

332 0693

Receipt Number: 1330459

File Number **DL007487**



ARTICLES_OF_ORGANIZATION

For

FEMUR FARMS, LLC

Filed at the request of:

TIFFANY SANCHEZ
116 S FRONTIER ROAD
FT PIERRE SD 575323

*State of South Dakota
Office of the Secretary of State*

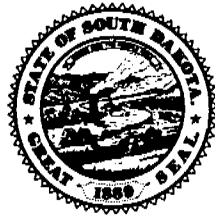
Filed in the office of the Secretary of State on: **Tuesday, June 15, 2004**



Secretary of State

Fee Received: \$200.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

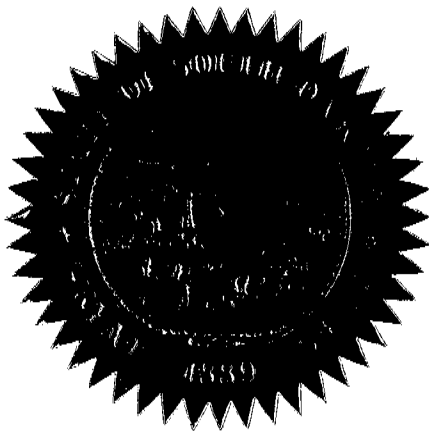
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL007487

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **FEMUR FARMS, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

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 June 15, 2004.



Chris Nelson

Chris Nelson
Secretary of State

332 0695 06/16/2004

Filed this 15th day of June, 2004
Ch. Nelson
S.D. SEC. OF STATE

RECEIVED

JUN 15 04

S.D. SEC. OF STATE

**ARTICLES OF ORGANIZATION OF
A DOMESTIC LIMITED LIABILITY COMPANY**

1. The name of the Limited Liability Company is: FEMUR FARMS, LLC, hereinafter referred to as the "Company."
2. The duration of the Company shall be perpetual.
3. The address of the initial designated office is: 116 S. Frontier Road, Ft. Pierre, South Dakota, 57532.
4. The name and street address of the initial agent for service of process is: NETTIE SANCHEZ-COLE, 101 N. Phillips Ave., Suite 402, Sioux Falls, South Dakota 57104.
5. The name and address of the organizers are:

GONZALO H. SANCHEZ, 116 S. Frontier Road, Ft. Pierre, South Dakota, 57532
STEPHEN Y. STOUT, 2802 Dunes Drive, Ft. Pierre, South Dakota, 57532
6. The Company shall be managed by its members.

GONZALO H. SANCHEZ, 116 S. Frontier Road, Ft. Pierre, South Dakota, 57532
TIFFANY L. SANCHEZ, 116 S. Frontier Road, Ft. Pierre, South Dakota, 57532
STEPHEN Y. STOUT, 2802 Dunes Drive, Ft. Pierre, South Dakota, 57532
MARGARET E. STOUT, 2802 Dunes Drive, Ft. Pierre, South Dakota, 57532
7. Whether one or more of the members of the Company are to be liable for its debts and obligations under Section 47-34A-303(c): The members of the Company shall not be liable for its debts and obligations under Section 47-34A-303(c).
8. Any other provisions, not inconsistent with law, which the members elect to set out in the Articles of Organization: None.

Dated this 15 day of June, 2004

Gonzalo H. Sanchez
GONZALO H. SANCHEZ (ORGANIZER/MEMBER)

Stephen Y. Stout
STEPHEN Y. STOUT, (ORGANIZER/MEMBER)

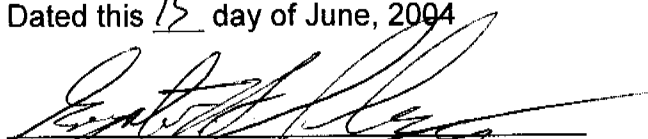
DL 7487

**FIRST ANNUAL REPORT
OF A
LIMITED LIABILITY COMPANY**

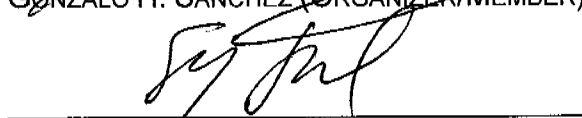
1. The name of the Limited Liability Company: FEMUR FARMS, LLC.
2. The state or country under whose law it is organized: South Dakota.
3. The address of its registered office and the name and address of its registered agent for service of process in South Dakota: NETTIE SANCHEZ-COLE, 101 N. Phillips Ave., Suite 402, Sioux Falls, South Dakota 57104.
4. The address of its principal office: 116 S. Frontier Road, Ft. Pierre, South Dakota, 57532.
5. The Company will be member-managed. The name and business address of the initial managers:

GONZALO H. SANCHEZ, 116 S. Frontier Road, Ft. Pierre, South Dakota, 57532
TIFFANY L. SANCHEZ, 116 S. Frontier Road, Ft. Pierre, South Dakota, 57532
STEPHEN Y. STOUT, 2802 Dunes Drive, Ft. Pierre, South Dakota, 57532
MARGARET ~~E~~ STOUT, 2802 Dunes Drive, Ft. Pierre, South Dakota, 57532
6. The dollar amount of the total agreed contributions to the limited liability company is \$120,000.

Dated this 15 day of June, 2004



GONZALO H. SANCHEZ (ORGANIZER/MEMBER)



STEPHEN Y. STOUT, (ORGANIZER/MEMBER)

239 2120

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

2005
ANNUAL REPORT
DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 07/20/05
RECEIPT NO. 1458933
JUL 20 2005
S.D. SEC. OFFICE

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:

FEMUR FARMS, LLC.
NETTIE SANCHEZ-COLE,
116 S. FRONTIER ROAD,
FT. PIERRE, SOUTH DAKOTA, 57532
D0007487

Telephone #
FAX #

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
NETTIE SANCHEZ-COLE, 101 N. PHILLIPS AVE., SUITE 402, SIOUX FALLS, SOUTH DAKOTA 57104.

4. The address of its principal office is: 116 S. FRONTIER ROAD, FT. PIERRE, SOUTH DAKOTA, 57532

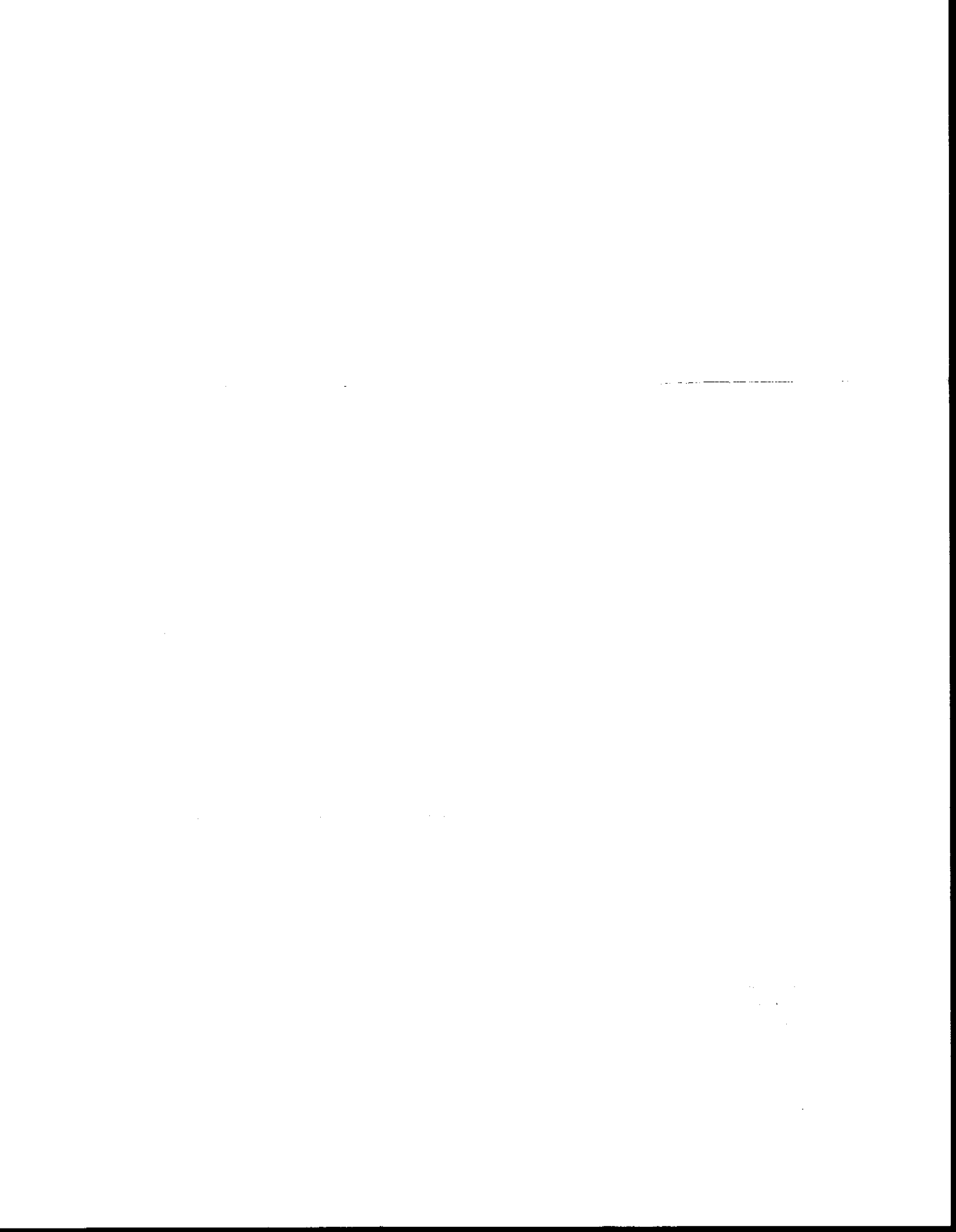
5. The names and business addresses of any managers:

Gonzalo H. and Tiffany L. Sanchez, 116 S. FRONTIER ROAD, FT. PIERRE, SOUTH DAKOTA, 57532
Stephen Y. and Margaret A. Stout, 2802 DUNES DRIVE, FT. PIERRE, SOUTH DAKOTA, 57532

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Date: 7-15-05

Tiffany Sanchez
(Signature)
Member Manager
(Title)



2006

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 06/12/06
RECEIPT NO. 1565267
RECEIVED
JUN 12 2006
S.D. SEC. OF STATE

250 0315

1. L.L.C. Name, Registered Agent and Mailing Address:



DL007487
DL007487 JUN/2005
FEMUR FARMS, LLC
SANCHEZ-COLE, NETTIE
101 N PHILLIPS AVE STE 402
SIOUX FALLS SD 57104-6737

Telephone # 605-223-2144
FAX # 605-331-6473

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
3604 N
~~10000~~ ~~110 S~~ Frontier Rd. Ft Pierre SD 57532 - Reg. office
Nettie Sanchez-Cole, 101 N Phillips Ave Ste 402, SF SD 57104 - Reg. Agent

4. The address of its principal office is:
3604 N
~~110 S~~ Frontier Rd. Ft Pierre, SD 57532 - Princ. office

5. The names and business addresses of any managers:
Steve Stout 2802 Dunes Dr. Ft Pierre, SD 57532
Peggy Stout 2802 Dunes Dr. Ft Pierre, SD 57532
Gron Sanchez 3604 ~~110 S~~ Frontier Rd. Ft Pierre, SD 57532
Tiffany Sanchez 3604 ~~110 S~~ Frontier Rd. Ft Pierre, SD 57532

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 6-9-06

Tiffany Sanchez Member ~~Manager~~
Signature
Tiffany Sanchez Member ~~Manager~~
Printed Name
Member Manager, Femur Farms LLC
Title

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

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is Femur Farms, LLC
2. The previous address of its registered office 116 S Frontier Rd.
 Ft Pierre SD ZIP 57532
3. The address to which the registered office is to be changed (including street address) is 3604 N Frontier Rd.
 Ft Pierre SD ZIP 57532
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date 6-9-06

Sergio Sanchez
(Signature)

Member Manager
(Title)

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK**FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS****RECEIVED****JUN 07 2007****S.D. SEC. OF STATE**

1. L.L.C. Name, Registered Agent and Mailing Address:

* D I O O 7 4 8 7 *
DL007487 JUN/2006FEMUR FARMS, LLC
~~SANCHEZ-COLE, NETTIE TIFFANY SANCHEZ~~
3604 N FRONTIER RD
FT PIERRE SD 57532-6737Telephone # (605) 223-2144
FAX # _____

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

2. The state or country under whose law it is organized is: SD

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

TIFFANY SANCHEZ
3604 N FRONTIER ROAD, FT PIERRE, SD 575324. The address of its principal office is: 3604 N FRONTIER ROAD, FT PIERRE,
SD 57532

5. The names and business addresses of any managers:

Stephen Y Stout } 2802 Dunes Drive, Ft Pierre, SD 57532
Margaret Stout }
Gonzalo H Sanchez } 3604 N Frontier Rd, Ft Pierre, SD 57532
Tiffany L Sanchez }The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.Dated 5-13-07Tiffany L Sanchez, Member
Signature ManagerTiffany L Sanchez
Printed NameMember-Manager
Title

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is Femur Farms LLC

2. The previous address of its registered office 3604 N Frontier Rd.
Fort Pierre SD ZIP 57532

3. The address to which the registered office is to be changed (including street address) is _____
ZIP _____

4. The name of its previous registered agent is Nettie Sanchez Cole

5. The name of its successor registered agent is Tiffany Sanchez

***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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date 6-6-07

Tiffany Sanchez
(Signature)
TIFFANY SANCHEZ
(Printed Name)
Member Manager
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Tiffany Sanchez, hereby give my consent to serve as the
(name of registered agent)
registered agent for Femur Farms, LLC
(limited liability company name)

Dated 6-6-07
Tiffany Sanchez
(signature)

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

1. L.L.C. Name, Registered Agent and Mailing Address:



DL007487 JUN/2007

FEMUR FARMS, LLC
SANCHEZ, TIFFANY
3604 N FRONTIER RD
FT PIERRE SD 57532-6737

Telephone # 605 323-2144
FAX # _____

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
3604 N Frontier Road Tiffany Sanchez
Ft Pierre, SD 57532

4. The address of its principal office is: 3604 N Frontier Rd.
Ft Pierre, SD 57532

5. The names and business addresses of any managers:

Stephen Y Stout
Margaret Stout
2802 Dunes Drive
Ft Pierre, SD 57532

Tiffany Sanchez
Gonzalo H Sanchez
3604 N Frontier Rd.
Ft Pierre, SD 57532

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 6-25-08

Tiffany Sanchez, Member Manager
Signature

Tiffany Sanchez
Printed Name

Member Manager
Title

278 0692

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(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 _____
(limited liability company name)

Dated _____

(signature)

2009

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 07/09/09
RECEIPT NO 1927637
RECEIVED
JUL 09 2009
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:



DL007487
DL007487 JUN/2008
FEMUR FARMS, LLC
SANCHEZ, TIFFANY
3604 N FRONTIER RD
FT PIERRE SD 57532-6737

Telephone # _____
FAX # _____
FILING DATE: Due during the month
the Certificate of Organization 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.

3604 N Frontier Rd. Fort Pierre SD 57532-6737
Street Address City State ZIP+4
same _____
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Tiffany Sanchez
3604 N Frontier Rd. Pt Pierre SD 57532-6737
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 managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Tiffany Sanchez 3604 N Frontier Rd Pt Pierre SD 57532
Manager Street Address City State ZIP+4
Gon Sanchez 3604 N Frontier Rd. Pt Pierre " "
Manager Street Address City State ZIP+4
Steve Stout 2802 Dunes Drive " " "
Manager Street Address City State ZIP+4
Maxine (Peggy) Stout 2802 Dunes Drive " " "
Manager Street Address City State ZIP+4

Dated 7-7-09

Tiffany Sanchez
(Signature of an Authorized Manager or Member)
Tiffany Sanchez
(Printed Name)
Member Manager, Femur Farms, LLC
(Title)

293 0446

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)

2010

ANNUAL REPORT DOMESTIC L.L.C.

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 06/01/10 RECEIPT NO 2036187 RECEIVED JUN 01 2010 S.D. SEC. OF STATE

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

1. L.L.C. Name, Registered Agent Name and Address:



DL007487 JUN/2009 FEMUR FARMS, LLC SANCHEZ, TIFFANY 3604 N FRONTIER RD FT PIERRE SD 57532-6737

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

3604 N Frontier Rd Ft Pierre SD 57532-6737

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Tiffany L. Sanchez

3604 N Frontier Rd Ft. Pierre SD 57532-4731

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

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Tiffany Sanchez 3604 N Frontier Rd Ft Pierre SD 57532-6731

Manager Gon Sanchez 3604 N Frontier Rd Ft Pierre SD 57532-6731

Manager Margaret Stott 2802 Dunes Dr Ft Pierre SD 57532

Manager Stephen Stott 2802 Dunes Drive Ft. Pierre SD 57532

Dated 5-28-10

Signature of an Authorized Manager or Member Tiffany L. Sanchez Member Managers

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)

2011

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	06-13-2011
RECEIPT NO	2164762
RECEIVED	
JUN 13 2011	
S.D. SEC. OF STATE	

Telephone #	_____
-------------	-------

3221938

1. L.L.C. Name, Registered Agent Name and Address:



DL007487 JUN/2010
DL007487
FEMUR FARMS, LLC
SANCHEZ, TIFFANY
3604 N FRONTIER RD
FT PIERRE SD 57532-6737

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.

3604 N Frontier Road Fort Pierre SD 57532
Street Address City State ZIP+4

same
Mailing Address City State ZIP+4

Email _____

4. The name of the South Dakota Registered Agent Tiffany Sanchez

3604 N Frontier Rd Fort Pierre SD 57532
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

Email Adc _____

5. If member-managed, do not complete. If manager-managed, please complete.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager 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 6-10-11

Tiffany Sanchez
(Signature of an Authorized Person)

Email _____

TIFFANY SANCHEZ
(Printed Name)

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 _____
(Old Registered Agent)

The name of the successor registered agent _____
(New 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 (**Old Registered Agent Address**)

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

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

5. If the address has changed, list the new registered agent address

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
---	------	-------	-------

Email Address _____

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)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 5/24/2012

RECEIPT NO 43326

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL007487
FEMUR FARMS, LLC
3604 N FRONTIER RD
FORT PIERRE, SD 57532-2296

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

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

3604 N FRONTIER RD FORT PIERRE SD 57532-2296
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TIFFANY SANCHEZ

3604 N FRONTIER RD FT PIERRE SD 57532-6737
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three empty rows for manager information.

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 05/24/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

TIFFANY LYNN SANCHEZ

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 5/22/2013

RECEIPT NO 118039

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:

DL007487
FEMUR FARMS, LLC
3604 N FRONTIER RD
FORT PIERRE, SD 57532-2296

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

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

3604 N FRONTIER RD	FORT PIERRE	SD	57532-2296
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: TIFFANY SANCHEZ

3604 N FRONTIER RD	FT PIERRE	SD	57532-6737
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	GONZALO HENRY SANCHEZ	3604 N FRONTIER ROAD	FORT PIERRE	SD	57532
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARGARET ELLEN STOUT	2802 DUNES DRIVE	FORT PIERRE	SD	57532
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	STEPHEN YOUNG STOUT	2802 DUNES DRIVE	FORT PIERRE	SD	57532
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TIFFANY LYNN SANCHEZ	3604 N FRONTIER ROAD	FORT PIERRE	SD	57532
	Manager	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 05/22/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

TIFFANY LYNN SANCHEZ

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 6/9/2014

RECEIPT NO 207669

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:

DL007487
FEMUR FARMS, LLC
3604 N FRONTIER RD
FORT PIERRE, SD 57532-2296

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

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

3604 N FRONTIER RD	FORT PIERRE	SD	57532-2296
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: TIFFANY SANCHEZ

3604 N FRONTIER RD	FT PIERRE	SD	57532-6737
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	GONZALO HENRY SANCHEZ	3604 N FRONTIER ROAD	FORT PIERRE	SD	57532
Manager	Street Address	City	State	ZIP+4	
<input type="checkbox"/>	MARGARET ELLEN STOUT	2802 DUNES DRIVE	FORT PIERRE	SD	57532
Manager	Street Address	City	State	ZIP+4	
<input type="checkbox"/>	STEPHEN YOUNG STOUT	2802 DUNES DRIVE	FORT PIERRE	SD	57532
Manager	Street Address	City	State	ZIP+4	
<input type="checkbox"/>	TIFFANY LYNN SANCHEZ	3604 N FRONTIER ROAD	FORT PIERRE	SD	57532
Manager	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 06/09/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

TIFFANY L SANCHEZ

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 6/4/2015

RECEIPT NO 308030

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:

DL007487
FEMUR FARMS, LLC
3604 N FRONTIER RD
FORT PIERRE, SD 57532-2296

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

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

3604 N FRONTIER RD	FORT PIERRE	SD	57532-2296
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: TIFFANY SANCHEZ

3604 N FRONTIER RD	FT PIERRE	SD	57532-6737
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	GONZALO HENRY SANCHEZ	3604 N FRONTIER ROAD	FORT PIERRE	SD	57532
Manager	Street Address	City	State	ZIP+4	
<input type="checkbox"/>	MARGARET ELLEN STOUT	2802 DUNES DRIVE	FORT PIERRE	SD	57532
Manager	Street Address	City	State	ZIP+4	
<input type="checkbox"/>	STEPHEN YOUNG STOUT	2802 DUNES DRIVE	FORT PIERRE	SD	57532
Manager	Street Address	City	State	ZIP+4	
<input type="checkbox"/>	TIFFANY LYNN SANCHEZ	3604 N FRONTIER ROAD	FORT PIERRE	SD	57532
Manager	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 06/04/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

TIFFANY LYNN SANCHEZ

(Printed Name)

2016

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 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 6/2/2016

RECEIPT NO 422559

1. LLC ID and Name:

DL007487

Enter LLC ID

FEMUR FARMS, LLC

Enter LLC Name

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

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

3604 N FRONTIER RD	FORT PIERRE	SD	57532-2296
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: TIFFANY SANCHEZ

3604 N FRONTIER RD	FT PIERRE	SD	57532-6737
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

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

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

<input type="checkbox"/> GONZALO HENRY SANCHEZ	3604 N FRONTIER ROAD	FORT PIERRE	SD	57532
Manager	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/> MARGARET ELLEN STOUT	2802 DUNES DRIVE	FORT PIERRE	SD	57532
Manager	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/> STEPHEN YOUNG STOUT	2802 DUNES DRIVE	FORT PIERRE	SD	57532
Manager	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/> TIFFANY LYNN SANCHEZ	3604 N FRONTIER ROAD	FORT PIERRE	SD	57532
Manager	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)
TIFFANY L SANCHEZ

(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.

6/2/2016 5:39:26 PM