

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

1993 1 1 7 1 0 9
ANNUAL REPORT

FILE DATE: 12-30-93
RECEIPT NO. 7620626

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

RECEIVED
JAN 11 1994
SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-010376
REISEL CORPORATION
LESTER, CARL
2206 MT. RUSHMORE RD.
RAPID CITY, SD 57701-5312

Telephone # _____

FAX # _____

Federal Taxpayer |

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

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 December 1993
By Carl A. Lester, President
(Signature)
Its Carl A. Lester, President
(Title)

STATE OF Arizona
COUNTY OF Maverick ss

I, the undersigned, a notary public, do hereby certify that on this 6 day of January 1993,
personally appeared before me Carl A. Lester who, being by me first duly sworn, declared that he/she is the
President of Reisel Corporation

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

My Commission Expires June 25, 1995

[Signature]
Notary Public ARIZONA

(Notarial Seal)

SOS CRP 410 10/92

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

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

FILING FEE: \$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 _____

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
PIEHRE, S.D. 57501-5077
605-773-4845

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

File Date: _____
Receipt No.: _____

FILING FEE: 95 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

96011801534
12/18/95

FILE DATE 12-18-95
RECEIPT NO. 507525

RECEIVED

DEC 18 1995

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-010376 DEC/94
RETSSEL CORPORATION
LESTER, CARL
2208 MT. RUSHMORE RD.
RAPID CITY, SD 57701-5312

Telephone # _____
FAX # _____
Federal Taxpayer ID _____

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

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

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

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

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

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

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 December 19 95

By Carl A. Lester president
(Signature)
is Carl A. Lester, President
(Title)

STATE OF ARIZONA
COUNTY OF MARICOPA

I, the undersigned a notary public, do hereby certify that on this 14 day of December 1995,
personally appeared before me Carl A. Lester who, being by me first duly sworn, declared that he/she is the
President of Retsel Corporation

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

My Commission Expires Sept. 6, 1999
DONALD L. MATHIAS
Notary Public - State of Arizona
MARICOPA COUNTY



Donald L. Mathias
Notary Public - Arizona

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

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

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 _____ §2

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)

1996

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/10/96
RECEIPT NO. 585666

RECEIVED

DEC 10 1996

1. Corporate Name, Registered Agent and Registered Address:

DB-010376 DEC/95
RETSSEL CORPORATION
LESTER, CARL
2208 MT. RUSHMORE RD.
RAPID CITY, SD 57701-5312

Telephone # 605-342-2455
FAX # 605-342-9004

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 Hotel, bar and food, and other related businesses

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Carl A. Lester</u>	<u>President</u>	<u>P. O. Box 2047</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-2047</u>
<u>Irene L. Lester</u>	<u>Vice President</u>	<u>P. O. Box 2047</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-2047</u>
<u>Gary K. Lester</u>	<u>Secretary</u>	<u>P. O. Box 2047</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-2047</u>
<u>Carl A. Lester</u>	<u>Treasurer</u>	<u>P. O. Box 2047</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-2047</u>

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Carl A. Lester</u>	<u>Director</u>	<u>P. O. Box 2047</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-2047</u>
<u>Irene L. Lester</u>	<u>Director</u>	<u>P. O. Box 2047</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-2047</u>
<u>Gary K. Lester</u>	<u>Director</u>	<u>P. O. Box 2047</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-2047</u>

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
<u>10,000</u>	<u>Common</u>		<u>\$100.00</u>

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>6,270</u>	<u>Common</u>		<u>\$100.00</u>

6. The amount of its stated capital is \$ 627,000.00 (Money received for issued shares)

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

Dated December 4 19 96

By Carl A. Lester
(Signature)

Its Carl A. Lester, President
(Title)

STATE OF ARIZONA
COUNTY OF MARICOPA ss

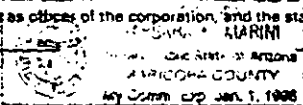
I, the undersigned, a notary public, do hereby certify that on this 4 day of December 19 96,

personally appeared before me Carl A. Lester who, being by me first duly sworn, declared that he is the President of Retsel Corporation

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

My Commission Expires 1-1-98 BARBARA A. MARINI Notary Public - ARIZONA

(Notarial Seal)



SOS CRP 410 10/95

SECRETARY OF STATE
STATE CAPITOL
600 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 1-20-98
RECEIPT NO. 667495

RECEIVED

JAN 20 1998

1. Corporate Name, Registered Agent and Registered Address:

DB-010376 DEC/96
RETEL CORPORATION
LESTER, CARL
2208 MT. RUSHMORE RD.
RAPID CITY, SD 57701-5312

Telephone # (605)-342-2457
FAX # (605)-342-9006

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
Greg Lester	President	1721 N. Lacrosse Street	Rapid City	SD	57701-5312
Gary Lester	Vice President	1721 N. Lacrosse Street	Rapid City	SD	57701-5312
Steve Lester	Secretary	1721 N. Lacrosse Street	Rapid City	SD	57701-5312
Connie Lester	Treasurer	1721 N. Lacrosse Street	Rapid City,	SD	57701-5312

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

Director _____
Director _____

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) 10000 CLASS COMMON SERIES 100 PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED 6270 CLASS COMMON SERIES 100

6. The amount of its stated capital is \$ 627,000.00 (Money received for issued shares)

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

Dated January 16, :9 98

By [Signature]
(Signature)
Its Secretary/Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Larry James, a notary public, do hereby certify that on this 16th day of January, 19 98,
personally appeared before me Steve Lester who, being by me first duly sworn, declared that he/she is the
Secretary/Treasurer of Retel Corporation

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

My Commission Expires Oct. 7, 2000

[Signature]
Notary Public

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-2826

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 Retsel Corporation
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 Carl Lester
5. The name of its successor registered agent is * Steve Lester
* 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 January 16 1998



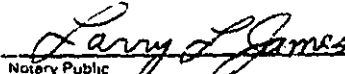
(signature)
Secretary/Treasurer

(title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Larry James, a notary public, do hereby certify that on this 16th day of January 1998, personally appeared before me Steve Lester who, being by me first duly sworn, declared that he/she is the Secretary/Treasurer of Retsel Corporation that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.


My Commission Expires Oct. 7, 2000



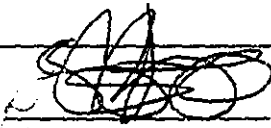
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I,  Steve Lester, hereby give my consent to serve as the
(name of registered agent)
registered agent for Retsel Corporation
(corporate name)

Dated January 16 1998



(signature)

1998

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12.28.98
RECEIPT NO. 7123583
RECEIVED

DEC 28 1998

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DB-010376
RETSEL CORPORATION
LESTER, STEVE
2208 MT. RUSHMORE RD.
RAPID CITY, SD 57701-5312
DEC/98

Telephone # (605)-342-2457
FAX # (605)-232-9004

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 Hospitality (Motel)

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Greg Lester</u>	<u>President</u>	<u>1721 N. LaCrosse</u>	<u>Rapid City,</u>	<u>SD</u>	<u>57701-0705</u>
<u>Gary Lester</u>	<u>Vice President</u>	<u>1721 N. LaCrosse</u>	<u>Rapid City,</u>	<u>SD</u>	<u>57701-0705</u>
<u>Steve Lester</u>	<u>Secretary</u>	<u>1721 N. LaCrosse</u>	<u>Rapid City,</u>	<u>SD</u>	<u>57701-0705</u>
<u>Connie Lester</u>	<u>Treasurer</u>	<u>1721 N. LaCrosse</u>	<u>Rapid City,</u>	<u>SD</u>	<u>57701-0705</u>

SD law requires at least one director.

Do the above listed officers serve also as directors? YES XX 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) 10000 CLASS Common SERIES 100 PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED 6270 CLASS Common SERIES 100

6. The amount of its stated capital is \$ 627,000.00 (Money received for issued shares)

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

Dated 23 DECEMBER 19 98

By [Signature]
(Signature)
Its Secretary/Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Larry James, a notary public, do hereby certify that on this 23 day of DECEMBER 1998,

personally appeared before me Steve Lester who, being by me first duly sworn, declared that he/she is the
Secretary // Treasurer of Retsel Corporation

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

My Commission Expires Oct. 7, 2000

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-6070
605-773-4846

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

File Date: _____
Receipt No.: _____

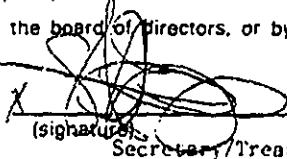
FILING FEE: \$10 In addition to annual report fee

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

1. The name of the corporation is RETSEL CORPORATION
2. The previous street address, or a statement that there is no street address, of its registered office 2208 Mt Rushmore Rd. ZIP + 4 57701-5312
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. 1721 N. LaCrosse St.
PO BOX 2047 ZIP + 4 57701-2047
4. The name of its previous registered agent is Steve Lester
5. The name of its successor registered agent is Steve Lester
* 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 23 DECEMBER 19 98




(signature)
Secretary/Treasurer

(title)

STATE OF South Dakota
COUNTY OF Pennington ss

I, Larry James, a notary public, do hereby certify that on this 23 day of DECEMBER 19 98, personally appeared before me Steve Lester who, being by me first duly sworn, declared that he/she is the Secretary/Treasurer of Retsetl Corporation that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Oct. 7, 2000



Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Steve Lester, hereby give my consent to serve as the
(name of registered agent)
registered agent for RETSEL CORPORATION
(corporate name)

Dated _____ 19 98 (*)

(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

0002200.4173

FILE DATE 12-1-99
RECEIPT NO. 844131

RECEIVED

NOV 22 1999

SD

1. Corporate Name, Registered Agent and Registered Address:

DE-010376
RETSEL CORPORATION
LESTER, STEVE
1721 N LACROSSE ST
PO BOX 2047
RAPID CITY SD 57709 2047

DEC/98

Telephone # 605-342-2457
FAX # 605-342-9004
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 Hospitality (Motel)

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Greg Lester	President	1721 N. LaCrosse	Rapid City	SD	57701-0705
Gary Lester	Vice President	1721 N. LaCrosse	Rapid City,	SD	57701-0705
Steve Lester	Secretary	1721 N. LaCrosse	Rapid City,	SD	57701-0705
Connie Lester	Treasurer	1721 N. LaCrosse	Rapid City,	SD	57701-0705

SD law requires at least one director.

Do the above listed officers serve also as directors? YES XX 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) 100 CLASS Common SERIES 100 PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED 6270 CLASS _____ SERIES 100

6. The amount of its stated capital is \$ 627,000.00 (Money received for issued shares)

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

Dated Nov. 19, 19 99

By [Signature]
(Signature)
Its Secretary/Treasurer
(Title)

STATE OF South Dakota ss
COUNTY OF Pennington

I, Larry James, a notary public, do hereby certify that on this 19 day of Nov. 19 99,
personally appeared before me Steve Lester who, being by me first duly sworn, declared that he/she is the
Secretary/Treasurer of Retsel Corporation the corporation

named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Oct. 7, 2000

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 6/98

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4645

**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 Retsel Corporation
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 Steve Lester
5. The name of its successor registered agent is Cornie Lester/Uhre
*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 Jan. 24, 2002 _____
(Signature) Cornie Lester/Uhre
(Title) President

STATE OF South Dakota ss
COUNTY OF Pennington
On this the 24 day of January, 2002, before me, Sally Olsen
personally appeared Cornie Lester/Uhre, 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 Nov. 28, _____
Notary Public Sally Olsen

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT
I, Cornie Lester/Uhre, hereby give my consent to serve as the
(name of registered agent)
registered agent for Retsel Corporation
(corporate name)
Dated Jan. 24, 2002 _____
(signature) Cornie Lester/Uhre

2002

ANNUAL REPORT

0303219374 RECEIVED
3/20/03 FEB 14 '03

FILE DATE 2/17/03
RECEIPT NO. 182127

RECEIVED

27 '03

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

1. Corporate Name, Registered Agent and Registered Address:



DB-010376 DEC/2001
RETSEL CORPORATION
LESTER/UHRE, CONNIE
1721 N LACROSSE ST
PO BOX 2047
RAPID CITY SD 57709-2047

Telephone # 605-342-2457
FAX # 605-342-0864 OF STATE

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 HOSPITALITY (MOTEL)

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
CONNIE LESTER/UHRE	President	1721 N LACROSSE	RAPID CITY	SD	57701
CHAD UHRE	Vice President	13095 Mredubrowl	RAPID CITY	sd	57702
JOSH UHRE	Secretary	916 ST Andrew	Rapid City	SD	57701
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

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

NUMBER OF SHARES CAN ISSUE (authorized) 100 CLASS 100 SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
10,000

5. NUMBER OF SHARES ACTUALLY ISSUED 6270 CLASS SERIES 100

6. The amount of its stated capital is \$ 627,000.00 (Money received for issued shares)

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

Dated Jan. 23, 2003

By Connie Lester Uhre
(Signature)

Its Pres
(Title)

STATE OF South Dakota
COUNTY OF Pennington ss

On this the 23 day of January, 2003, before me, Sally Oller, personally appeared Connie Lester Uhre, 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 Nov. 28, 2003

Sally Oller
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

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

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

File Date _____
Receipt No. _____

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

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

1. The name of the corporation is RETSEL CORPORATION
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 _____

X Bonnie L. Osterle
(Signature)

Pres
(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) _____

**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 1718 12/07/2005

2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/01/05
RECEIPT NO. 1499680
RECEIVED
NOV 23 '05
S.D. SEC. of STATE

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



* DB010376 *
DB010376 DEC/2004
RETSEL CORPORATION
LESTER/UHRE, CONNIE
1721 N LACROSSE ST
PO BOX 2047
RAPID CITY SD 57709-2047

Telephone # 605-342-2457
FAX # 605-342-9004

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 1721 N. LaCrosse St

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Connie Lester/Uhre</u>	President	<u>1625 N. LaCrosse</u>	<u>Rapid City</u>	<u>SD</u>	<u>57701-</u>
<u>Chad Uhre</u>	Vice President	<u>13095 Meadowbrook Ct</u>	<u>RC</u>	<u>SD</u>	<u>57702</u>
	Secretary				
	Treasurer				

4. Provide a brief description of the nature of the business Hotel - Motel

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 10000 CLASS SERIES

6. NUMBER OF ISSUED AND OUTSTANDING SHARES 6270 CLASS SERIES 100

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

Dated 11-17-05

Connie Lester Uhre
Signature

Connie Lester Uhre
Printed Name

Pres.
Title

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

SOS CRP 07/05

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

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

File Date _____
Receipt No. _____

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

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

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

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ (signature)

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

File Date _____
Receipt No. _____

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

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

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

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

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

File Date _____
Receipt No: _____

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

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

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

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

2008

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 12/1/08
RECEIPT NO 1469017
RECEIVED
NOV 26 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB010376 DEC/2007
RETSSEL CORPORATION
LESTER/UHRE, CONNIE
1721 N LACROSSE ST
PO BOX 2047
RAPID CITY SD 57709-2047

Telephone # 342-2457
FAX # 342-9004
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.

1721 N. LaCrosse ST Rapid City SD 57701-
Street Address City State ZIP+4
PO Box 2047 Rapid City SD 57709-2047
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Connie Lester/Uhre
1721 N. LaCrosse ST Rapid City SD 57701-
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 2047
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

President: [x] Connie Lester/Uhre - 1721 N. LaCrosse Rapid City, SD 57701
Vice President: [x] Chad Uhre Rapid City, SD 57701
Secretary: []
Treasurer: []
Director: []
Director: []

Dated 11-21-08

Signature of an authorized officer: Connie Lester/Uhre
(Printed Name) Connie Lester/Uhre
(Title) President

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 1972020
RECEIVED
NOV 30 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB010376 DEC/2008
RETSSEL CORPORATION
LESTER/UHRE, CONNIE
PO BOX 2047
RAPID CITY SD 57709-2047

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

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

1721 N. La Crosse St. Rapid City SD 57701
Street Address City State ZIP+4
PO Box 2047 Rapid City SD 57709-2047
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Connie Lester / Uhre

1721 N. LaCrosse St. Rapid City SD 57701
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 2047
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

- President: Connie Lester/Uhre 1721 N. LaCrosse Rapid City, SD 57701
Vice President: Chad Uhre Rapid City, SD 57701
Secretary, Treasurer, Director, Director (empty)

Dated 11-20-09

Signature of an authorized officer: Chad Uhre
(Printed Name)
(Title) Vice Pres

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)

Receipt Number: 2013 327

File Number **DB010376**



ARTICLES_OF_AMENDMENT

For

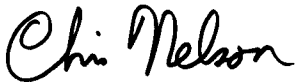
RETSEL CORPORATION

Filed at the request of:

**JAMES W OLSON
WILSON OLSON & NASH PC
2640 JACKSON BLVD
PO BOX 1552
RAPID CITY SD 57709**

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

Filed in the office of the Secretary of State on: **Wednesday, March 31, 2010**



Secretary of State

Fee Received: \$60.00

373 4198 04/01/2010

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

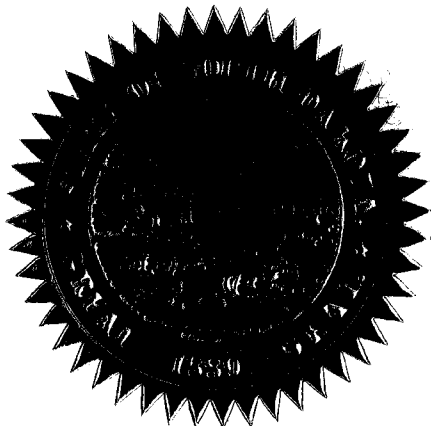
Certificate of Amendment

ORGANIZATIONAL ID #: DB010376

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **RETSEL CORPORATION** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

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

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 March 31, 2010.



Chris Nelson

Chris Nelson
Secretary of State

373 4199 04/01/2010

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

AMENDMENT TO ARTICLES OF INCORPORATION DOMESTIC BUSINESS CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$60 payable to SECRETARY OF STATE

RECEIVED
MAR 31 2010
S.D. SEC. OF STATE

Telephone # (605) 342-7090

FAX # (605) 342-9259

*Filed this 31st day of
March, 2010
Chris Nelson
SECRETARY OF STATE*

1. The name of the corporation is Retsel Corporation *DB 010376*

Note: This must be the exact corporate name.

2. The Articles of Incorporation have been amended in the manner prescribed by SDCL 47-1A and by the Articles of Incorporation on June 27, 20 01.

Adopted by the shareholders.

Adopted by the Board of Directors.

3. Please state the amendment.

Article V (Fifth) is amended to read as follows:

The number of directors of this corporation shall be not less than one nor more than seven.

Application may be signed by any authorized officer of the corporation.

Dated 3 - 29 - 2010

Connie Lester Uhre
(Signature of an authorized officer)

Connie Lester/Uhre
(Printed Name)

President
(Title)

373 4834

Receipt Number: 2014846

File Number **DB010376**



STATEMENT_OF_CHANGE

For

RETSEL CORPORATION

Filed at the request of:

**JAMES W OLSON
WILSON OLSON & NASH PC
PO BOX 1552
RAPID CITY SD 577091552**

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

Filed in the office of the Secretary of State on: **Wednesday, April 07, 2010**



Secretary of State

Fee Received: \$ 10

373 4835 APR 07 2010

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
Please submit one Original and one Photocopy

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

FILE DATE	4-7-10
RECEIPT NO	2014846
RECEIVED	
APR 07 2010	
S.D. SEC. OF STATE	

Telephone #	_____
FAX #	_____

1. Corporate ID and Name:

DB010376

RETSEL CORPORATION
LESTER/UHRE, CONNIE
P O BOX 2047
RAPID CITY SD 57709-2047

Filed this 7th day of
April, 2010
Chi Nelson
SECRETARY OF STATE

2. The name of the registered agent on file Connie Lester-Uhre

The name of the successor registered agent James W. Olson

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

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

<u>1721 N LaCrosse Street</u>	<u>Rapid City</u>	<u>SD</u>	<u>57701</u>
Street Address (Required)	City	State	ZIP+4
<u>P.O. Box 2047</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-2047</u>
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

<u>2640 Jackson Blvd., Suite 1</u>	<u>Rapid City</u>	<u>SD</u>	<u>57702</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>P.O. Box 1552</u>	<u>Rapid City</u>	<u>SD</u>	<u>57709-1552</u>
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.

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.

Dated 4-6-10

Connie Lester-Uhre
(Signature of an authorized officer)

Connie Lester-Uhre
(Printed Name)

President
(Title)

313 1555 12/08/2010

2010

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

ANNUAL REPORT
DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 11/23/10
 RECEIPT NO 2090899
RECEIVED
NOV 23 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB010376
DB010376 DEC/2009
RETSEL CORPORATION
OLSON, JAMES W
PO BOX 1552
RAPID CITY SD 57709-1552

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

1721 N. LaCrosse Street Rapid City SD 57701
Street Address City State ZIP+4

P.O. Box 2047 Rapid City SD 57709-2047
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent James W. Olson

2640 Jackson Blvd., Suite 1 Rapid City SD 57702
Street Address (Required to be a South Dakota Address) City State ZIP+4

P.O. Box 1552 Rapid City SD 57709-1552
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

Connie Lester/Uhre 1721 N. LaCrosse St. Rapid City SD 57701
President Street Address City State ZIP+4

Chad Uhre 1721 N. LaCrosse St. Rapid City SD 57701
Vice President Street Address City State ZIP+4

Secretary Street Address City State ZIP+4

Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

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

Dated 11-22-2010

Connie Lester/Uhre
(Signature of an Authorized Person)

Connie Lester/Uhre
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2011

Enter Filing Year

ANNUAL REPORT

FILE DATE 12/12/2011

RECEIPT NO 10906

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:
DB010376
RETSEL CORPORATION
1721 N. LACROSSE ST
RAPID CITY, SD57701

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

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

1721 N. LACROSSE ST	RAPID CITY	SD	57701
Street Address	City	State	ZIP+4
PO BOX 2047	RAPID CITY	SD	57709-2047
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JAMES W OLSON

2640 JACKSON BLVD, STE 1	RAPID CITY	SD	57702-3400
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 1552	RAPID CITY	SD	57709-1552
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"/>	CONNIE LESTER/UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CHAD UHRE	1721 N LACROSSE STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 12/12/2011

Signature Accepted Electronically
(Signature of an Authorized Person)
CONNIE LESTER/UHRE
(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 12/6/2012

RECEIPT NO 78944

1. Corporate ID and Name:

DB010376
RETSEL CORPORATION
1721 N. LACROSSE ST
RAPID CITY, SD 57701

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

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

1721 N. LACROSSE ST	RAPID CITY	SD	57701
Street Address	City	State	ZIP+4
PO BOX 2047	RAPID CITY	SD	57709-2047
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JAMES W OLSON

2640 JACKSON BLVD, STE 1	RAPID CITY	SD	57702-3400
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 1552	RAPID CITY	SD	57709-1552
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"/>	CONNIE LESTER/UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CHAD UHRE	1721 N LACROSSE STREET	RAPID CITY	SD	57701
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 12/06/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

CONNIE UHRE

(Printed Name)

2013

Enter Filing Year

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 11/20/2013

RECEIPT NO 154072

1. Corporate ID and Name:

DB010376
RETSEL CORPORATION
1721 N. LACROSSE ST
RAPID CITY, SD 57701

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

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

Agent Name: JAMES W OLSON

2640 JACKSON BLVD, STE 1 RAPID CITY SD 57702-3400
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 1552 RAPID CITY SD 57709-1552
Mailing Address in This State, if Different from Street Address City State ZIP+4

4. If the address has changed, its new address.

New Agent Name: RODNEY L ANTES

2834 JACKSON BLVD, STE. 201 RAPID CITY SD 57702
Street Address or Rural Route Box Number in This State and City State ZIP+4
P.O. BOX 9129 RAPID CITY SD 57709
Mailing Address in This State, if Different from 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 11/20/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

RODNEY L ANTES

(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 11/20/2013

RECEIPT NO 154072

1. Corporate ID and Name:

DB010376
RETSEL CORPORATION
1721 N. LACROSSE ST
RAPID CITY, SD 57701

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

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

1721 N. LACROSSE ST	RAPID CITY	SD	57701
Street Address	City	State	ZIP+4
PO BOX 2047	RAPID CITY	SD	57709-2047
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RODNEY L ANTES

2834 JACKSON BLVD, STE. 201	RAPID CITY	SD	57702
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
P.O. BOX 9129	RAPID CITY	SD	57709
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"/>	RODNEY LYNN ANTES	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JUDSON DALE UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JOSHUA LESTER UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LESLIE RENEE SHERRY	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	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 11/20/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

RODNEY L ANTES

(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 11/6/2014

RECEIPT NO 244801

1. Corporate ID and Name:

DB010376
RETSEL CORPORATION
1721 N. LACROSSE ST
RAPID CITY, SD 57701

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

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

1721 N. LACROSSE ST	RAPID CITY	SD	57701
Street Address	City	State	ZIP+4
PO BOX 2047	RAPID CITY	SD	57709-2047
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RODNEY L ANTES

2834 JACKSON BLVD, STE. 201	RAPID CITY	SD	57702
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
P.O. BOX 9129	RAPID CITY	SD	57709
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"/>	RODNEY LYNN ANTES	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JUDSON DALE UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JOSHUA LESTER UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LESLIE RENEE SHERRY	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NICHOLAS UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CONNIE UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	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 11/06/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

MICHAEL C LOOS

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 10/5/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 341003

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

Telephone # _____

1. Corporate ID and Name:

DB010376

RETSEL CORPORATION

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

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

1721 N. LACROSSE ST	RAPID CITY	SD	57701
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 2047	RAPID CITY	SD	57709-2047
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: RODNEY L ANTES

2834 JACKSON BLVD, STE. 201	RAPID CITY	SD	57702
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
P.O. BOX 9129	RAPID CITY	SD	57709
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"/>	RODNEY LYNN ANTES	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	President	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JUDSON DALE UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	Secretary	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JOSHUA LESTER UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	Director	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LESLIE RENEE SHERRY	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
	Director	Actual Street Address	City	State	ZIP+4

NICHOLAS UHRE 1721 N. LACROSSE STREET RAPID CITY SD 57701
Director Actual Street Address City State ZIP+4

CONNIE UHRE 1721 N. LACROSSE STREET RAPID CITY SD 57701
Director Actual Street Address City State ZIP+4

Vice President Actual Street Address City State ZIP+4

Treasurer Actual Street Address City State ZIP+4

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

Dated

Email _____
(Optional)

Signature Accepted Electronically _____
(Signature of an Authorized Person)
MICHAEL C LOOS
(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.

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 10/17/2016

RECEIPT NO 464819

1. Corporate ID and Name:

DB010376

Enter Corporate ID

RETSSEL CORPORATION

Enter Corporate Name

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

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

1721 N. LACROSSE ST	RAPID CITY	SD	57701
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 2047	RAPID CITY	SD	57709-2047
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RODNEY L ANTES

2834 JACKSON BLVD, STE. 201	RAPID CITY	SD	57702
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
P.O. BOX 9129	RAPID CITY	SD	57709
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"/> RODNEY LYNN ANTES	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> JUDSON DALE UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> JOSHUA LESTER UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> LESLIE RENEE SHERRY	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> NICHOLAS UHRE	1721 N. LACROSSE STREET	RAPID CITY	SD	57701
Director	Actual Street Address	City	State	ZIP+4



CONNIE UHRE

1721 N. LACROSSE STREET

RAPID CITY

SD

57701

Director

Actual Street Address

City

State

ZIP+4



Vice President

Actual Street Address

City

State

ZIP+4



Treasurer

Actual Street Address

City

State

ZIP+4

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

Dated 10/17/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

MICHAEL C LOOS

(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.

10/17/2016 10:20:51 AM