address has changed, its new 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

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 DATE 02/09/2012

RECEIPT NO 22753

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:
DL008736
NORTHERN HILLS SOD FARM, LLC
12698 EDEN RD
WHITEWOOD, SD 57793-6421

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

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

12698 EDEN RD	WHITEWOOD	SD	57793-6421
Street Address	City	State	ZIP+4
20138 126TH PL	WHITEWOOD	SD	57793-6600
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROCH S BESTGEN

12698 EDEN ROAD	WHITEWOOD	SD	57793-6421
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.

☐				
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 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 02/09/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

ROCH S BESTGEN
(Printed Name)

2/9/2012 3:45:34PM

2013 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 2/4/2013
RECEIPT NO 92943

1. L.L.C. ID and Name:
DL008736
NORTHERN HILLS SOD FARM, LLC
12698 EDEN RD
WHITEWOOD, SD 57793-6421

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

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

12698 EDEN RD	WHITEWOOD	SD	57793-6421
Street Address	City	State	ZIP+4
20138 126TH PL	WHITEWOOD	SD	57793-6600
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROCH S BESTGEN

12698 EDEN ROAD	WHITEWOOD	SD	57793-6421
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.

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 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 02/04/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
ROCH S BESTGEN
(Printed Name)

2/4/2013 3:01:25 PM

2014 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 2/3/2014
RECEIPT NO 174271

1. L.L.C. ID and Name:
DL008736
NORTHERN HILLS SOD FARM, LLC
20138 126TH PL
WHITEWOOD, SD 57793-6421

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

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

20138 126TH PL	WHITEWOOD	SD	57793-6421
Street Address	City	State	ZIP+4
20138 126TH PL	WHITEWOOD	SD	57793-6600
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROCH S BESTGEN

12698 EDEN ROAD	WHITEWOOD	SD	57793-6421
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.

☐	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 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 02/03/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
ROCH S BESTGEN
(Printed Name)

2/3/2014 2:31:27 PM

2015 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 1/23/2015

RECEIPT NO 265889

1. L.L.C. ID and Name:
DL008736
NORTHERN HILLS SOD FARM, LLC
20138 126TH PL
WHITEWOOD, SD 57793-6421

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

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

20138 126TH PL	WHITEWOOD	SD	57793-6421
Street Address	City	State	ZIP+4
20138 126TH PL	WHITEWOOD	SD	57793-6600
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROCH S BESTGEN

12698 EDEN ROAD	WHITEWOOD	SD	57793-6421
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.

☐	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 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 01/23/2015

Signature Accepted Electronically
(Signature of an Authorized Person)

ROCH S BESTGEN
(Printed Name)

1/23/2015 11:34:11 AM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 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 1/22/2016

RECEIPT NO 373707

1. LLC ID and Name:

DL008736
Enter LLC ID

NORTHERN HILLS SOD FARM, LLC
Enter LLC Name

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

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

20138 126TH PL	WHITEWOOD	SD	57793-6421
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
20138 126TH PL	WHITEWOOD	SD	57793-6600
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROCH S BESTGEN

12698 EDEN ROAD	WHITEWOOD	SD	57793-6421
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.

☐

Actual Street Address | City | State | ZIP+4

6. Beneficial Interest (optional)

Owner | Description of Ownership | Percentage/Value

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 01/22/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

TWYLA M BESTGEN

(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.

1/22/2016 12:44:05 PM