

6-24-44NNP-010-K

12-01-1995

# 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 FARM TECH, INC. duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issued this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation of FARM TECH, 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 1, 1995.

*Joyce Hazeltine*  
\_\_\_\_\_  
JOYCE HAZELTINE  
Secretary of State



ARTICLE V

Capital Stock

The authorized capital stock of this corporation shall be Five Hundred Thousand Dollars (\$500,000.00), which shall be divided into five hundred thousand (500,000) shares of One Dollar (\$1.00) par value voting common stock.

ARTICLE VI

Rights

The preferences, limitations, designation and relative rights of each class or series of stock shall be common stock only, with equal rights.

ARTICLE VII

Consideration

The corporation will not commence business until consideration of the value of at least One Thousand Dollars (\$1,000.00) has been received for the issuance of shares.

ARTICLE VIII

Registration Office and Agent

The address of the registered office of this corporation is 225 West Fourth Avenue, Miller, South Dakota 57362, and the name of its registered agent at such address is Jeffrey J. Gnat.

ARTICLE IX

Incorporators

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
Jeffrey J. Gnat	225 West Fourth Avenue Miller, South Dakota 57362
Tamara J. Gnat	225 West Fourth Avenue Miller, South Dakota 57362

NOV 1995

ARTICLE X

Directors and Officers

The number of directors constituting the board of directors of this corporation shall be two. The names and addresses of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and shall qualify are:

<u>Name</u>	<u>Address</u>
Jeffrey J. Gnat	225 West Fourth Avenue Miller, South Dakota 57362
Tamara J. Gnat	225 West Fourth Avenue Miller, South Dakota 57362

ARTICLE XI

By-Laws

The directors are empowered to adopt and establish by-laws and make rules and regulations for the management of the corporation's affairs.

ARTICLE XII

Amendments

These articles may be amended in the manner authorized by law at the time of amendment.

IN WITNESS WHEREOF, We have executed in duplicate and have hereunto subscribed our names on this 30<sup>th</sup> day of November, 1995.

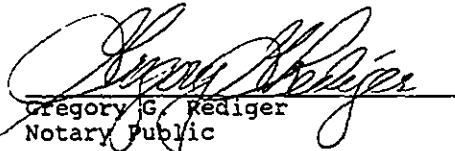
Jeffrey J. Gnat  
Jeffrey J. Gnat

Tamara J. Gnat  
Tamara J. Gnat

STATE OF SOUTH DAKOTA )  
 ) ss.  
COUNTY OF HAND )

On this the 30<sup>th</sup> day of November, 1995, before me, Gregory G. Rediger, the undersigned officer, personally appeared Jeffrey J. Gnat and Tamara J. Gnat, known to me to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

  
Gregory G. Rediger  
Notary Public

My Commission Expires: 04/04/02

(SEAL)

10-2-2000-1-513

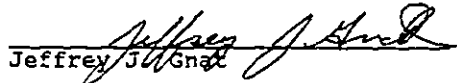
NOV 15 1995

5-11-95

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Jeffrey J. Gnat, hereby give my consent to serve  
as the registered agent for Farm Tech, Inc.

Dated this 5th day of November, 1995.

  
Jeffrey J. Gnat

Receipt No: 502775

95122730376  
12/20/95

File Number: DB036486

ART OF INC

For

FARM TECH, INC.

File at the request of:

GREGORY G. REDIGER  
PO BOX 12  
MILLER SD 57362

STATE OF SOUTH DAKOTA

OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on

Date December 1, 1995

**Joyce Hazeltine**  
Secretary of State

Fee Recieved \$80 500.000 @ \$1.

SOS CRP 491 10/93

57021106 11390

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. \_\_\_\_\_

RECEIVED RECEIVED

JAN 31 1997

1 Corporate Name, Registered Agent and Registered Address

DB-036486 DEC/00  
FARM TECH, INC.  
GNAT, JEFFREY J.  
225 WEST FOURTH AVE  
MILLER, SD 57362 1212

Telephone # 605-853-3615  
FAX # 605-853-3612  
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 Repair Shop

3 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Jeff Gnat</u>	President	<u>225 W 4th St</u>	<u>Miller</u>	<u>SD</u>	<u>57362-1232</u>
<u>Tamara Gnat</u>	Secretary	<u>225 W 4th St</u>	<u>Miller</u>	<u>SD</u>	<u>57362-1232</u>
	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  
500,000 - - 1.00

5 NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES  
60,000 - 1.00

6 The amount of its stated capital is \$ 60,000.00 (Money received for issued shares)  
The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public

Dated 1-16 19 97

By Jeffrey J. Gnat  
(Signature)

is \_\_\_\_\_  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF BAND ss

I, L. ANNETTE SNOEGRASS, a notary public, do hereby certify that on this 16TH day of JANUARY 19 97, personally appeared before me TAMARA GNAT who, being by me first duly sworn, declared that she is the SECRETARY of FARM TECH, INC.

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

My Commission Expires \_\_\_\_\_  
Notary Public

(Notarial Seal)

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

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

File Date: \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

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

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

Date \_\_\_\_\_ 19 \_\_\_\_\_ (signature) \_\_\_\_\_

(title) \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

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

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_ (signature) \_\_\_\_\_

1997

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

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE  
RECEIPT NO.

1-26-98  
684727

RECEIVED

JAN 26 1998

1. Corporate Name, Registered Agent and Registered Address.

DB-036486 DEC/96  
FARM TECH, INC.  
GNAT, JEFFREY J.  
225 WEST FOURTH AVE  
MILLER, SD 57362-1232

Telephone # 605-853-3613  
FAX # 605-853-3613  
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 1-22-98 19 98

By Janara Gnat  
(Signature)

Its Secy.  
(Title)

STATE OF SD  
COUNTY OF Hand ss

I, Shirley Pfeiffer, a notary public, do hereby certify that on this 2 day of January 19 98 personally appeared before me Janara Gnat who, being by me first duly sworn, declared that he/she is the Secretary of Farm Tech

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true  
My Commission Expires 3/2/99

Shirley Pfeiffer  
Notary Public  
Lic. # \_\_\_\_\_ Auditor

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
805-773-4846

**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)

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 1-22-99  
 RECEIPT NO. 1128999

RECEIVED  
 JAN 22 1999

1. Corporate Name, Registered Agent and Registered Address:

DB-036496 DEC/97  
 FARM TECH, INC.  
 GNAT, JEFFREY J.  
 225 WEST FOURTH AVE  
 MILLER, SD 57362-1232

Telephone # 605-853-3613  
 FAX # 605-853-3613  
 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 1-21 1999  
 By Samara Gnat  
 (Signature)  
 Its Secs  
 (Title)

STATE OF SD  
 COUNTY OF Butte ss

I, B. W. Lacey a notary public, do hereby certify that on this 21<sup>st</sup> day of January 1999, personally appeared before me Samara Gnat who, being by me first duly sworn, declared that ~~he~~ she is the Secy. of Farm Tech, Inc. that ~~he~~ she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires B. W. LACEY

Notary Public, State of South Dakota  
 My Commission Expires November 7, 1999  
 (Notarial Seal)

Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57601-6070  
805-773-4846

**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)

<b>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</b>	
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

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 12-31-99  
RECEIPT NO 855517  
RECEIVED  
JAN 3 '00  
S.D. SEC. OF STATE

0002200.4791

1. Corporate Name, Registered Agent and Registered Address:

DB-036486  
FARM TECH, INC.  
GNAT. JEFFREY J.  
225 WEST FOURTH AVE  
MILLER SD 57362-1232

DEC/98

Telephone # 605-853-3613  
FAX # 605-857-7113  
Federal Taxpayer IC  
FILING DATE: Due during the month the  
Certificate of Incorporation was issued, and  
delinquent after the last day of the following  
month.

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

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\*\*\*\*\*

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 12-29-99

By Tamara Gnat  
(Signature)

Its Secy.  
(Title)

STATE OF South Dakota ss  
COUNTY OF Hand

I, MARY Cahoon, a notary public, do hereby certify that on this 29th day of December, personally appeared before me Tamara Gnat who, being by me first duly sworn, declared that he/she is the Secretary of Farm Tech, 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 1-26-05

Mary Cahoon  
Notary Public

(Notarial Seal)

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 \_\_\_\_\_

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)



SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S. D. 57501-5077  
605-773-4846

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$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)



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, \_\_\_\_\_, known to me, or proved to me, personally appeared \_\_\_\_\_, 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)

SD-118-1091

2002

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

0301218.1891 1/30/03

FILE DATE 11/19/02 RECEIPT NO. 1164450 RECEIVED

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

1. Corporate Name, Registered Agent and Registered Address:



DB-036486 DEC/2001 FARM TECH, INC. GNAT, JEFFREY J. 225 WEST FOURTH AVE MILLER SD 57362-1232

Telephone # 605-853-3413 FAX # Federal Taxpayer II 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

Table with 7 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for 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.

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 11-18-02 By Samara Gnat (Signature)

Its Secy (Title)

STATE OF South Dakota COUNTY OF Hand

On this the 18 day of November, 2002, before me, Shurley Pfeifer, personally appeared Samara Gnat, known to me, or proved to me, to be the Secretary 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 3/3/03 (Notarial Seal) Shurley Pfeifer - Deputy Auditor Notary Public

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

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

FILING FEE: \$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)

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 12/31/03
RECEIVED
1287733
DEC 31 '03

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB-036486 DEC/2002
FARM TECH, INC.
GNAT, JEFFREY J.
225 WEST FOURTH AVE
MILLER SD 57362-1232

Telephone # 853-3613
FAX # 853-2333
Federal Taxps
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.

[X] 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:

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for 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 12-30-03

By Tamara Gnat (Signature)
Its Secy (Title)

STATE OF S.D.
COUNTY OF Hand ss

On this the 30 day of December, 20 03, before me, Shurley Pfeifer personally appeared Tamara Gnat, known to me, or proved to me, to be the Secy 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

Shurley Pfeifer
Notary Public
Deputy Auditor

(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

**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)



**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)

244 2064 01/12/2006

# 2005

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/30/05  
RECEIPT NO. 1511423  
**RECEIVED**  
DEC 06 05  
S.D. SEC. OF STATE

**RECEIVED**  
DEC 30 05

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



\*DB036486\*  
DB036486 DEC/2004  
FARM TECH, INC.  
GNAT, JEFFREY J.  
225 WEST FOURTH AVE  
MILLER SD 57362-1232

S.D. SEC. OF STATE  
Telephone # 853-3613  
FAX # 853-3333

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 1301 W 1<sup>st</sup> AV Miller SD 57362

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Jeff Gnat</u>	President	<u>1301 W 1<sup>st</sup> AV</u>	<u>Miller</u>	<u>SD</u>	<u>57362</u>
<u>Tamara Gnat</u>	Secretary	<u>1301 W 1<sup>st</sup> AV</u>	<u>Miller</u>	<u>SD</u>	<u>57362</u>
	Treasurer				

4. Provide a brief description of the nature of the business ~~Exporting~~ Repair Shop

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

5. The total number of authorized shares, itemized by class and series, if any, within each class:  
NUMBER OF AUTHORIZED SHARES 10,000 CLASS SERIES  
500,000 Common N/A

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

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

Dated Nov 15, 05 Tamara Gnat  
Signature

Tamara Gnat  
Printed Name

Secy.  
Title

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

Pursuant to the provisions of the South Dakota 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 Farm Tech, Inc.
2. The street address, or a statement that there is no street address, of its current registered office 225 W 4th Av  
Miller SD ZIP + 4 57362-1232
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.  
1301 W 1st Av Miller SD ZIP + 4 57362
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 12-8-05

Tamara Goat

Signature

Tamara Goat

Printed Name

Secy.

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)

255 3950 12/05/2006

# 2006

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/05/06  
RECEIPT NO. 1619438  
**RECEIVED**  
**NOV 21 2006**  
**S.D. SEC. OF STATE**

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



\* D B 0 3 6 4 8 6 \*  
DB036486 DEC/2005  
FARM TECH, INC.  
GNAT, JEFFREY J.  
1301 W 1ST AVE  
MILLER SD 57362-1232

Telephone # 605-853-3613  
FAX # 605-853-3333

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 11-20-06  
Tamara Gnat  
Signature  
TAMARA GNAT  
Printed Name  
Secr.  
Title

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

Pursuant to the provisions of the South Dakota 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)



**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)

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

RECEIVED RECEIVED RECEIVED
FILE DATE 01/07/09
RECEIPT NO 1469400
JAN 07 2009 DEC 17 2008
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB036486 DEC/2007
FARM TECH, INC.
GNAT, JEFFREY J.
1301 W 1ST AVE
MILLER SD 57362-1232

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.

Farm Tech, Inc. Jeffrey J Gnat

Street Address 1301 W. 1st Ave. City Miller SD 57362-1255 State ZIP+4
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Farm Tech, Inc. Jeffrey J Gnat

Street Address (Required to be a South Dakota Address) 1301 W. 1st Ave. City Miller SD 57362-1255 State ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

President [x] Jeffrey Gnat 225 W 4th AV Miller SD 57362
Vice President [ ]
Secretary [x] Tamara Gnat 225 W 4th AV Miller SD 57362
Treasurer [ ]
Director [ ]
Director [ ]

Dated 12-13-08

Signature of an authorized officer: Tammy Gnat
(Printed Name): Tammy GNAT
(Title): Secretary

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)

300 1423 01/13/2010

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 01/11/10
RECEIPT NO 1986434
RECEIVED
JAN 11 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB036486 DEC/2008
FARM TECH, INC.
GNAT, JEFFREY J.
1301 W 1ST AVE
MILLER SD 57362-1232

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.

Farm Tech, Inc.
Street Address 1301 W. 1st Ave. City State ZIP+4
Mailing Address (Optional) Miller SD 57362-1255 City State ZIP+4

3. The name of the South Dakota Registered Agent

Farm Tech, Inc.
1301 W. 1st Ave.
Street Address (Required to be a South Dakota Address) Miller SD 57362-1255 State ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

Jeffrey J Gnat 225 W 4th Av Miller SD 57362
President Street Address City State ZIP+4
Vice President
Tamara Gnat 225 W 4th Av Miller SD 57362
Secretary Street Address City State ZIP+4
Treasurer
Director
Director

Dated 12-31-09

Tammy Gnat
(Signature of an authorized officer)
Tammy Gnat
(Printed Name)
Secr.
(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 0460 12/23/2010

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 12/14/10
RECEIPT NO 2095969
RECEIVED
DEC 14 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB036486 DEC/2009
FARM TECH, INC.
GNAT, JEFFREY J.
1301 W 1ST AVE
MILLER SD 57362-1232

Telephone # 605-853-3613
FAX # 605-853-3333
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.

1301 W 1st AV Miller SD 57362
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Farm Tech, Inc. Jeff Gnat

1301 W 1st AV Miller SD 57362
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

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.

[X] Jeff Gnat 225 W 4th AV miller SD 57362
President Street Address City State ZIP+4

[ ] Vice President Street Address City State ZIP+4

[X] Tammy Gnat 225 W 4th AV miller SD 57362
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 respect. Any violation is subject to a civil penalty.

Dated 12-9-10

Tammy Gnat
(Signature of an Authorized Person)

Tammy Gnat
(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

# ANNUAL REPORT

FILE DATE 12/15/2011

RECEIPT NO 11483

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

## DOMESTIC

**FILING FEE: \$50.00** Please Type or Print Clearly In Ink  
Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:  
DB036486  
FARM TECH, INC.  
1301 W 1ST AVE  
MILLER, SD57362-1255

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

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

1301 W 1ST AVE MILLER SD 57362-1255  
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JEFFREY J. GNAT

1301 W 1ST AVE MILLER SD 57362-1232  
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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

<input checked="" type="checkbox"/>	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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 12/15/2011

Signature Accepted Electronically  
(Signature of an Authorized Person)

TAMMY J GNAT  
(Printed Name)

2012

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 12/10/2012

RECEIPT NO 79836

## 1. Corporate ID and Name:

DB036486  
FARM TECH, INC.  
1301 W 1ST AVE  
MILLER, SD 57362-1255

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

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

1301 W 1ST AVE	MILLER	SD	57362-1255
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: JEFFREY J. GNAT

1301 W 1ST AVE	MILLER	SD	57362-1232
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	JEFF J GNAT	1301 W 1ST AV	MILLER	SD	57362
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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 12/10/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

TAMMY J GNAT

(Printed Name)

2013

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 12/3/2013

RECEIPT NO 156450

## 1. Corporate ID and Name:

DB036486  
FARM TECH, INC.  
1301 W 1ST AVE  
MILLER, SD 57362-1255

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

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

1301 W 1ST AVE	MILLER	SD	57362-1255
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: JEFFREY J. GNAT

1301 W 1ST AVE	MILLER	SD	57362-1232
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	JEFF J GNAT	1301 W 1ST AV	MILLER	SD	57362
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TAMMY GNAT	1301 W 1ST AV	MILLER	SD	57362
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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 12/03/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

TAMMY GNAT

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 12/24/2014

RECEIPT NO 257309

## 1. Corporate ID and Name:

DB036486  
FARM TECH, INC.  
1301 W 1ST AVE  
MILLER, SD 57362-1255

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

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

1301 W 1ST AVE	MILLER	SD	57362-1255
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: JEFFREY J. GNAT

1301 W 1ST AVE	MILLER	SD	57362-1232
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	JEFF J GNAT	1301 W 1ST AV	MILLER	SD	57362
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TAMMY GNAT	1301 W 1ST AV	MILLER	SD	57362
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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 12/24/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

TAMMY J GNAT

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 11/16/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 351180

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

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB036486

FARM TECH, INC.

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

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

1301 W 1ST AVE MILLER SD 57362-1255

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

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

4. The name of the South Dakota Registered Agent

Agent Name: JEFFREY J. GNAT

1301 W 1ST AVE MILLER SD 57362-1232

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

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

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

X JEFF J GNAT 1301 W 1ST AV MILLER SD 57362
President Actual Street Address City State ZIP+4

Vice President Actual Street Address City State ZIP+4

X TAMMY GNAT 1301 W 1ST AV MILLER SD 57362
Secretary Actual Street Address City State ZIP+4

Treasurer Actual Street Address City State ZIP+4



Director

Actual Street Address

City

State

ZIP+4

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

TAMMY J GNAT

(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.

11/16/2015 10:13:04 AM