

1994
 RETURN TO
 SECRETARY OF STATE
 STATE CAPITOL
 500 E. CAPITOL
 PIERRE, S.D. 57501-5077
 605-773-4845
 FAX (605) 773-4550

9 5 0 1 1 7 5 2 4 0 1
ANNUAL REPORT

DOMESTIC
 PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 12-5-94
 RECEIPT NO. 49584

RECEIVED
 DEC 05 1994

1. Corporate Name, Registered Agent and Registered Address:

DB-024049
 RUSH FUNERAL HOME, INC.
 RUSH, JOHN Q. A/K/A "JACK" RUSH
 PO BOX 607
 325 W. PINE
 PHILIP, SD 57567-0607

Telephone # 605-857-2400
 FAX # 605-857-2418
 Federal Taxpayer II
 FILING DATE: Due during the month the
 Certificate of Incorporation was issued,
 and delinquent the last day of the following
 month.

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

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

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

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

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

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

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

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

6. The amount of its stated capital is \$ _____

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

Dated 12-2 19 94

By John Q. Rush
 (Signature)
 Its President
 (Title)

STATE OF South Dakota
 COUNTY OF Haakon ss

I, Jolene Haynes, a notary public, do hereby certify that on this 2nd day of December, 19 94, personally appeared before me John Q. Rush who, being by me first duly sworn, declared that he/she is the President of Rush Funeral Home, Inc.

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

My Commission Expires 4-3-95

Jolene Haynes
 Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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: \$5 In addition to annual report fee

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

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

1995

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 12-1-95
RECEIPT NO. RECEIVED
NOV 7 1995
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-024049 DEC/94
RUSH FUNERAL HOME, INC.
RUSH, JOHN Q. A/K/A "JACK" RUSH
PO BOX 607
325 W. PINE
PHILIP, SD 57567-0607

Telephone # 605-859-2400
FAX # 605-859-2412
Federal Taxpayer ID [REDACTED]

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

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

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

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

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

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

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

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

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

5. NUMBER OF SHARES ISSUED	CLASS	SERIES

6. The amount of its stated capital is \$ _____

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

Dated Philip Nov 16, 1995

By John Q. "Jack" Rush
(Signature)
Its President
(Title)

STATE OF S.D.
COUNTY OF Horsbon ss

I, _____ a notary public, do hereby certify that on this 16 day of November 1995,

personally appeared before me John Q. Rush who, being by me first duly sworn, declared that he/she is the President of Rush Funeral Home, Inc.

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

My Commission Expires 2-27-2002

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 410 11/94

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

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

File Date: _____

Receipt No.: _____

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

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

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Date _____ 19 _____, _____
(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____, _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____, _____
(signature)

SOSSEN. J10-11-96

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

12-01-96
FILE DATE ~~11-19-96~~
RECEIPT NO
573527

1. Corporate Name, Registered Agent and Registered Address:

DB-024049 DEC/95
RUSH FUNERAL HOME, INC.
RUSH, JOHN Q. A/K/A "JACK" RUSH
PO BOX 607
325 W. PINE
PHILIP, SD 57567-0607

Telephone # 605-859-2400
FAX # 605-859-2417

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 * * * *

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 11-18 1996

By John Q. Rush
(Signature)
Its President
(Title)

STATE OF S.D.
COUNTY OF Haskell ss

I, Debra Thomas, a notary public, do hereby certify that on this 18th day of November 1996, personally appeared before me John Q. Rush who, being by me first duly sworn, declared that he/she is the President of Rush Funeral Home Inc

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

My Commission Expires 4-3-2003

Debra Thomas
Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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

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

File Date: _____
Receipt No. _____

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

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

1. The name of the corporation is _____

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

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

Date _____ 19____. _____
(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19____ _____
(signature)

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 12-7-97
RECEIPT NO. 669424
RECEIVED

NOV 18 1997

S.D. SEC. OF STATE

1 Corporate Name, Registered Agent and Reg istered Address

DB: 029039 DEC/96
RUSH FUNERAL HOME, INC.
RUSH, JOHN Q. A/K/A "JACK" RUSH
PO BOX 607
325 W. PINE
PHILIP, SD 57567-0607

Telephone # 605-859-2400
FAX # 605-859-2418

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 Nov-17, 1997

By John Q. Rush
(Signature)
President
Its _____
(Title)

STATE OF South Dakota
COUNTY OF HAAKON ss

I, Kathleen M. Beckling, a notary public, do hereby certify that on this 17th day of November, 1997, personally appeared before me John Q. Rush, who, being by me first duly sworn, declared that he/she is the President of Rush Funeral Home, Inc.

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

My Commission Expires 3-7-05

Kathleen M. Beckling
Notary Public

(Notary Seal)

SOS CRP 6/97

605-773-4845

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

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

File Date: _____
Receipt No.: _____

FILING FEE: \$10 in addition to annual report fee

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ sh

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)

<u>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</u>	
I, _____, hereby give my consent to serve as the	
(name of registered agent)	
registered agent for _____	
(corporate name)	
Dated _____ 19 _____	_____
	(signature)

0404 491-6100

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 12-1-98
RECEIPT NO. RS73280

NOV 24 1998
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-024049
RUSH FUNERAL HOME, INC.
RUSH, JOHN Q. A/K/A "JACK" RUSH
325 W PINE
PO BOX 507
PHILIP, SD 57567-0607

Telephone # 605-859-2400
FAX # 605-859-2418

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 _____

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, per 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 11-23 1998
By John Q. Rush
Signature
Its President
(Title)

STATE OF South Dakota
COUNTY OF HAWKES ss
I, Halle Mikochit a notary public, do hereby certify that on this 23 day of November, 1998, personally appeared before me John Q. Rush who, being by me first duly sworn, declared that he/she is the President of Rush Funeral Home, Inc. that he/she signed the foregoing documents as officer of the corporation, and the statements therein contained are true.
My Commission Expires February 15, 2001
Halle Mikochit
Notary Public

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845

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

File Date: _____
Receipt No.: _____

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

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____ (signature) _____

(title) _____

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____ Notary Public _____

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____ (signature) _____

1999

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

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

9912190 2348
12/21/99

FILE DATE 12-1-99
RECEIPT NO. 442131

RECEIVED

NOV 17 '99

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-024049 DEC/98
RUSH FUNERAL HOME, INC.
RUSH, JOHN O. A/K/A "JACK" RUSH
325 W PINE
PO BOX 607
PHILIP SD 57562 0607

Telephone # 605-859-2400
FAX # 605-859-7110

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 _____

3. The names and addresses of its directors and officers	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
NAME					
_____	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 11-17 19 99 By John O. Rush
(Signature)
its President
(Title)

STATE OF South Dakota ss
COUNTY OF Beaumont

I, Jolene Haynes, a notary public, do hereby certify that on this 17 day of November 1999, personally appeared before me John O. Rush who, being by me first duly sworn, declared that he/she is the President of Rush Funeral Home the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 4-3-2003 Jolene Haynes
Notary Public

(Notarial Seal)

SOS CRP 6/98

011119902402

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 _____ 19 _____
_____ (Signature)

_____ (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)

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)

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)

2002

ANNUAL REPORT

02:12:17.2899
11:26:02

FILE DATE 11-12-02
RECEIPT NO. 1155584
RECEIVED
NOV 12 2002

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

1. Corporate Name, Registered Agent and Registered Address:



DB-024049 DEC/2001
RUSH FUNERAL HOME, INC.
RUSH, JOHN Q. A/K/A "JACK" RUSH
325 W PINE
PO BOX 607
PHILIP SD 57567-0607

Telephone # 605-859-2418
FAX # 605-859-2418
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 11-8-02

By John Q. Rush
(Signature)
its President
(Title)

STATE OF South Dakota ss
COUNTY OF Hooker

On this the 8th day of Nov. 20 02, before me, Crystal Martinez
personally appeared John Q. Rush, 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 My commission expires March 17, 2003

Crystal Martinez
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4345 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

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

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

File Date _____
Receipt No. _____

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

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

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

ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ 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 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) _____

243 0914 11/23/2005

2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED

NOV 18 05

S.D. SEC. OF STATE

FILE DATE 12/10/05
RECEIPT NO. 1496657

RECEIVED

NOV 14 05

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



DB024049
DB024049 DEC/2004
RUSH FUNERAL HOME, INC.
RUSH, JOHN Q. A/K/A "JACK" RUSH
325 W PINE (203 W. Pine)
PO BOX 607
PHILIP SD 57567-0607

(Street Address # Change)

S.D. SEC. OF STATE
Telephone # 605-859-2400
FAX # 605-859-2418

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 203 West Pine St. (P.O. Box 607)

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>John Q. Rush</u>	President	<u>203 West Pine St. (Box 607)</u>	<u>Philip SD</u>	<u>57567-0607</u>	<u>0607</u>
<u>Mary Gayle Rush</u>	Vice President	<u>" " "</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
<u>Mary Gayle Rush</u>	Secretary	<u>" " "</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
<u>John Q. Rush</u>	Treasurer	<u>" " "</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>

4. Provide a brief description of the nature of the business Funeral Related

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 10,000.00 CLASS Common Stock SERIES _____

6. NUMBER OF ISSUED AND OUTSTANDING SHARES CLASS SERIES

10,000.00 - 0 CLASS Common Stock SERIES _____

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

Dated 11-10-05

John Q. Rush
Signature

John Q. Rush
Printed Name

President
Title

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

SOS CRP 07/05

**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 Rush Funeral Home, Inc
2. The street address, or a statement that there is no street address, of its current registered office _____
~~203 West~~ 325 West Pine St ZIP + 4 57567-0607
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.
203 West Pine St. (P.O. Box 607) Philip SD ZIP + 4 57567-0607
4. The name of its current registered agent is John Q Rush
5. The name of its new registered agent is * John Q. AKA Jack Rush

***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 11-15-05

John Q Rush
Signature

John Q Rush
Printed Name

President
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, John Q. Rush AKA Jack Rush, hereby give my consent to serve as the
(name of registered agent)

registered agent for Rush Funeral Home Inc
(corporate name)

Dated 11-15-05

John Q Rush
(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)

**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)

282 2775 11/19/2008

2008

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 12-1-08
RECEIPT NO 1849511
RECEIVED
OCT 31 2008
S.D. SEC. OF STATE

Telephone # 605-859-2400
FAX # 605-859-2418
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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



DB024049 DEC/2007
RUSH FUNERAL HOME, INC.
RUSH, JOHN Q. A/K/A "JACK" RUSH
203 WEST PINE ST
PO BOX 607
PHILIP SD 57567-0607

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

203 West Pine St.	Philip	SD	57567-0607
Street Address	City	State	ZIP+4
P.O. Box 607	Philip	SD	57567-0607
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent John Rush ~~Rush Funeral Home Inc~~ 57567-0607

203 West Pine St.	Philip	SD	57567-0607
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
P.O. Box 607	Philip	SD	57567-0607
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.

<input type="checkbox"/>	<u>John Q Rush</u>	<u>203 West Pine St.</u>	<u>Philip</u>	<u>SD</u>	<u>57567-0607</u>
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	<u>Mary G. Rush</u>	<u>203 West Pine St.</u>	<u>Philip</u>	<u>SD</u>	<u>57567-0607</u>
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	<u>Mary G. Rush</u>	<u>203 West Pine St.</u>	<u>Philip</u>	<u>SD</u>	<u>57567-0607</u>
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	<u>John Q Rush</u>	<u>203 West Pine St.</u>	<u>Philip</u>	<u>SD</u>	<u>57567-0607</u>
	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

Dated 10-29-08

John Q Rush
(Signature of an authorized officer)

John Q Rush
(Printed Name)

Pres.
(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

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 12/01/09
RECEIPT NO 1970888
RECEIVED
NOV 12 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB024049 DEC/2008
RUSH FUNERAL HOME, INC.
RUSH, JOHN Q. A/K/A "JACK" RUSH
PO BOX 607
PHILIP SD 57567-0607

Telephone # 605 859-2400
FAX # 605-859-2418
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.

203 West Pine St. Philip SD 57567
Street Address City State ZIP+4
P.O. Box 607 Philip SD 57567
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

John Q. Rush
203 West Pine St. Philip SD 57567
Street Address (Required to be a South Dakota Address) City State ZIP+4
P.O. Box 607 Philip SD 57567
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.

[X] John Q. Rush P.O. Box 607 (203 W. Pine) Philip SD 57567
President Street Address City State ZIP+4
[] Daniel Jon Rush 608 Bridge St. Philip SD 57567
Vice President Street Address City State ZIP+4
[] Mary Gayle Rush P.O. Box 607 Philip SD 57567
Secretary Street Address City State ZIP+4
[X] Daniel Jon Rush 608 Bridge St. Philip SD 57567
Treasurer Street Address City State ZIP+4
[] Director Street Address City State ZIP+4
[] Director Street Address City State ZIP+4

Dated Nov 10, 2009

John Q. Rush
(Signature of an authorized officer)
John Q. Rush
(Printed Name)
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)

313 0191 11/22/2010

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 11/17/10
RECEIPT NO 2086837
RECEIVED
NOV 17 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB024049 DEC/2009
RUSH FUNERAL HOME, INC.
RUSH, JOHN Q. A/K/A "JACK" RUSH
PO BOX 607
PHILIP SD 57567-0607

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

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

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

203 West Pine St. Philip SD 57567-0607
P.O. Box 607 Philip SD 57567-0607

4. The name of the South Dakota Registered Agent John Q A/K/A "Jack" Rush
203 West Pine St. Philip SD 57567-0607
P.O. Box 607 Philip SD 57567-0607

5. The names and business addresses of its principal officers and directors.
* John Q Rush 203 West Pine St. Philip SD 57567-0607
* Daniel Jow 608 Bridge St. Philip SD 57567-0608
* Mary Gayle Rush 203 West P Philip SD 57567-0608
* Daniel Jow Rush 203 Bridge St. Philip SD 57567-0608

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

Dated 11-15-2010

John Q Rush
(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

RECEIPT NO 8881

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:
DB024049
RUSH FUNERAL HOME, INC.
203 WEST PINE ST.
PHILIP, SD57567

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

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

203 WEST PINE ST.	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 607	PHILIP	SD	57567-0607
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN Q. A/K/A "JACK" RUSH RUSH

203 WEST PINE ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 607	PHILIP	SD	57567-0607
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"/>	JOHN Q RUSH	P.O. BOX 607	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARY GAYLE RUSH	P.O. BOX 607	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	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 11/30/2011

Signature Accepted Electronically
(Signature of an Authorized Person)
JOHN Q RUSH
(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 11/6/2012

RECEIPT NO 73504

1. Corporate ID and Name:

DB024049
RUSH FUNERAL HOME, INC.
165 E. HWY. 14
PHILIP, SD 57567

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

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

165 E. HWY. 14	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 607	PHILIP	SD	57567-0607
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN Q. A/K/A "JACK" RUSH RUSH

203 WEST PINE ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 607	PHILIP	SD	57567-0607
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"/>	JOHN Q RUSH	P.O. BOX 607	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARY GAYLE RUSH	P.O. BOX 607	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	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.

Date 11/06/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

JOHN Q RUSH

(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 10/5/2013

RECEIPT NO 144478

1. Corporate ID and Name:

DB024049
RUSH FUNERAL HOME, INC.
165 EAST HWY 14
PHILIP, SD 57567

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

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

165 EAST HWY 14	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 607	PHILIP	SD	57567-0607
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN Q. A/K/A "JACK" RUSH RUSH

203 WEST PINE ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 607	PHILIP	SD	57567-0607
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"/>	JOHN Q RUSH	P.O. BOX 607	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARY GAYLE RUSH	P.O. BOX 607	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	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.

Date 10/05/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

JOHN Q RUSH

(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 10/2/2014

RECEIPT NO 236106

1. Corporate ID and Name:

DB024049
RUSH FUNERAL HOME, INC.
165 EAST HWY 14
PHILIP, SD 57567

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

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

165 EAST HWY 14	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 607	PHILIP	SD	57567-0607
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN Q. A/K/A "JACK" RUSH RUSH

203 WEST PINE ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 607	PHILIP	SD	57567-0607
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"/>	JOHN Q RUSH	P.O. BOX 607	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	Vice President	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
<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARY GAYLE RUSH	P.O. BOX 607	PHILIP	SD	57567
	Secretary	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 10/02/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

JOHN Q RUSH

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 10/2/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 340347

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:

DB024049

RUSH FUNERAL HOME, INC.

Telephone # _____

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

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

165 EAST HWY 14

PHILIP

SD

57567

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

PO BOX 607

PHILIP

SD

57567-0607

Mailing Address, if Different from Street Address

City

State

ZIP+4

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: JOHN Q. A/K/A "JACK" RUSH RUSH

203 WEST PINE ST

PHILIP

SD

57567

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

PO BOX 607

PHILIP

SD

57567-0607

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

Email Address (Optional)

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"/>	JOHN Q RUSH	P.O. BOX 607	PHILIP	SD	57567
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	MARY GAYLE RUSH	P.O. BOX 607	PHILIP	SD	57567
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	Treasurer	Actual Street Address	City	State	ZIP+4

Director

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)

Email _____

JOHN Q RUSH

(Optional)

(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.

10/2/2015 9:28:39 AM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 10/7/2016

RECEIPT NO 462664

1. Corporate ID and Name:

DB024049

Enter Corporate ID

RUSH FUNERAL HOME, INC.

Enter Corporate Name

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

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

165 EAST HWY 14

PHILIP

SD

57567

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

PO BOX 607

PHILIP

SD

57567-0607

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN Q. A/K/A "JACK" RUSH RUSH

203 WEST PINE ST

PHILIP

SD

57567

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

PO BOX 607

PHILIP

SD

57567-0607

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.

<input checked="" type="checkbox"/>	JOHN Q RUSH	P.O. BOX 607	PHILIP	SD	57567
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	MARY GAYLE RUSH	P.O. BOX 607	PHILIP	SD	57567
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DANIEL JON RUSH	P.O. BOX 607	PHILIP	SD	57567
	Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Director	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 (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

JOHN Q RUSH

(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.

10/7/2016 10:38:12 AM