

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

1993
NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 11/13/94
RECEIPT NO. 262101

RECEIVED

JAN 13 1994

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-008642 DEC/90
DOUGLAS COUNTY MEMORIAL HOSPITAL
VANDER WERFF, DON
PO BOX 386
ARMOUR, SD 57313-0386

Day Time Phone # 605 724-2159

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Health Care
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 295,796.34
* Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Stan Batt</u>	President	<u>R.R. 1 Box 94</u>	<u>Corsica</u>	<u>SD</u>	<u>57328</u>
	Vice President				
<u>Beverly Jones</u>	Secretary	<u>R.R. 1 Box 81</u>	<u>Lake Andes</u>	<u>SD</u>	<u>57356</u>
<u>Don Van Der Werff</u>	Treasurer	<u>P.O. Box 386</u>	<u>Armour</u>	<u>SD</u>	<u>57313</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.
- | NAME | OFFICE | STREET ADDRESS | CITY | STATE | ZIP |
|--------------------------|----------|----------------------|-------------------|-----------|--------------|
| <u>Stan Batt</u> | Director | <u>R.R. 1 Box 94</u> | <u>Corsica</u> | <u>SD</u> | <u>57328</u> |
| <u>Beverly Jones</u> | Director | <u>R.R. 1 Box 81</u> | <u>Lake Andes</u> | <u>SD</u> | <u>57356</u> |
| <u>Don Van Der Werff</u> | Director | <u>P.O. Box 386</u> | <u>Armour</u> | <u>SD</u> | <u>57313</u> |

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

Dated _____ 19____

By Don Van Der Werff
(Signature)

Its _____
(Title)

STATE OF South Dakota
COUNTY OF Beauregard

I, Marianne Sundhill, Dep. Auditor, a notary public, do hereby certify that on this 11th day of Jan, 1994

personally appeared before me Don Van Der Werff who, being by me first duly sworn, declared that he/she is the Director of Douglas Co Memorial Hospital

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

My Commission Expires 03-06-95

Marianne Sundhill, Dep. Co. Auditor
Notary Public

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4848

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

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 current street address, or a statement that there is no street address, of its registered office _____
ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____
ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the 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 a vice president in the presence of a Notary Public.

Date _____ 19_____
(signature)

(title)

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

My Commission Expires _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19_____
(signature)

1996
 RETURN TO
 SECRETARY OF STATE
 600 E. CAPITOL
 PIERRE, S.D. 57501-5077
 605-773-4845

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS.

FILE DATE
 RECEIPT NO. 597120

RECEIVED
 DEC 8 1996
 SD Sec. of State

1. Corporate Name, Registered Agent and Registered Address:

NS-008642
 DOUGLAS COUNTY MEMORIAL HOSPITAL
 VANDER WERFF, DON
 PO BOX 386
 ARMOUR, SD 57313-0386

Day Time Phone # 605 724-2159

Federal Identification #

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is the business of delivering healthcare services to the community of Douglas County.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 631,580

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Dan Horner	President	P O Box 123	Delmont	SD	57330
Marjo Baan Hofman	Vice President	HC 71 Box 11	Corsica	SD	57328
Beverly Jones	Secretary	RR 1 Box 81	Lake Andes	SD	57356
Don Vander Werff	Treasurer	Box 386	Armour	SD	57313

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Dick Garrod	Director	P O Box 217	Corsica	SD	57328
Rita Beckman	Director	RR 1 Box 66	Stickney	SD	57375
Don VanderWerff	Director	RRBox 386	Armour	SD	57313

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

Dated 11/26 19 96

By [Signature]
 (Signature) must be signed in the presence of a notary

STATE OF S.D.
 COUNTY OF DOUGLAS ss

its Board Chairman
 (Title)

I, Richard Garrod, a notary public, do hereby certify that on this 26 day of Nov 19 96,

personally appeared before me DAN HORNER who, being by me first duly sworn, declared that he/she is the Board Chairman of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires: RICHARD GARROD, Notary Public

[Signature]
 Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-6077
605-773-4845

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

FILING FEE: * 96 In addition to annual report fee
* No fee for postal renumbering. (must be stated on the form)

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 Douglas County Memorial Hospital
2. The previous registered office address: Vander Werff, Don
P O Box 386 Armour SD 57313-0285 ZIP
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. Administrator Douglas County Memorial Hospital
708 8th St Armour SD 57313 ZIP
4. The name of its previous registered agent is Don Vander Werff
5. The name of its successor (current) registered agent is Angelina K. Henry
* The Consent of Registered Agent below must be completed by the new agent.
6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date 11-26 19 96

Don Vander Werff
(signature) must be signed in the presence of a notary
Don Vander Werff
(title)

STATE OF South Dakota
COUNTY OF Douglas **

I, Richard Garrod, a notary public, do hereby certify that on this 26 day of Nov 19 96, personally appeared before me DAN HORNER who, being by me first duly sworn, declared that he/she is the Chairman of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires RICHARD GARROD, Notary Public
Richard Garrod
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Angelina K. Henry, hereby give my consent to serve as the
(name of registered agent)
registered agent for Douglas County Memorial Hospital
(corporate name)
Dated 11/26 19 96
Angelina K. Henry
(signature)

100

#5 Dan Horner 20 Box 123 Delmont, SD 57330
Marjo Baan Hofman HC 71 Box 11 Corsica, SD 57328
Beverly Jones RR#1 Box 81 Lake Andes, SD 57356



451-200-0000

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF AMENDMENT

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of DOUGLAS COUNTY MEMORIAL HOSPITAL duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, 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 Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment of DOUGLAS COUNTY MEMORIAL HOSPITAL.



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 May 22, 1997.

Joyce Hazeltine
JOYCE HAZELTINE
Secretary of State

0000000000

Receipt No: 627942

9706282.0054

File Number: NS008542

AMENDMENT

For

DOUGLAS COUNTY MEMORIAL HOSPITAL

Filed at the request of:

BIERLE & MICHELS
MATTHEW MICHELS
PO BOX 38
YANKTON SD 57078

STATE OF SOUTH DAKOTA

SS.

OFFICE OF THE SECRETARY OF STATE

Filed in the office of Secretary of State on

Date May 22, 1997

Joyce Hazeltine
Secretary of State

Fee Received \$10.00

SOS CRP 49: 10/93

1999

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 804331
RECEIPT NO. 125199

RECEIVED RECEIVED

2000 JAN 24 2000

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

1. Corporate Name, Registered Agent and Registered Address:

NS-008642 DEC/96
DOUGLAS COUNTY MEMORIAL HOSPITAL
HENRY, ANGLEIA K ADMINISTRATOR DOUGLAS
708 8TH ST
ARMOUR SD 57313-2102

Day Time Phone # 605-724-2159

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is operating a hospital/clinic

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ lands owned the land
*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Don Horner</u>	President	<u>PO Box 67</u>	<u>DeSmet</u>	<u>SD</u>	<u>57220</u>
<u>Dick Casard</u>	Vice President	<u>PO Box 217</u>	<u>Cassida</u>	<u>SD</u>	<u>57328</u>
<u>Donna Jones</u>	Secretary	<u>38530 289 Street</u>	<u>Lake Andes</u>	<u>SD</u>	<u>57356</u>
<u>Don Van der Werff</u>	Treasurer	<u>Box 386</u>	<u>Armour</u>	<u>SD</u>	<u>57313</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

All same as above

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Don Horner</u>	Director	<u>PO Box 67</u>	<u>DeSmet</u>	<u>SD</u>	<u>57220</u>
<u>Stanley Dutt</u>	Director	<u>39438 268 Street</u>	<u>Cassida</u>	<u>SD</u>	<u>57328</u>
<u>Alva Frye</u>	Director	<u>26835 353 Ave</u>	<u>Cassida</u>	<u>SD</u>	<u>57328</u>

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

Dated 11/23 1999

By Don F. Horner
(Signature) must be signed in the presence of a notary

its Board President
(Title)

STATE OF South Dakota ss
COUNTY OF Douglas

I, Donna M. Spence, a notary public, do hereby certify that on this November day of 1999,
personally appeared before me Don Horner who, being by me first duly sworn, declared that he/she is the
President of the corporation named above, and signed the foregoing document as officer of

the corporation, and the statements therein contained are true.

My Commission Expires 10-6-2002

Donna M. Spence
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: \$6 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 (old) registered office address _____
_____ 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 (current) registered agent is " _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____ 19 _____

(Signature) must be signed in the presence of a notary)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(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)

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0003202.0674
3/21/00

Douglas County Memorial Hospital

Governing Board 1998 and Directors

708 8th Street
Armour SD, 57313

ADMINISTRATOR: Heath Brouwer

Name	Address	Telephone	Occupation
Dan Horner President	P.O. Box 67 Delmont, SD 57330	779-2321 (work)	Computer Sales & Service
Dick Garrod Vice President	P.O. Box 217 Corsica, SD 57328	946-5520 (home) 946-5486 (work)	Insurance Sales
Beverly Jones Secretary	38530 289 th Street Lake Andes, SD 57356	487-7310 (home)	Retired Teacher
Donald Van Der Werff Treasurer	Box 386 Armour, SD 57313	724-2761 (home)	Retired Farmer
Stanley Bult	39438 268 th Street Corsica, SD 57328	946-5871 (home)	Dairy Farmer
Merna Bye	26835 383 rd Avenue Corsica, SD 57328	946-5475 (work) 946-5850 (home)	Business Office Corsica Schools





62-01-0100200

0209318.0026
9/17/02

Receipt Number: 1128414
File Number ns008642

STATEMENT OF CHANGE

For

DOUGLAS COUNTY MEMORIAL HOSPITAL

Filed at the request of:

DAWN LAKE
PARKHURST LAW OFFICE PC
PO BOX 26
ARMOUR SD 57313

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Wednesday, August 21, 2002**


Secretary of State

Fee Received: \$5.00 & REFUND IN THE
AMOUNT OF \$5.00

K
20
02

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

STATEMENT OF CHANGE OF REGISTERED OFFICE,
OR REGISTERED AGENT, OR BOTH
FILING FEE: \$185

RECEIVED
AUG 21 '02
S.D. SEC. OF STATE

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 Douglas County Memorial Hospital NS008642
- 2. The previous street address or a statement that there is no street address, of its registered office 708 8th Street,
Armour, South Dakota ZIP 57313
- 3. The street address, or a statement that there is no street address, to which the registered office is to be changed is 708 8th Street, Armour, South Dakota ZIP 57313
- 4. The name of its previous registered agent is Angelia K. Henry, Administrator
- 5. The name of its successor registered agent is Heath Brouwer, Administrator

* The Consent of Registered Agent below must be completed by the new agent. Filed this 21st day of Aug, 2002

- 6. The address of its registered office and the address of the business office of its registered agent changed, will be identical. *Joyce Hazeltine*
- 7. This change has been authorized by resolution duly adopted by the board of directors.

SECRETARY OF STATE

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 public.

Date 8-20-02 Joyce Hazeltine
(Signature)
(Title)

STATE OF South Dakota
COUNTY OF Douglas

I, Dawn P. Zick, a notary public, do hereby certify that on this 19th day of August, 2002, personally appeared before me Dawn P. Zick who, being by me first duly sworn, declared that he/she is the Treasurer of Douglas County Memorial Hosp. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

3-9-2001
My Commission Expires 3-9-2001 Dawn P. Zick
(Notary Public)

Notarial Seal

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

1. Heath Brouwer, hereby give my consent to serve as the
(name of registered agent)

registered agent for Douglas County Memorial Hospital
(corporate name)

Dated 8-20-02 Heath Brouwer
(signature of registered agent)

2002 NONPROFIT REPORT

301218.4035
1130703

FILE DATE 12/22/02
RECEIPT NO. 116111

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address



NS-008642 DEC/1999
DOUGLAS COUNTY MEMORIAL HOSPITAL
BROUWER, HEATH ADMINISTRATOR
708 8TH ST
ARMOUR SD 57313-2102

Day Time Phone # 605-724-2157
Federal Taxpayer ID #
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Hospital + Clinic

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 1,231,779
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Dan Horner</u>	President	<u>P.O. Box 67</u>	<u>Delmar</u>	<u>SD</u>	<u>57330</u>
<u>Maiky Peterson</u>	Vice President	<u>27587 398th Ave</u>	<u>Corsica</u>	<u>SD</u>	<u>57328</u>
<u>Barbly Jones</u>	Secretary	<u>3853rd 289th Street</u>	<u>Lake Andrus</u>	<u>SD</u>	<u>57356</u>
<u>Dan Van Der Verft</u>	Treasurer	<u>Box 386</u>	<u>Armour</u>	<u>SD</u>	<u>57313</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Atty General</u>	Director				
	Director				
	Director				

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

Dated 11-7-02 By Dan Horner (Signature)
is Dan Horner (Title)

STATE OF SD
COUNTY OF Douglas

On this the 7 day of November, 2002 before me, Orlthy Spease, personally appeared Dan Horner, 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 10-6-2008
(Notarial Seal) Orlthy Spease Notary Public

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 in addition to corporate 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, or its registered office _____
ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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) must be signed in the presence of a notary)

(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 of registered agent)

0301218.4035
1/30/03

Douglas County Memorial Hospital

Governing Board 2002

708 8th Street
Armour SD, 57313

ADMINISTRATOR: Heath Brouwer

Name	Address	Telephone	Occupation
Dan Horner President	P.O. Box 67 Delmont, SD 57330	779-2321 (work)	Computer Sales & Service
Manley Peterson Vice President	27587 388 th Ave. Corsica, SD 57328	946-5339 (home) 946-5441 (work)	Bank President Corsica/Platte
Beverly Jones Secretary	38530 289 th Street Lake Andes, SD 57356	487-7310 (home)	Retired Teacher
Donald Van Der Werff Treasurer	Box 386 Armour, SD 57313	724-2761 (home)	Retired Farmer
Stanley Bult	39438 268 th Street Corsica, SD 57328	946-5871 (home)	Retired Farmer
Merna Bye	26835 383 rd Avenue Corsica, SD 57328	946-5475 (work) 946-5850 (home)	Business Office Corsica Schools

2004 NONPROFIT REPORT

232 0885 12/09/2004

FILE DATE 12/02/04
 RECEIPT NO. 1383912
 RECEIVED
 DEC 2 04
 S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK
 FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

Corporate Name, Registered Agent and Registered Address:



NS008642
 NS008642 DEC/2002
 DOUGLAS COUNTY MEMORIAL HOSPITAL
 BROUWER, HEATH ADMINISTRATOR
 708 8TH ST
 ARMOUR SD 57313-2102

Day Time Phone # 605-724-2159
 Federal Tax: _____
 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Hospital

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
 B. The amount of property presently held by the corporation is \$ \$3,049,053.80
 * Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Dan Horner</u>	<u>President</u>	<u>P.O. Box 67</u>	<u>Delmont</u>	<u>SD</u>	<u>57330</u>
<u>Manley Peterson</u>	<u>Vice President</u>	<u>27587 388th Ave</u>	<u>Corsica</u>	<u>SD</u>	<u>57328</u>
<u>Beverly Jones</u>	<u>Secretary</u>	<u>38530 289th Street</u>	<u>Lake Andes</u>	<u>SD</u>	<u>57356</u>
<u>Don VanDer Werff</u>	<u>Treasurer</u>	<u>Box 386</u>	<u>Armour</u>	<u>SD</u>	<u>57313</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Dan Horner</u>	<u>Director</u>	<u>P.O. Box 67</u>	<u>Delmont</u>	<u>SD</u>	<u>57330</u>
<u>Manley Peterson</u>	<u>Director</u>	<u>27587 388th Ave</u>	<u>Corsica</u>	<u>SD</u>	<u>57328</u>
<u>Beverly Jones</u>	<u>Director</u>	<u>38530 289th St.</u>	<u>Lake Andes</u>	<u>SD</u>	<u>57356</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 12-1-04

Dan F. Neumann
 (Signature)

Board Chair
 (Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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 Douglas County Memorial Hospital
2. The previous street address, or a statement that there is no street address, or its registered office 208 8th Street
Armour S.D. ZIP 57313
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.
208 8th Street Armour S.D. ZIP 57313
4. The name of its previous registered agent is Angie Henry
5. The name of its successor (current) registered agent is * Heath Browner

***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 officer.

Dated 12/1/04 _____
(Signature) [Signature]
Board chair
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Heath Browner, hereby give my consent to serve as the
(name of registered agent)
registered agent for Douglas County Memorial Hospital
(corporate name)
Dated 11-4-04 _____
(signature of registered agent) [Signature]

Douglas County Memorial Hospital**Governing Board 2004**

708 8th Street
Armour SD, 57313

ADMINISTRATOR: Heath Brouwer

Name	Address	Telephone	Occupation
Dan Horner President	P.O. Box 67 Delmont, SD 57330	779-2321 (work)	Learning Abilities Service Center
Manley Peterson Vice President	27587 388 th Ave. Corsica, SD 57328	946-5339 (home) 946-5888 (work)	Banker Corsica
Beverly Jones Secretary	38530 289 th Street Lake Andes, SD 57356	487-7310 (home)	Retired Teacher
Donald Van Der Werff Treasurer	Box 386 Armour, SD 57313	724-2761 (home)	Retired Farmer
Stanley Bult	39438 268 th Street Corsica, SD 57328	946-5871 (home)	Retired Farmer
Merna Bye	26835 383 rd Avenue Corsica, SD 57328	946-5475 (work) 946-5850 (home)	Business Office Corsica Schools

243 3343 12/13/2005

2005 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 12/06/05
RECEIPT NO. 1601991
RECEIVED
NOV 29 '05
DEC 6 '05
S.D. SEC. OF STATE
S.D. SEC. OF STATE

Corporate Name, Registered Agent and Registered Address:



NS008642 DEC/2004
DOUGLAS COUNTY MEMORIAL HOSPITAL
BROWNER, HEATH
708 8TH STREET
ARMOUR SD 57313-2102

Day Time Phone # 605-724-2159
Federal Tax#
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Hospital, Clinics, Assisted Living, Retail Pharmacy, Home Health Services.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 3,727,731
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Merna Bye</u>	President	<u>26835 383rd Ave</u>	<u>Corsica</u>	<u>SD</u>	<u>57328</u>
<u>Manley Peterson</u>	Vice President	<u>27587 388th Ave</u>	<u>Corsica</u>	<u>SD</u>	<u>57328</u>
<u>Berelly Jones</u>	Secretary	<u>3530 289th St</u>	<u>Lake Andes</u>	<u>SD</u>	<u>57356</u>
<u>Don Van Der Werff</u>	Treasurer	<u>Box 386</u>	<u>Armour</u>	<u>SD</u>	<u>57313</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Stan Bult</u>	Director	<u>39438 28th St</u>	<u>Corsica</u>	<u>SD</u>	<u>57328</u>
<u>Joel Brier</u>	Director	<u>28096 402nd Ave</u>	<u>Belmont</u>	<u>SD</u>	<u>57330</u>
<u>Merna Bye</u>	Director	<u>26835 383rd Ave</u>	<u>Corsica</u>	<u>SD</u>	<u>57328</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 11-14-05

Heath Brown
(Signature)
Administrator
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent)

256 3666 12/27/2006

2006 NONPROFIT REPORT

FILE DATE 12/18/06
RECEIPT NO. 1626241
RECEIVED
DEC 18 2006
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NS008642
NS008642 DEC/2005
DOUGLAS COUNTY MEMORIAL HOSPITAL
~~BROWNER~~, HEATH
708 8TH STREET
ARMOUR SD 57313-2102

Browner

Day Time Phone # 605-724-2159
Federal Tax# _____
FILING DATE. Due during the month the Certificate
of Incorporation was issued, and delinquent after
the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is health care services
hospital, clinics, assisted living, Home Health.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 3,870,605.00
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input checked="" type="checkbox"/> <u>Merna Bye</u>	President	<u>26835 383rd Ave.</u>	<u>Corsica</u>	<u>SD.</u>	<u>57328</u>
<input checked="" type="checkbox"/> <u>Stan Bult</u>	Vice President	<u>39438 268th St.</u>	<u>Corsica</u>	<u>SD.</u>	<u>57328</u>
<input checked="" type="checkbox"/> <u>Jewely Jones</u>	Secretary	<u>38530 289th St.</u>	<u>Lake Andes</u>	<u>SD.</u>	<u>57356</u>
<input checked="" type="checkbox"/> <u>Don Van Der West</u>	Treasurer	<u>710 Hanskutt St.</u>	<u>Armour</u>	<u>SD.</u>	<u>57313</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input checked="" type="checkbox"/> <u>Toel Brier</u>	Director	<u>28096 402nd Ave</u>	<u>Delmont</u>	<u>SD.</u>	<u>57330</u>
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 12-1-06

[Signature]
(Signature)
Administrator
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent) _____

270 1758 01/04/2008

2007 NONPROFIT REPORT

FILE DATE 12/03/07
RECEIPT NO. 1742162
RECEIVED
DEC 03 2007
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NS008642
NS008642 DEC/2006
DOUGLAS COUNTY MEMORIAL HOSPITAL
BROWER, HEATH
708 8TH STREET
ARMOUR SD 57313-2102

Day Time Phone # 605-724-2159
Federal Tax#
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is providing health services to the communities we serve.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 3,870,605
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers: see attached sheet

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/>	President				
<input type="checkbox"/>	Vice President				
<input type="checkbox"/>	Secretary				
<input type="checkbox"/>	Treasurer				

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/>	Director				
<input type="checkbox"/>	Director				
<input type="checkbox"/>	Director				

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 11/28/07

Nemo Bye
(Signature)
Board President
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 in addition to corporate 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, or its registered office _____

ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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 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 _____

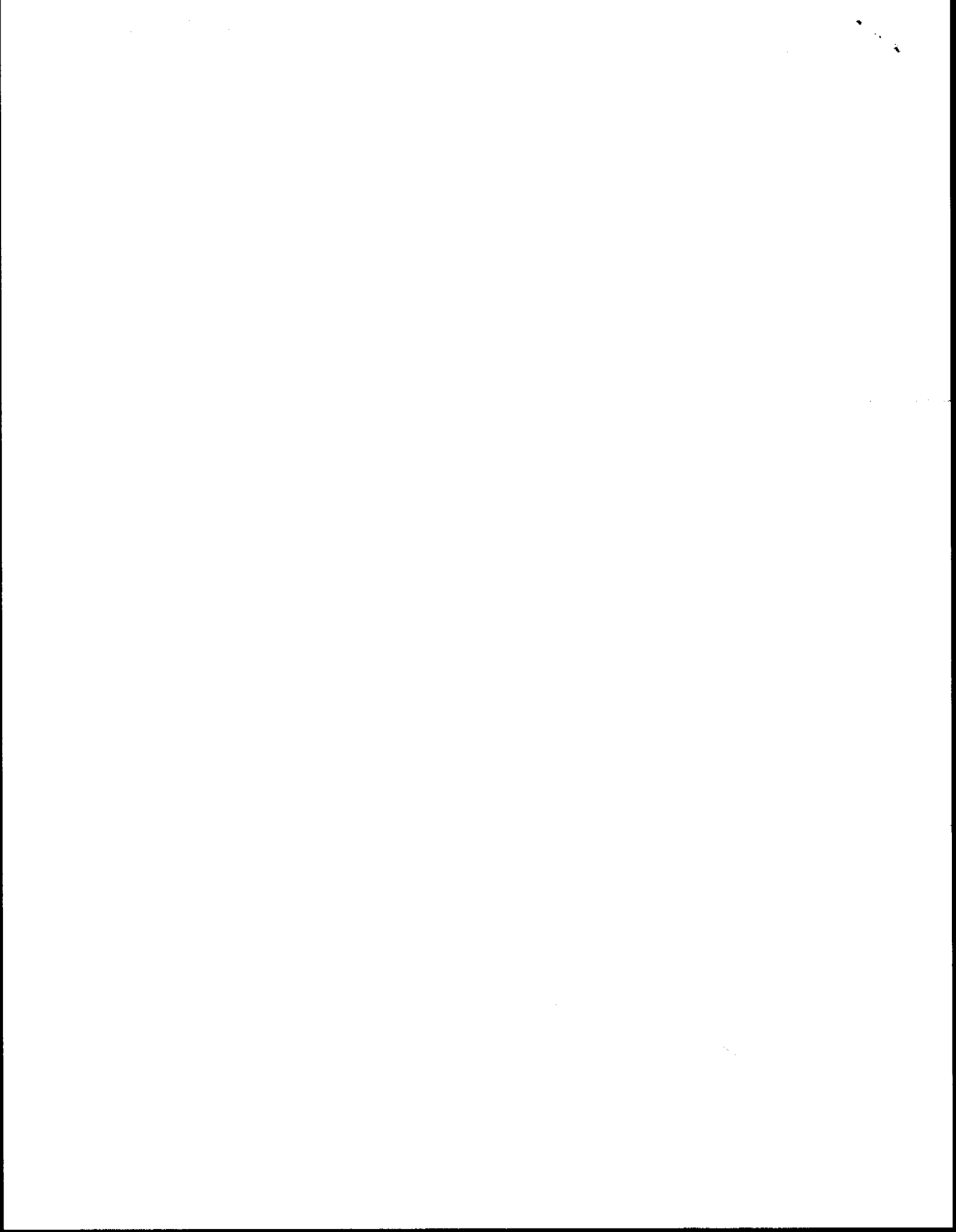
(signature of registered agent)

Douglas County Memorial Hospital
Governing Board 2007 – No Term Limits

708 8th Street
 Armour SD, 57313

ADMINISTRATOR: Heath Brouwer

Name	Address	Telephone	Occupation
Merna Bye President	26835 383 rd Avenue Corsica, SD 57328	946-5475 (work) 946-5850 (home)	Business Office Corsica Schools
Joel Baier Vice President	28096 402 nd Avenue Delmont, SD 57330	779-5761 (home)	Douglas County Emergency Manager
Beverly Jones Secretary	38530 289 th Street Lake Andes, SD 57356	487-7310 (home)	Retired Teacher
Donald Van Der Werff Treasurer	710 Hanskutt St. Armour, SD 57313	724-2761 (home)	Retired Farmer
Stanley Bult Member	39438 268 th Street Corsica, SD 57328	946-5871 (home)	Retired Farmer
Jodi Schrank Member	PO Box 233 Corsica, SD 57328	946-5486 (work) 946-5204(home)	Insurance Sales



2008

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE	12-12-08
RECEIPT NO	1868844
RECEIVED	
DEC 12 2008	
NOV 14 2008	
S.D. SEC. OF STATE	

1. Corporate Name, Registered Agent Name and Address:



NS008642
NS008642 DEC/2007
DOUGLAS COUNTY MEMORIAL HOSPITAL
BROWER, HEATH
708 8TH STREET
ARMOUR SD 57313-2102

Telephone #	605-724-2157
FAX #	605-724-2985
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.

708 8th Street Armour SD 57313
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Heath Boune
708 8th Street Armour SD 57313
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

- Merna Bye 26835 383rd Ave Corsica SD 57328
President Street Address City State ZIP+4
- Joel Baier 28096 402nd Ave Delmont SD 57330
Vice President Street Address City State ZIP+4
- Beverly Jones 38530 289th St Lake Andes SD 57356
Secretary Street Address City State ZIP+4
- Don Van Der Werff 710 Hanskutt Ave Armour SD 57313
Treasurer Street Address City State ZIP+4
- Stan Bult 39438 218th St Corsica SD 57328
Director Street Address City State ZIP+4
- Jodi Schrank P.O. Box 233 Corsica SD 57328
Director Street Address City State ZIP+4
- Director Street Address City State ZIP+4

Dated 10-30-08

Merna Bye
(Signature of an authorized officer)
Heath Boune
(Printed Name)
Administrator President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2009

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

1. Corporate Name, Registered Agent Name and Address:



NS008642
NS008642 DEC/2008
DOUGLAS COUNTY MEMORIAL HOSPITAL
BROWER, HEATH
708 8TH STREET
ARMOUR SD 57313-2102

RECEIVED

DEC 01 2009

S.D. SEC. OF STATE

FILE DATE 12/01/09
RECEIPT NO 1A-13409
RECEIVED
NOV 20 2009
S.D. SEC. OF STATE

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.

708 8th Street Armour South Dakota 57313
Street Address City State ZIP+4

Mailing Address (Optional) City Heath State ZIP+4 5730-09

3. The name of the South Dakota Registered Agent ~~Douglas County Memorial Hospital~~

708 8th Street Armour SD 57313
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

- Heath
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
- Director Street Address City State ZIP+4

Dated 11-16-09

Heath Brower
(Signature of an authorized officer)
Heath Brower
(Printed Name)
Administrator
(Title)

298 3105

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 _____

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)

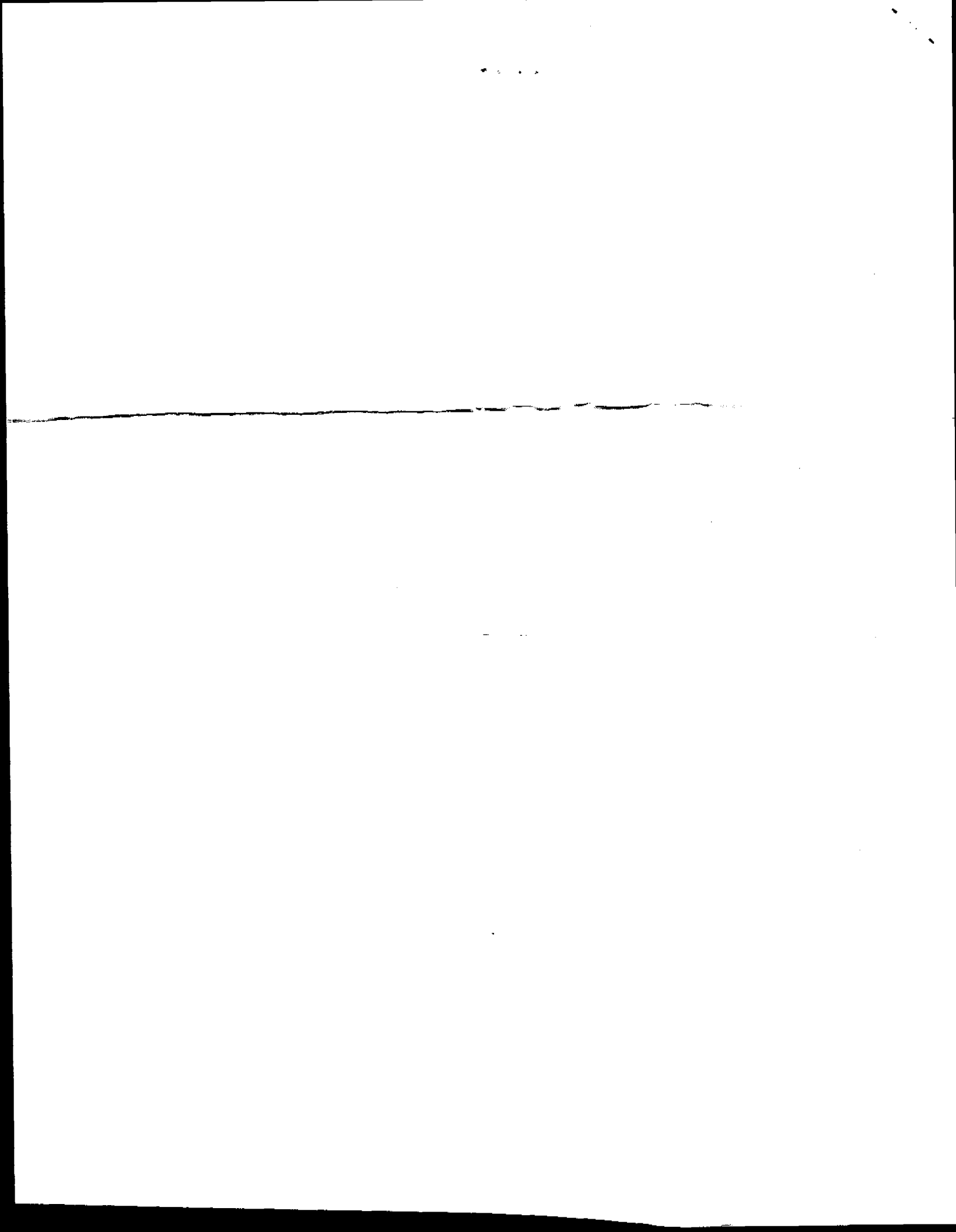
(Title)

Douglas County Memorial Hospital
Governing Board 2009 – No Term Limits

708 8th Street
Armour SD, 57313

ADMINISTRATOR: Heath Brouwer

Name	Address	Telephone	Occupation
Merna Bye President	26835 383 rd Avenue Corsica, SD 57328	946-5475 (work) 946-5850 (home)	Business Office Corsica Schools
Joel Baier Vice President	28096 402 nd Avenue Delmont, SD 57330	779-5761 (home)	Douglas County Emergency Manager
Beverly Jones Secretary	38530 289 th Street Lake Andes, SD 57356	487-7310 (home)	Retired Teacher
Donald Van Der Werff Treasurer	710 Hanskutt Ave. Armour, SD 57313	724-2761 (home)	Retired Farmer
Stanley Bult Member	39438 268 th Street Corsica, SD 57328	946-5871 (home)	Retired Farmer
Jodi Schrank Member	PO Box 233 Corsica, SD 57328	946-5486 (work) 946-5204(home)	Insurance Sales



313 1932 12/09/2010

2010

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 11/23/10
RECEIPT NO 2091115
RECEIVED
NOV 23 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS008642
NS008642 DEC/2009
DOUGLAS COUNTY MEMORIAL HOSPITAL
BROWER, HEATH
708 8TH STREET
ARMOUR SD 57313-2102

Telephone # 605-724-2159
FAX # 605-724-2985
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.

708 8th Street Armour SD 57313
Street Address City State ZIP+4

708 8th Street Armour SD 57313
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Heath Brower - Douglas County Memorial Hospital

708 8th Street Armour SD 57313
Street Address (Required to be a South Dakota Address) City State ZIP+4

708 8th Street Armour SD 57313
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 three directors.

Merna Bye 26835 383rd St. Corsica SD 57328
President Street Address City State ZIP+4

Joel Daier 28096 402nd St. Delmont SD 57330
Vice President Street Address City State ZIP+4

Beverly Jones 38530 289th St. Lake Andes SD 57356
Secretary Street Address City State ZIP+4

Jon Von der Weert 708th Skutt Armour SD 57313
Treasurer Street Address City State ZIP+4

Stan Bull 39438 268th St. Corsica SD 57328
Director Street Address City State ZIP+4

Jodi Schrank P.O. Box 233 Corsica SD 57328
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 11-15-10

Heath Brower
(Signature of an Authorized Person)

Heath Brower
(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 11/30/2011

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

RECEIPT NO 9046

1. Corporate Name and Address:

NS008642

DOUGLAS COUNTY MEMORIAL HOSPITAL

708 8TH STREET

ARMOUR, SD57313-2102

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

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

708 8TH STREET

Street Address

ARMOUR

City

SD

State

57313-2102

ZIP+4

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

HEATH BROWER

708 8TH STREET

Street Address or Rural Route Box Number in This State and

ARMOUR

City

SD

State

57313-2102

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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

<input checked="" type="checkbox"/>	MERNA BYE	26835 383RD AVENUE	CORSICA	SD	57328
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JOEL BAIER	28096 402ND ANENUE	DELMONT	SD	57330
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BEVERLY JONES	38530 289TH STREET	LAKE ANDES	SD	57356
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DON VAN DER WERFF	710 HANSKUTT AVE.	ARMOUR	SD	57313
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	STANLEY BULT	39438 268TH STREET	CORSICA	SD	57328
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JODI SCHRANK	PO BOX 233	CORSICA	SD	57328
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRAD VANDEN BERG	39382 277TH STREET	ARMOUR	SD	57313
	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 11/30/2011

Signature Accepted Electronically

(Signature of an Authorized Person)

HEATH ROBERT BROUWER

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

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FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 2/6/2013

RECEIPT NO 93390

1. Corporate Name and Address:

NS008642
DOUGLAS COUNTY MEMORIAL HOSPITAL
708 8TH STREET
ARMOUR, SD 57313-2102

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

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

708 8TH STREET	ARMOUR	SD	57313-2102
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: HEATH BROWER

708 8TH STREET	ARMOUR	SD	57313-2102
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

5. The names and business addresses of its 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 three director.

<input checked="" type="checkbox"/>	MERNA BYE	26835 383RD AVENUE	CORSICA	SD	57328
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JOEL BAIER	28096 402ND ANENUE	DELMONT	SD	57330
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BEVERLY JONES	38530 289TH STREET	LAKE ANDES	SD	57356
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DON VAN DER WERFF	710 HANSKUTT AVE.	ARMOUR	SD	57313
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	STANLEY BULT	39438 268TH STREET	CORSICA	SD	57328
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JODI SCHRANK	PO BOX 233	CORSICA	SD	57328
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRAD VANDEN BERG	39382 277TH STREET	ARMOUR	SD	57313
	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 02/06/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

JOSHUA S CHRISTENSEN

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

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FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE 10/3/2013

RECEIPT NO 143898

1. Corporate Name and Address:

NS008642
DOUGLAS COUNTY MEMORIAL HOSPITAL
708 8TH STREET
ARMOUR, SD 57313-2102

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

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

708 8TH STREET	ARMOUR	SD	57313-2102
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: HEATH BROWER

708 8TH STREET	ARMOUR	SD	57313-2102
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

5. The names and business addresses of its 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 three director.

<input checked="" type="checkbox"/>	MERNA BYE	26835 383RD AVENUE	CORSICA	SD	57328
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JOEL BAIER	28096 402ND ANENUE	DELMONT	SD	57330
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BEVERLY JONES	38530 289TH STREET	LAKE ANDES	SD	57356
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DONALD VAN DER WERFF	710 HANSKUTT AVE.	ARMOUR	SD	57313
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	STANLEY BULT	39438 268TH STREET	CORSICA	SD	57328
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JODI SCHRANK	PO BOX 233	CORSICA	SD	57328
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRAD VANDEN BERG	39382 277TH STREET	ARMOUR	SD	57313
	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 10/03/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

JOSHUA SCOTT CHRISTENSEN

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 11/17/2014

RECEIPT NO 246941

1. Corporate Name and Address:

NS008642
DOUGLAS COUNTY MEMORIAL HOSPITAL
708 8TH STREET
ARMOUR, SD 57313-2102

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

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

708 8TH STREET	ARMOUR	SD	57313-2102
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: HEATH BROWER

708 8TH STREET	ARMOUR	SD	57313-2102
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

5. The names and business addresses of its 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 three director.

<input checked="" type="checkbox"/>	JOEL BAIER	28096 402ND ANENUE	DELMONT	SD	57330
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DONALD VAN DER WERFF	710 HANSKUTT AVE.	ARMOUR	SD	57313
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JODI SCHRANK	PO BOX 233	CORSICA	SD	57328
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRAD VANDEN BERG	39382 277TH STREET	ARMOUR	SD	57313
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SCOTT HOLBECK	28345 389TH AVE	ARMOUR	SD	57313
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DEAN MYERINK	37464 281ST STREET	GEDDES	SD	57342
	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 11/17/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

JOSHUA S CHRISTENSEN

(Printed Name)

2015

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

ANNUAL REPORT
DOMESTIC NONPROFIT
SDCL 47-27-18, 59-11-24

FILE DATE 11/16/2015
RECEIPT NO 351244

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

1. Corporate Name and Address:

NS008642

DOUGLAS COUNTY MEMORIAL HOSPITAL

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

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

708 8TH STREET ARMOUR SD 57313-2102

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: HEATH BROWER

708 8TH STREET ARMOUR SD 57313-2102

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 addresses of its principal officers and directors (governors). South Dakota Law requires at least three directors.

JOEL BAIER 28096 402ND ANENUE DELMONT SD 57330
President Actual Street Address City State ZIP+4

JODI SCHRANK PO BOX 233 CORSICA SD 57328
Secretary Actual Street Address City State ZIP+4

BRAD VANDEN BERG 39382 277TH STREET ARMOUR SD 57313
Vice President Actual Street Address City State ZIP+4

SCOTT HOLBECK 28345 389TH AVE ARMOUR SD 57313
Director Actual Street Address City State ZIP+4



DEAN MYERINK

37464 281ST STREET

GEDDES

SD

57342

Director

Actual Street Address

City

State

ZIP+4



MARK VAN DER WERFF

27984 US HWY 281

ARMOUR

SD

57313

Treasurer

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)

JOSHUA SCOTT CHRISTENSEN

(Printed Name)

2016

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

ANNUAL REPORT
 DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 10/3/2016

RECEIPT NO 461162

1. Corporate ID and Name:

NS008642

Enter Corporate ID

DOUGLAS COUNTY MEMORIAL HOSPITAL

Enter Corporate Name

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

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

708 8TH STREET	ARMOUR	SD	57313-2102
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: HEATH BROWER

708 8TH STREET	ARMOUR	SD	57313-2102
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 addresses of its principal officers and directors (governors). South Dakota Law requires at least three directors.

<input checked="" type="checkbox"/>	JOEL BAIER	28096 402ND ANENUE	DELMONT	SD	57330
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	JODI SCHRANK	PO BOX 233	CORSICA	SD	57328
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	BRAD VANDEN BERG	39382 277TH STREET	ARMOUR	SD	57313
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	SCOTT HOLBECK	28345 389TH AVE	ARMOUR	SD	57313
	Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DEAN MYERINK	37464 281ST STREET	GEDDES	SD	57342
	Director	Actual Street Address	City	State	ZIP+4



MARK VAN DER WERFF

27984 US HWY 281

ARMOUR

SD

57313

Treasurer

Actual Street Address

City

State

ZIP+4

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

JOSHUA SCOTT CHRISTENSEN

(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.

10/3/2016 5:45:18 PM