9401-310244

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 PATRICK J. SIMON, 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 issue this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation of PATRICK J. SIMON, 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 December 28, 1993.

Joyce Hazeltine

JOYCE HAZELTINE
Secretary of State

9 4 0 1 2 6 1 0 3 4 6

Filed this 28th day of Dec. 1993

Joyce Hazeltine

SECRETARY OF STATE

DB-33805

RECEIVED

DEC 28 1993

Secretary of State

ARTICLES OF INCORPORATION

OF

PATRICK J. SIMON, INC.

KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned Patrick J. Simon of PO Box 95, Lebanon, South Dakota 57455, a natural person of the age of majority, for myself and my associates and successors, desire to form 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:

FIRST: The name of the corporation shall be Patrick J. Simon, Inc., and its registered office and initial principal place of business shall be PO Box 95, Lebanon, Potter County, South Dakota 57455, since the corporation has no street address, and its initial registered agent shall be Patrick J. Simon of PO Box 95, Lebanon, South Dakota 57455; but said corporation may carry on its business at such other places, within or without the State of South Dakota, and may maintain branch offices and places of business within or without the said state, as the interest of its business may require.

SECOND: The term for which this corporation shall exist is perpetual.

THIRD: The purpose, or purposes, for which the corporation is formed are:

(A) To acquire farm and commercial properties, and other real estate, by purchase, gift, lease or otherwise, and to improve and develop the same, and thereon to plant, sow, cultivate and harvest grains, hay, forage, vegetables, fruits and all kinds of farm produce and products of the soil.

(B) To breed, raise, buy, pasture, feed, prepare for market, exhibit, sell and deal in livestock of all kinds.

(C) In general, to conduct in all their several departments and branches the business of farming, feeding and fattening of livestock, ranching, dairying, stock raising and to do everything incidental or conducive to the full accomplishment of the foregoing objects, specifically including commercial trucking and farm custom work, and hedging or speculating in commodities.

(D) To engage in the business of purchasing, owning, manufacturing, leasing, selling, transferring, encumbering, generally dealing in, repairing, renovating and servicing all types of livestock, livestock equipment, new and used trucks, tractors, trailers, machinery, appliances, implements, equipment and any and all other types of farm appliances and machinery, and any parts or accessories used in connection

therewith; and the purchasing, acquiring, owning, selling, manufacturing and generally dealing in all types of supplies used by all types of the above-mentioned equipment.

(E) To conduct a loan or brokerage of financing the livestock trade hereinbefore set forth, and to finance trucks, livestock, livestock feed and livestock equipment, on partial payment plan or otherwise; to finance farm or crop mortgages; to purchase, finance or discount commercial paper and notes, drafts and acceptances from manufacturers and jobbers, and the installment lien obligations, covering any and all sales on any merchandise or other commodities; to purchase, loan upon, acquire or otherwise sell and dispose of any and all installment lien obligations, or indebtedness, incurred or to be incurred by any written instruments, and to guarantee, pledge, borrow or to raise money for any such investment in any way, and to do such other financing as may be for the welfare of the corporation.

(F) To the extent permitted by law, to purchase, receive, lease as lessee and in any other manner acquire, own, hold, maintain, use, sell, convey, lease as lessor, exchange, mortgage, purchase or otherwise dispose of any and all real and personal properties, stocks or bonds of other corporations, or notes or mortgages of individuals, partnerships or corporations, or any interest therein which may be necessary or useful or appropriate to accomplish any or all the purposes of the corporation.

(G) To borrow money, to make and issue bonds, notes and other evidences of indebtedness, secured or unsecured, for leasing, borrowing and in payment of property acquired, or for any other objects or purposes of the corporation, and to secure the payment of such bonds, notes or other evidences of indebtedness by mortgage or mortgages, or deed, or deed of trust, upon or by the pledge of, or other lien upon all or any of the property, rights and privileges of the corporation, wheresoever acquired or to be acquired, when authorized, and upon such terms and conditions as may be determined by the Board of Directors without the vote or consent of the stockholders of the corporation.

(H) The foregoing clauses shall be construed as and shall be powers as well as purposes, and the matters expressed in each clause shall, unless otherwise herein expressly provided, be in no wise limited by reference to or inference from the terms of any other clause but shall be regarded as independent powers and purposes; and the enumeration of specific powers and purposes shall not construed to limit or restrict in any manner the meaning of general terms or the general powers of this corporation, nor shall the expression of one thing be deemed to exclude another not expressed, although it be of like nature. This corporation shall be authorized to exercise and enjoy all

other powers, rights and privileges granted by the Business Corporation Act of this State, to corporations organized thereunder, and all the powers conferred by all acts heretofore or hereafter amendatory of or supplemental to that Act, either alone or in conjunction with other corporations, firms or individuals, either as principals or agents, and the enumeration of certain powers as herein specified is not intended as exclusive of or as a waiver of any of the powers, rights or privileges granted or conferred by that Act now or hereafter in force; provided, however, that nothing herein contained shall be deemed to authorize or permit this corporation to carry on any business, to exercise any power, or to do any act which a corporation formed under that Act may not at the time lawfully carry on or do. Provided, however, in the event of the occurrence in any of the foregoing clauses of this Article THIRD of any purpose, power or object prohibited by the laws of the State of South Dakota, or of any other state in which the corporation may carry on business shall not invalidate any other purpose, power, or object not so prohibited, by reason of contiguity or apparent association therewith.

FOURTH: The amount of the capital stock of the corporation shall be and is ONE MILLION DOLLARS ($1,000,000.00) which shall be divided into Ten Thousand (10,000) shares of common stock at a par value of One Hundred Dollars ($100.00) each, fully paid; and such shares of the capital stock in the corporation may be issued from time to time for cash, or property, or labor, or as may be determined from time to time by the board of director(s).

(A) The holder of each share of common stock shall be entitled to one (1) vote for each share of stock which he owns.

(B) The corporation shall not commence business until consideration of the value of at least ONE THOUSAND DOLLARS ($1,000) has been received from the issuance of shares.

FIFTH: The number of directors of this corporation shall be not less than One (1) nor more than Five (5) directors, as may be fixed by the By-Laws, who need not be stockholders, and the undersigned Patrick J. Simon of PO Box 95, Lebanon, Potter County, South Dakota 57455, shall be and constitute the first board of director(s), and shall hold office until his successor or successors shall be elected and enter upon the discharge of their duties.

SIXTH: The private property of the stockholder(s) of the corporation shall not be subject to the payment of, and no stockholder shall be individually responsible for, the corporation debts, except for such amount as may remain unpaid on his or their subscription to the capital stock.

SEVENTH: The name and address of the incorporator is:

NAME	ADDRESS
Patrick J. Simon	PO Box 95 Lebanon, South Dakota 57455

IN WITNESS WHEREOF, I have hereunto set my hand this 28th day of December, 1993.

(Patrick J. Simon)

STATE OF SOUTH DAKOTA)
: ss.
COUNTY OF POTTER)

Patrick J. Simon, being duly sworn, deposes and says that he is the person described in, and who signed the foregoing Articles of Incorporation as an incorporator therein; that he has read said articles, and knows the contents thereof; and that the said incorporator intends in good faith to form a corporation for the purpose of the promotion of a lawful business as set forth in said articles, and not for the purpose of enabling any corporation, or corporations, to avoid the provisions of SDCL Chapter 37-1, relating to unlawful trusts, monopolies and discriminating trade practices.

(Patrick J. Simon)

Subscribed and sworn to before me this 28th day of December, 1993.

Lila K. Hericks, Notary Public
Potter County, South Dakota

My Commission Expires:
September 14, 1995

State of South Dakota)
: ss.
County of Potter)

BE IT REMEMBERED, that on this 28th day of December, 1993, before me, Lila K. Hericks, the undersigned officer, personally appeared Patrick J. Simon, well and personally known to me to be the 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 affixed my official seal at said county the day and year last written above.

Lila K. Hericks

Lila K. Hericks, Notary Public
Potter County, South Dakota

My Commission Expires:
September 14, 1995

In Re: ARTICLES OF INCORPORATION

PATRICK J. SIMON, INC.

CONSENT TO APPOINTMENT BY THE REGISTERED AGENT

I, Patrick J. Simon, give my consent to serve as the registered agent for Patrick J. Simon, Inc.

Dated this 28th day of December, 1993.

Patrick J. Simon
(Patrick J. Simon)

9 4 0 1 2 6 1 0 3 4 6

RECEIPT NO. 357273

FILE NO. DB033805

FEE RECEIVED: $ 100

ART OF INC

OF

PATRICK J. SIMON, INC.

10,000 at $100

Filed at the Request of:

Patrick J. Simon
Box 95
Lebanon SD 57455

State of South Dakota ss
Office of the Secretary of State

Filed in the office of the Secretary of

State on December 28, 1993.

JOYCE HAZELTINE
Secretary of State

By
Deputy

RECEIPT NO. 8 9 7 2 7 3

FILE NO. 0801380S

FEE RECEIVED: $ 100

ART OF INC

OF

PATRICK J. SIMON, INC.

10,000 at $100

Filed at the Request of:

Patrick J. Simon
Box 05
Odanon SD 57455

State of South Dakota ss
Office of the Secretary of State

Filed in the office of the Secretary of

State on December 29, 1993.

JOYCE HAZELTINE
Secretary of State

By
Deputy

9582176-39

1994

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 12-30-94
RECEIPT NO. 436882

RECEIVED
JAN 03 1995
SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-033851 DEC/00
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON, SD 57042-2606

Telephone # (605) 256-4347
FAX # ________
Federal Taxpayer I
FILING DATE: Dι
Certificate of Incorporation was issued, and delinquent the last day of the following month.

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

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

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

* * *

2. The character of the business in which it is actually engaged in South Dakota Service - Auto Repair

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
Jack Mader	Director	209 S. Highland	Madison	SD	57042
	Director				
Jack Mader	President	209 S. Highland	Madison	SD	57042
	Vice President				
Bev Strom-Mader	Secretary	209 S. Highland	Madison	SD	57042
Bev Strom-Mader	Treasurer	209 S. Highland	Madison	SD	57042

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

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
250,000	A	1	$1.00

5. NUMBER OF SHARES ISSUED

NUMBER OF SHARES ISSUED	CLASS	SERIES	
10,000	A	1	$1.00

6. The amount of its stated capital is $ 10,000

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 December 26 19 94

By Jack Mader
(Signature)

Its President
(Title)

STATE OF [illegible]
COUNTY OF [illegible] ss

I, [illegible] a notary public, do hereby certify that on this 26 day of December 1994 personally appeared before me [illegible] who, being by me first duly sworn, declared that he/she is the President of [illegible] Mader Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1-31-0[illegible] Kim Bird
Notary Public

KIM BIRD

(Notarial Seal)

SOS CRP 410 10/92

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

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

File Date: _____
Receipt No.: _____

FILING FEE: $5 In addition to annual report fee

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

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.

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

7. This change has been authorized by resolution duly adopted by the board of directors.

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

Date _____ 19____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19____

_____
(signature)

1995
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

[illegible]

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 1-19-96
RECEIPT NO. 51494
RECEIVED
JAN 19 1996
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-033851 DEC/94
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON, SD 57042-2606

Telephone # ____
FAX # ____
Federal Taxpayer ID [redacted]

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

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

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

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

* *

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

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

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

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

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

5.

NUMBER OF SHARES ISSUED	CLASS	SERIES

6. The amount of its stated capital is $ ____.

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

Dated 1-4 1996

By Jack D Mader
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Lake ss

I, Kim Bird, a notary public, do hereby certify that on this 4th day of January 1996 personally appeared before me Jack D Mader who, being by me first duly sworn, declared that he/she is the President of Mader, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires January 24, 2002

Kim Bird
Notary Public

KIM BIRD
NOTARY PUBLIC
SOUTH DAKOTA

(Notarial Seal)

SOS CRP 410 11/94

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

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

File Date: _____
Receipt No.: _____

FILING FEE: $5 in addition to annual report fee

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

1. The name of the corporation is _____

_____

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

_____ ZIP + 4 _____

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____

_____ ZIP + 4 _____

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

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

Date _____ 19____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19____

_____
(signature)

9702186.772

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 1-31-97
RECEIPT NO [illegible]

1. Corporate Name, Registered Agent and Registered Address

DB-033851 DEC/95
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON, SD 57042 2506

Telephone # ____________
FAX # ____________
Federal Taxpayer ID [redacted]

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

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

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

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

* *

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

3 The names and addresses of its directors and officers

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 Jan 25 1997

By Jack D Mader
(Signature)

Its [illegible]
(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)

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)

803190·35084

1997
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 1-20-98
RECEIPT NO. 64134

RECEIVED
JAN 2 0 1998
S.D. SEC. OF STATE

RECEIVED
JAN
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address

DB-033851 DEC/96
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON, SD 57042-2606

Telephone # ____
FAX # ____
Federal Taxpayer ID

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

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

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

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

* *

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

3. The names and addresses of its directors and officers

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

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

____ Director ____
____ Director ____

4. The aggregate number of shares which it has authority to issue, itemized by classes, 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 1-15 19 98

By Jack D Mader
(Signature)
its President
(Title)

STATE OF SD
COUNTY OF Lake ss

I, Kim Bird, a notary public, do hereby certify that on this 15th day of January 1998, personally appeared before me Jack D. Mader who, being by me first duly sworn, declared that [✓ he]/she is the President of Mader, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 12-4-2003

K Bird
Notary Public

(Notarial Seal)

SOS CRP 6/97

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 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 12-22 19 97.

Jack D. Mader
(signature)
President
(title)

STATE OF South Dakota
COUNTY OF Lake ss

I, Kim Bird, a notary public, do hereby certify that on this 22nd day of December 19 97, personally appeared before me Jack D. Mader who, being by me first duly sworn, declared that he/she is the President of Mader Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 12·04·03

Kim Bird
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)

9803195.2168

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 1-8-99
RECEIPT NO. 265182

RECEIVED
JAN 8 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-033851 DEC/97
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON, SD 57042-2606

Telephone # 605-256-4347
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 Dec 7 19 98

By Jack D Mader
(Signature)
Its President
(Title)

STATE OF SD
COUNTY OF Lake ss

I, Kim Bird, a notary public, do hereby certify that on this 7th day of Dec 19 98, personally appeared before me Jack D. Mader who, being by me first duly sworn, declared that [✓ he]/she is the President of Mader, Inc. that [✓ he]/she signed the foregoing document as officer of the corporation and the statements therein contained are true.

My Commission Expires 12-4-03

Kim Bird
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)

1999

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

0003201.2573

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 1-24-00
RECEIPT NO. 859494

RECEIVED
JAN 24 2000
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-033851 DEC/98
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

Telephone #
FAX #
Federal Taxpayer ID #
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

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

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

★ ★

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

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

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

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

Director
Director

4. The aggregate number of shares which it has authority to issue, itemized by classes, 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 1-18-00

By Jack Mader
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Lake
ss

I, Kim Bird, a notary public, do hereby certify that on this 18th day of January, personally appeared before me Jack Mader who, being by me first duly sworn, declared that he/she is the President of Mader, 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 12-23-04

Kim Bird
Notary Public

(Notarial Seal)

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

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 _____

I, _____, a notary public, do hereby certify that on this _____ day of _____, 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 _____ _____
(signature)

2000

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

ANNUAL REPORT 01045

DOMESTIC 2/5 01

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 12 22 00
RECEIPT NO. 042451

RECEIVED
DEC 22 '00
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DB-033851 DEC/1999
MADER, INC.
MADER, JACK D.
209 S HIGHLAND

MADISON SD 57042-2606

Telephone # ______

FAX # ______

Federal Taxpayer ID

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

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

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

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

★ ★

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

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

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

SD law requires at least one director.
Do the above listed officers serve also as directors? YES __ NO __ If no, list directors below.

______ Director ______
______ Director ______

4. The aggregate number of shares which it has authority to issue, itemized by classes, 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 12-15-00

By Jack D Mader
(Signature)

Its President
(Title)

STATE OF South Dakota
ss
COUNTY OF Lake

On this the 15th day of December, 2000, before me, Kim Bird personally appeared Jack D Mader, 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 12-4-03

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 _____
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)

0202212.2449

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

ANNUAL REPORT

0202212.2449
2/15/02

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 1-28-02
RECEIPT NO. 606235
RECEIVED
JAN 28 '02
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB033851
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57041-2606

Telephone # _____
FAX # _____
Federal Taxpayer ID [redacted]
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, a statement of change must be filed. 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
	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 1-25-02

(Signature) Jack Mader

(Title) President

STATE OF South
COUNTY OF Tode
On this the 25th day of January, 2002, before me, Julie L Fods
personally appeared Jack D Mader
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 2-17-2005

(Notary Public) Julie L Fods

(Notarial Seal) JULIE L. FODS
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL

dbar.pdf

0301218.2311

2002 ANNUAL REPORT

0301218.2311
1/30/03

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 12/26/02
RECEIPT NO. 1124230

RECEIVED
DEC 26 '02
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-033851 DEC/2001
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

Telephone #________
FAX #________
Federal Taxpayer I(

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 12-10-02

By Jack D Mader
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Lake
ss

On this the 10th day of December 2002, before me, Kim Bird personally appeared Jack Mader, 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 12-4-03

Kim Bird
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 South Dakota
COUNTY OF Lake ss

On this the 10th day of December, 20 02, before me, Kim Bird personally appeared Jack Mader, 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 12-4-03

_____
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)

225 3664 02/24/2004

2003 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 01/16/04
RECEIPT NO 1890646

RECEIVED
JAN 16 '04
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-033851
DB-033851 DEC/2002
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

Telephone #
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.

★ ★

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 1-12-04

By Jack D Mader
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Lake
ss

On this the 12th day of January, 2004, before me, Jack D. Mader personally appeared Kim Kern, 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 12-4-07

KIM KERN
NOTARY PUBLIC
SOUTH DAKOTA

Notary Public

(Notarial Seal)

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

SOS CRP 07/03

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)

232 1682 12/14/2004

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

FILE DATE 12/06/04
RECEIPT NO. 138571
RECEIVED
DEC [illegible] '04
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB033851
DB033851 DEC/2003
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

Telephone # ____________
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.

* * *

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 12/1/04

Mader Inc by Jack D Mader
(Signature)

President
(Title)

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

SOS CRP 07/04

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 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)

Revised 07/04

2005 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 01/26/06
RECEIPT NO. 1522651

RECEIVED
JAN 26 '06
S.D. SEC. of STATE

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

DB033851
DB033851 DEC/2004
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

Telephone # 605-256-4347
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 209 S. Highland

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Jack D. Mader	President	1211 SW 1st	Madison	SD	57042
Bev Mader	Vice President	1211 SW 1st	Madison	SD	57042
Bev Mader	Secretary	1211 SW 1st	Madison	SD	57042
	Treasurer				

4. Provide a brief description of the nature of the business Auto repair

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X NO __ If no, list directors below.

________ Director ________
________ Director ________

5. The total number of authorized shares, itemized by class and series, if any, within each class:
NUMBER OF AUTHORIZED SHARES 250,000 CLASS A SERIES 1.00

6. NUMBER OF ISSUED AND OUTSTANDING SHARES 10,000 CLASS A SERIES 1.00

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

Dated 1-18-06

Jack Mader
Signature

Jack Mader
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

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)

256 2928 12/27/2006

2006 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 12/18/06
RECEIPT NO. 1625559

RECEIVED
DEC 18 2006
S.D. SEC. OF STATE

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

DB033851
DB033851 DEC/2005
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

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.

★ ★

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 12-14-06

Beverly Mader
Signature

Beverly Mader
Printed Name

Secretary
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

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)

270 3761 01/08/2008

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/17/07
RECEIPT NO. 74555

RECEIVED
DEC 17 2007
S.D. SEC. OF STATE

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

DB033851

DB033851 DEC/2006
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

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.

★ ★

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 12-14-07

Beverly Mader
Signature

Beverly Mader
Printed Name

Secretary
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

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)

284 3698 01/13/2009

2008 ANNUAL REPORT
DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 01/02/09
RECEIPT NO 1467205
RECEIVED
JAN 02 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB033851
DB033851 DEC/2007
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

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

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

Street Address	City	State	ZIP+4
209 S. Highland	Madison	SD	57042-2606

Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Jack D Mader

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
209 S. Highland	Madison	SD	57042-2606

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.

		Street Address	City	State	ZIP+4
☒	President: Jack D. Mader	1211 SW 1st St	Madison	SD	57042-2606
☒	Vice President: Beverly Mader	1211 SW 1st St	Madison	SD	57042 2606
☐	Secretary: Beverly Mader	1211 SW 1st	Madison	SD	57042-2606
☐	Treasurer:	Street Address	City	State	ZIP+4
☐	Director:	Street Address	City	State	ZIP+4
☐	Director:	Street Address	City	State	ZIP+4

Dated 12-22-08

Beverly Mader
(Signature of an authorized officer)

Beverly Mader
(Printed Name)

VP/ Secretary
(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)

298 3199

2009 ANNUAL REPORT
DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 12/02/09
RECEIPT NO 1413195

RECEIVED NOV 25 2009 S.D. SEC. OF STATE
RECEIVED NOV 16 2009 S.D. SEC. OF STATE
RECEIVED DEC 02 2009 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB033851
DB033851 DEC/2008
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

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

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

Street Address	City	State	ZIP+4
~~1211 SW 1ST~~ 209 S Highland	Madison	SD	57042
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Jack Mader

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
~~1211 SW 1ST~~ 209 S. Highland	Madison	SD	57042
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.

	Street Address	City	State	ZIP+4
☑ Jack Mader, President	1211 SW 1ST	Madison	SD	57042
☑ ~~Beverly Mader~~, Vice President	~~1211 SW 1ST~~	~~Madison~~	~~SD~~	~~57042~~ BM
☐ Beverly Mader, Secretary	1211 SW 1ST	Madison	SD	57042
☐ Beverly Mader, Treasurer	1211 SW 1ST	Madison	SD	57042
☑ Jack Mader, Director	1211 SW 1ST	Madison	SD	57042
☐ Director				

Dated 11-13-09

Beverly Mader
(Signature of an authorized officer)

Beverly Mader
(Printed Name)

Secretary / Treasurer
(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)

314 1918 12/29/2010

2010 ANNUAL REPORT
DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 12/27/10
RECEIPT NO. 2094563
RECEIVED
DEC 27 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB033851
DB033851 DEC/2009
MADER, INC.
MADER, JACK D.
209 S HIGHLAND
MADISON SD 57042-2606

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

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

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

Street Address	City	State	ZIP+4
209 S. Highland	Madison,	SD	57042

Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Jack Mader

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
209 S. Highland	Madison	SD	57042

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

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

	Name	Street Address	City	State	ZIP+4
☑ President	Jack D Mader	1211 SW 1st	Madison	SD	57042
☑ Vice President	~~Beverly Mader~~	~~1211 SW 1st~~	~~Madison~~	~~SD~~	~~57042~~ BM
☐ Secretary	Beverly Mader	1211 SW 1st	Madison	SD	57042
☐ Treasurer	~~Beverly Mader~~	~~1211 SW 1st~~	~~Madison~~	~~SD~~	~~57042~~
☑ Director	Jack Mader	1211 SW 1st	Madison	SD	57042
☐ Director					

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

Dated 12-22-10

Beverly Mader
(Signature of an Authorized Person)

Beverly Mader
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

Street Address (Required)	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

_____
(Signature of an Authorized Person)

_____
(Printed Name)

2011 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 01/02/2012

RECEIPT NO 14380

1. Corporate ID and Name:
DB033851
MADER, INC.
209 S HIGHLAND
MADISON, SD57042-2606

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

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

Street Address	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JACK D. MADER

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606
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.

X	President	Street Address	City	State	ZIP+4
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material 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 01/02/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

BEVERLY A MADER
(Printed Name)

1/2/2012 4:52:37PM

2012 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 12/28/2012
RECEIPT NO 84345

1. Corporate ID and Name:
DB033851
MADER, INC.
209 S HIGHLAND
MADISON, SD 57042-2606

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

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

Street Address	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JACK D. MADER

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606
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.

X	JACK D MADER	1211 SW 1ST STREET	MADISON	SD	57042
	President	Street Address	City	State	ZIP+4
X	BEVERLY A MADER	1211 SW 1ST STREET	MADISON	SD	57042
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material 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 12/28/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

BEVERLY A MADER
(Printed Name)

12/28/2012 7:14:55 PM

2013 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE 12/21/2013
RECEIPT NO 162202

1. Corporate ID and Name:
DB033851
MADER, INC.
209 S HIGHLAND
MADISON, SD 57042-2606

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

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

Street Address	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606

Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JACK D. MADER

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606

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.

X	JACK D MADER	1211 SW 1ST STREET	MADISON	SD	57042
	President	Street Address	City	State	ZIP+4
X	BEVERLY A MADER	1211 SW 1ST STREET	MADISON	SD	57042
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material 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 12/21/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

BEVERLY A MADER
(Printed Name)

12/21/2013 12:43:04 PM

2014 Enter Filing Year

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: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 12/12/2014
RECEIPT NO 253733

1. Corporate ID and Name:
DB033851
MADER, INC.
209 S HIGHLAND
MADISON, SD 57042-2606

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

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

Street Address	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JACK D. MADER

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606
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.

X	JACK D MADER	1211 SW 1ST STREET	MADISON	SD	57042
	President	Street Address	City	State	ZIP+4
X	BEVERLY A MADER	1211 SW 1ST STREET	MADISON	SD	57042
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material 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 12/12/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

BEVERLY A MADER
(Printed Name)

12/12/2014 3:00:59 PM

2015

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 1/4/2016

RECEIPT NO 365976

1. Corporate ID and Name:

DB033851
Enter Corporate ID

MADER, 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).

Actual Street Address or Rural Route Box Number	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606

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

4. The name of the South Dakota Registered Agent

Agent Name: JACK D. MADER

Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
209 S HIGHLAND	MADISON	SD	57042-2606

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.

X	JACK D MADER	1211 SW 1ST STREET	MADISON	SD	57042
	President	Actual Street Address	City	State	ZIP+4
X	BEVERLY A MADER	1211 SW 1ST STREET	MADISON	SD	57042
	Vice President	Actual Street Address	City	State	ZIP+4
	Secretary	Actual Street Address	City	State	ZIP+4
	Treasurer	Actual Street Address	City	State	ZIP+4

Director	Actual Street Address	City	State	ZIP+4

Director	Actual Street Address	City	State	ZIP+4

6. 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 01/04/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

BEVERLY MADER

(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.

1/4/2016 12:59:39 PM