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ANNUAL REPORT

Domestic Business Corporation
SDCL 59-11-24, 24.1

South Dakota State Capitol
500 E. Capitol Ave
Pierre, SD 57501-5070
(605) 773-4845

2018
FILING YEAR

Please Type or Print Clearly in Ink
Please submit one Original
Make payable to the SECRETARY OF STATE

Filing Fee: \$50

Total Fee: \$50

1. Business ID and Name:

DF009956
BUSINESS ID

NELSON'S INC.
BUSINESS NAME

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

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

Actual Street Address

**306 2ND STREET
MILLER, SD 57362**

Mailing Address

**PO BOX 151
MILLER, SD 57362**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name **WILLIAM M. VAN CAMP**

Actual Street Address in this State

**117 E CAPITOL
PIERRE, SD 57501**

Mailing Address in this State

**PO BOX 66
PIERRE, SD 57501**

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

Title	Name	Address
President	RICHARD NELSON	PO BOX 151, MILLER, SD, 57362
Vice President	DAVID NELSON	PO BOX 151, MILLER, SD, 57362
Secretary	BECKY NELSON	PO BOX 151, MILLER, SD, 57362
Treasurer	KIM JOY-NELSON	PO BOX 151, MILLER, SD, 57362

6. The names and business addresses of its directors (governors).

Name	Address

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

B0050-6266 01/26/2018 8:39AM Rec'd by SD SOS



01/26/2018

Dated

Email (Optional)

WILLIAM M. VAN CAMP

Signature of an Authorized Person

WILLIAM M. VAN CAMP

Printed Name

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