

1725702

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

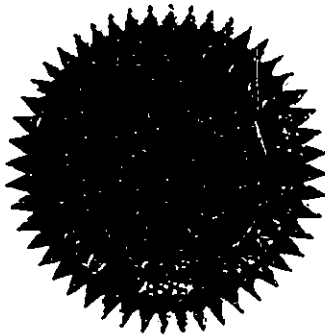
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL004395

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of RAVINE LAKE AVIATION, L.L.C. 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 January 22, 2002.



Handwritten signature of Joyce Hazeltine in cursive script.

Joyce Hazeltine
Secretary of State

Filed this 22nd day of JAN 20 02

RECEIVED
0201313.0568
1/25/02
JAN 22 '02
S.D. SEC. OF STATE

ARTICLES OF ORGANIZATION
OF
RAVINE LAKE AVIATION, L.L.C.

Josephine Stein
SECRETARY OF STATE

The undersigned corporation, by and through its President, John T. Deniger, who shall be the Member upon the issuance of a certificate of organization with the Secretary of State, acting as **ORGANIZER** of a Limited Liability Company under the South Dakota Limited Liability Act, does hereby adopt the following Articles of Organization for such Limited Liability Company.

ARTICLE ONE

The name of the Limited Liability Company is **RAVINE LAKE AVIATION, L.L.C.** (the "Company").

ARTICLE TWO

The period of duration of this Limited Liability Company is perpetual.

ARTICLE THREE

The purpose for which the Limited Liability Company is organized is to engage in any lawful act or activity for which limited liability companies may be formed under the South Dakota Limited Liability Company Act and to engage in any and all activities necessary or incidental to these acts including, but not limited to purchasing, receiving, leasing, or otherwise acquiring, and owning, holding, using, operating, and otherwise dealing with airplanes and aircraft.

ARTICLE FOUR

The Limited Liability Company shall also have those powers provided for in the South Dakota Limited Liability Company Act.

ARTICLE FIVE

The initial contribution to the Limited Liability Company shall be in the sum of \$100.00.

ARTICLE SIX

Additional contributions shall be made at such times and at such amounts as may be unanimously agreed by the members as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE SEVEN

Additional members may be admitted to the Limited Liability Company at such times and on such terms and condition as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE EIGHT

The remaining members of the Limited Liability Company may continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company upon unanimous agreement and as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE NINE

The Limited Liability Company shall be managed by its members.

ARTICLE TEN

The street address of the initial registered and designated office of the Limited Liability Company is 500 4th St. N.E., Huron, South Dakota 57350. The name of the initial registered agent is John T. Deniger.

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1/25/02

ARTICLE ELEVEN

The name and address of the ORGANIZER is:

Prostrollo Motor Sales, Inc.
500 4th St. N.E.
Huron, SD 57350

ARTICLE TWELVE

The Operating Agreement will be adopted by a majority vote of the Members. The power to alter, amend or repeal the Operating Agreement or adopt a new Operating Agreement is vested in the Members by majority vote of the Members.

ARTICLE THIRTEEN

To the full extent permitted by South Dakota law, no manager or member of the Limited Liability Company shall be liable to the Limited Liability Company or its members for monetary damages for an act or omission in such manager's or member's capacity as a manager or member of the Limited Liability Company, except that this Article does not eliminate or limit the liability of a manager or member to the extent the manager or member is found liable for (a) a breach of the manager's or member's duty of loyalty to the company or its members; (b) an act or omission not in good faith that constitutes a breach of duty of the manager to the Company or an act or omission that involves intentional misconduct or a knowing violation of the law; (c) a transaction from which the manager or member received an improper benefit whether or not the benefit resulted from an action taken within the scope of the manager's or member's office; or (d) an action or omission for which the liability of a manager or member is expressly provided by an applicable statute. Any repeal or amendment of this Article by the member of the Company shall be prospective only and shall not adversely affect any limitation on the liability of a manager or

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1/25/02

member of the Company existing at the time of such repeal or amendment. The foregoing elimination of the liability to the Limited Liability Company or its members for monetary damages shall not be deemed exclusive of any other rights or limitations of liability or indemnity to which a manger or member may be entitled under any other provision of the Articles of Organization or the Operating Agreement of the Limited Liability Company, contract or agreement, vote of members and/or disinterested managers of the Limited Liability Company, or otherwise.

ARTICLE FOURTEEN

These Articles of Organization may be amended, modified, supplemented or re-stated in any manner permitted by applicable law and approved by an affirmative vote of a majority of the membership interest.

IN WITNESS WHEREOF, We have hereunto set our hands and seal this 18th day of January, 2002.

Prostrollo Motor Sales, Inc.-Organizer

BY: John T. Deniger
John T. Deniger
ITS: President

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF BEADLE)

John T. Deniger, being first duly sworn on oath, deposes and says that he is the President of the Organizer in the above and foregoing Articles of Organization; that he has read the above and foregoing Articles of Organization and knows the contents thereof, and that the same are true of his own knowledge and belief.

0201313.0568
1/25/02

John T. Deniger
John T. Deniger

Subscribed and sworn to before me this 18th day of January, 2002.

Douglas E. Helt
Notary Public
My commission expires: 6-19-02

(SEAL)

CONSENT TO APPOINTMENT BY REGISTERED AGENT

I, John T. Deniger, hereby give my consent to serve as the registered agent for Ravine
Lake Aviation, L.L.C.

Dated this 18th day of January, 2002.

John T. Deniger
John T. Deniger

0201313 0568
1725702 RECEIVED

JAN 22 '02

D. SEC. OF STATE

STATE CAPITOL
500 E. CAPITOL AVENUE
PIERRE, S.D. 57501
(605) 773-4845
FAX (605) 773-4550

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

1. The name of the Limited Liability company is: Ravine Lake Aviation, L.L.C.
2. The state or country under whose law it is organized is: State of South Dakota, USA
3. The address of its registered office and the name and address of its registered agent for service of process in South Dakota is: John T. Deniger, 500 - 4th St. N.E., Huron, South Dakota 57350
4. The address of its principal office is: 500 - 4th St. N.E., Huron, South Dakota 57350
5. The names and business addresses of any managers:
None
6. The dollar amount of the total agreed contributions to the Limited Liability Company is:
\$100.00 **

Date: 1-19-02

Prostrollo Motor Sales, Inc.-Organizer

BY: John T. Deniger
John T. Deniger

ITS: President

****FILING FEE:**

AGREED CONTRIBUTION

Not in excess of \$50,000

\$50,001 to \$100,000

In excess of \$1000,000

FEE

\$ 90

\$150

\$150 for first \$100,000 plus \$.50

for each additional \$1,000

The maximum amount charged may not exceed sixteen thousand dollars (\$16,000).

0201313.0568
1/25/02

Receipt Number: 1055925

File Number DL004395

ART OF ORG

For

RAVENE LAKE AVIATION, L.L.C.

Filed at the request of:

CHURCHILL MANOLIS
DOUGLAS KLUDT
BOX 176
HURON SD 57350

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: Tuesday, January 22, 2002


Secretary of State

Fee Received: \$90 for \$100 contribution

2003

ANNUAL REPORT

0301218.3324
1730703

FILE DATE 1/2/2003
RECEIPT NO. 1112254
RECEIVED

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

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



DL-004395 JAN/0000
RAVINE LAKE AVIATION, L.L.C.
DENIGER, JOHN T.
500 4TH ST NE
HURON SD 57350-1619

Telephone # 605-352-6416 SEC. OF STATE
FAX # 605
Federal Taxpayer ID
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:
JOHN T. DENIGER
500 4TH NE
HURON, SD 57350

4. The address of its principal office is: 500 4TH NE HURON, SD 57350

5. The names and business addresses of any managers:
PROSTROW MOTOR SALES, INC.
500 4TH NE
HURON, SD, 57350

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 100.00

Dated 12-13-02
John T. Deniger MEMBER
(Signature and Title)

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.

* FILING FEE: \$50
If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due to make the total sum equal to the fee due on the below listed fee schedule.

AGREED CONTRIBUTION	FEE
Not in excess of \$50,000	\$ 90
\$50,001 to \$100,000	\$150
In excess of \$100,000	\$150 for first \$100,000 plus \$.50 for each additional \$1,000

The maximum amount charged may not exceed sixteen thousand dollars (\$16,000).

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S D. 57501-5077
PHONE: 605-773-4545 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

DBLLCAR.DOC

225 4135 02/24/2004
225 4135 02/24/2004

2004

ANNUAL REPORT

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

FILE DATE 1/6/04
RECEIVED 288389
JAN 06 '04
S.D. SEC. OF STATE

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



DL004395
DL004395 JAN/2003
RAVINE LAKE AVIATION, L.L.C.
DENIGER, JOHN R.
500 4TH ST NE
HURON SD 57350-1619

Telephone # 605-352-6411
FAX # 605-352-9286
Federal Taxpa _____
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:
500 4TH NE
HURON, SD 57350 PROSTROWLO MOTOR SALES, INC

4. The address of its principal office is: 500 4TH NE HURON, SD 57350

5. The names and business addresses of any managers:

PROSTROWLO MOTOR SALES, INC
500 4TH NE
HURON, SD 57350

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 100.00*

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 12-17-03

John R. Deniger PRESIDENT, PROSTROWLO MOTOR SALES, INC
(Signature and Title) MEMBER

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

*If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due, less the previous fee already paid on contributions, to make the cumulative fee equal to the filing fee due on the fee schedule listed below.

Total agreed contributions.....	25,000	..... or less	\$100
Over \$25,000 and not exceeding	100,000	.....	125
Over \$100,000 and not exceeding	500,000	.....	200
Over \$500,000 and not exceeding	1,000,000	.....	300
Over \$1,000,000 and not exceeding	1,500,000	.....	400
Over \$1,500,000 and not exceeding	2,000,000	.....	500
Over \$2,000,000 and not exceeding	2,500,000	.....	600
Over \$2,500,000 and not exceeding	3,000,000	.....	700
Over \$3,000,000 and not exceeding	3,500,000	.....	800
Over \$3,500,000 and not exceeding	4,000,000	.....	900
Over \$4,000,000 and not exceeding	4,500,000	.....	1,000
Over \$4,500,000 and not exceeding	5,000,000	.....	1,100
For each additional \$500,000, \$250 in addition to \$1,100			

The maximum amount charged under this subsection together with any subsequent payments may not exceed sixteen thousand dollars

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

Revised 7/03
DBLLCAR.DOC

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 _____
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)

(Title)

236 0368 04/19/2005

2005 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

RECEIVED
 RECEIPT NO. 1428496
 APR 15 '05
 RECEIVED
 APR 12 '05
 S.D. SEC. OF STATE
 S.D. SEC. OF STATE

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



DL004395
 DL004395 JAN/2004
 RAVINE LAKE AVIATION, L.L.C.
 DENIGER, JOHN R.
 500 4TH ST NE
 HURON SD 57350-1619

Telephone # 605-352-6411
 FAX # 605-352-9286
 Federal Taxpa _____
 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:
500 4th NE JOHN DENIGER
HURON, SD 57350

4. The address of its principal office is: 500 4th NE HURON, SD 57350

5. The names and business addresses of any managers:

PASTROLLO MOTOR SALES, INC.
500 4th NE
HURON, SD 57350

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 100.00

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 signor.

Dated 12-17-04

John S Deniger
 (Signature)

MEMBER
 (Title)

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 _____
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)

(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 01/30/06
RECEIPT NO. 1523036
RECEIVED
JAN 30 '06
S.D. SEC. of STATE

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



DL004395
DL004395 JAN/2005
RAVINE LAKE AVIATION, L.L.C.
DENIGER, JOHN R.
500 4TH ST NE
HURON SD 57350-1619

Telephone # 605-352-6411
FAX # 605-352-9286

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:

500 4th NE

JOHN DENIGER

HURON, SD 57350

4. The address of its principal office is:

500 4th NE

HURON, SD 57350

5. The names and business addresses of any managers:

PROSTROLLO MOTOR SALES, INC.

500 4th NE

HURON, SD 57350

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

1-26-06

Signature

John Deniger

Printed Name

JOHN DENIGER

Title

MEMBER

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

Revised 7/05 DBLLCAR.DOC

245 1636

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 _____
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)

(Title)

257 0023 01/02/2007

2007

ANNUAL REPORT

FILE DATE 01/02/07
RECEIPT NO. 1627511

RECEIVED

DEC 26 2006

S.D. SEC. OF STATE

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:



DL004395
DL004395 JAN/2006
RAVINE LAKE AVIATION, L.L.C.
DENIGER, JOHN R.
500 4TH ST NE
HURON SD 57350-1619

Telephone # 605-352-6411
FAX # 605-352-9286

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:
500 4th NE JOHN T. DENIGER
HURON, SD 57350

4. The address of its principal office is: 500 4th NE HURON, SD 57350

5. The names and business addresses of any managers:
PROSTROLLO MOTOR SALES, INC
500 4th NE
HURON, SD 57350

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 12-22-06

John T. Deniger PRESIDENT
Signature

JOHN T. DENIGER
Printed Name

MEMBER
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 _____

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)

272 0760 02/11/2008

2008

ANNUAL REPORT

FILE DATE 1-29-08
RECEIPT NO. 1759861

RECEIVED

JAN 29 2008

S.D. SEC. OF STATE

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:



* D I 0 0 4 3 9 5 *
DL004395 JAN/2007
RAVINE LAKE AVIATION, L.L.C.
DENIGER, JOHN T.
500 4TH ST NE
HURON SD 57350-1619

Telephone # (605) 352-6411
FAX # (605) 352-9286

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:
500 4TH NE PO Box 1415 JOHN T. DENIGER
HURON, SD 57350

4. The address of its principal office is: 500 4TH NE PO Box 1415
HURON, SD 57350

5. The names and business addresses of any managers:
PROSTROLLO MOTOR SALES, INC
500 4th NE PO Box 1415
HURON, SD 57350

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 1-26-08

John T. Deniger PRESIDENT
Signature

JOHN T. DENIGER
Printed Name

PRESIDENT
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 _____

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 01/27/09
RECEIPT NO 197417
RECEIVED
JAN 27 2009
S.D. SEC. OF STATE

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



DL004395
DL004395 JAN/2008
RAVINE LAKE AVIATION, L.L.C.
DENIGER, JOHN T.
500 4TH ST NE
HURON SD 57350-1619

Telephone # (605) 352-6411
FAX # (605) 352-9286
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.

500 4th NE HURON SD 57350
Street Address City State ZIP+4
PO Box 1415 HURON SD 57350-1415
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent JOHN T. DENIGER

500 4th NE HURON SD 57350
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.

PROSTELLO MOTOR SALES, INC 500 4th NE HURON SD 57350
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 1-24-09

John T. Deniger
(Signature of an Authorized Manager or Member)
JOHN T. DENIGER
(Printed Name)
MEMBER
(Title)

286 0971

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

300 1865 01/15/2010

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

RECEIVED RECEIVED JAN 14 2010 JAN 12 2010 S.D. SEC. OF STATE S.D. SEC. OF STATE

Telephone # 605-552-6411 FAX # 605-552-9286 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:



DL004395 JAN/2009 RAVINE LAKE AVIATION, L.L.C. DENIGER, JOHN T. 500 4TH ST NE HURON SD 57350-1619

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

500 4th NE Huron SD 57350 Street Address City State ZIP+4 PO Box 1415 Mailing Address (Optional) Huron SD 57350-1415

3. The name of the South Dakota Registered Agent JOHN T. DENIGER

500 4th NE Huron SD 57350 Street Address (Required to be a South Dakota Address) City State ZIP+4 PO Box 1415 Mailing Address (Optional - Required to be a South Dakota Address) Huron SD 57350-1415

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.

PROSTRULLO MOTOR SALES, INC 500 4th NE Huron SD 57350 Manager Street Address City State ZIP+4

Dated 1-11-10

John T. Deniger (Signature of an Authorized Manager or Member) JOHN T. DENIGER (Printed Name) MEMBER (Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

314 3265 01/21/2011

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	01/06/11
RECEIPT NO	2104811
RECEIVED	
JAN 06 2011	
S.D. SEC. OF STATE	

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



DL004395 JAN/2010
RAVINE LAKE AVIATION, L.L.C.
DENIGER, JOHN T.
500 4TH ST NE
HURON SD 57350-1619

Telephone #	605 352 6411
FAX #	605 352 9286
FILING DATE: Due during the month the Certificate of Organization 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.

<u>500 4th NE</u>	<u>HURON</u>	<u>SD</u>	<u>57350</u>
Street Address	City	State	ZIP+4
<u>PO Box 1415</u>	<u>HURON</u>	<u>SD</u>	<u>57350-1415</u>
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent JOHN T. DENIGER

<u>500 4th NE</u>	<u>HURON</u>	<u>SD</u>	<u>57350</u>
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
<u>PO Box 1415</u>	<u>HURON</u>	<u>SD</u>	<u>57350-1415</u>
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.

<u>PROSTROW MOTOR SALES, INC</u>	<u>500 4th NE</u>	<u>HURON</u>	<u>SD</u>	<u>57350-1415</u>
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 1-5-11

John T. Deniger
 (Signature of an Authorized Person)
JOHN T. DENIGER
 (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	City	State	ZIP+4
-----------------	------	-------	-------

5. If the address has changed, its new 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
---	------	-------	-------

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)

314 3265 01/21/2011

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 01/06/11
RECEIPT NO 2104811
RECEIVED
JAN 06 2011
S.D. SEC. OF STATE

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



DL004395 JAN/2010
RAVINE LAKE AVIATION, L.L.C.
DENIGER, JOHN T.
500 4TH ST NE
HURON SD 57350-1619

Telephone # 605 352 6411
FAX # 605 352 9286
FILING DATE: Due during the month
the Certificate of Organization 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.

500 4th NE HURON SD 57350
Street Address City State ZIP+4
PO Box 1415 HURON SD 57350-1415
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent JOHN T. DENIGER

500 4th NE HURON SD 57350
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO Box 1415 HURON SD 57350-1415
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.

PROSTROW MOTOR SALES, INC 500 4th NE HURON SD 57350-1415
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 1-5-11

John T. Deniger
(Signature of an Authorized Person)
JOHN T. DENIGER
(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	City	State	ZIP+4
-----------------	------	-------	-------

5. If the address has changed, its new 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
---	------	-------	-------

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)

2012

Enter Filing Year

ANNUAL REPORT

FILE DATE 12/27/2011

RECEIPT NO 13263

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

DOMESTIC LLC

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

1. L.L.C. ID and Name:
DL004395
RAVINE LAKE AVIATION, L.L.C.
500 4TH NE
HURON, SD57350-1619

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

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

500 4TH NE	HURON	SD	57350-1619
Street Address	City	State	ZIP+4
PO BOX 1415	HURON	SD	57350
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN T. DENIGER

500 4TH ST NE	HURON	SD	57350-1619
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"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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 12/27/2011

Signature Accepted Electronically
(Signature of an Authorized Person)
JOHN T DENIGER
(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 1/14/2013

RECEIPT NO 87709

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:
DL004395
RAVINE LAKE AVIATION, L.L.C.
500 4TH NE
HURON, SD 57350-1619

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

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

500 4TH NE HURON SD 57350-1619

Street Address City State ZIP+4

PO BOX 1415 HURON SD 57350

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN T. DENIGER

500 4TH ST NE HURON SD 57350-1619

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"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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 01/14/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

JOHN THOMAS DENIGER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE 1/6/2014

RECEIPT NO 165929

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:
DL004395
RAVINE LAKE AVIATION, L.L.C.
500 4TH NE
HURON, SD 57350-1619

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

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

500 4TH NE HURON SD 57350-1619
Street Address City State ZIP+4
PO BOX 1415 HURON SD 57350
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN T. DENIGER
500 4TH ST NE HURON SD 57350-1619
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 01/06/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
JOHN T DENIGER
(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 12/23/2014

RECEIPT NO 256846

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:

DL004395
RAVINE LAKE AVIATION, L.L.C.
500 4TH NE
HURON, SD 57350-1619

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

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

500 4TH NE HURON SD 57350-1619
Street Address City State ZIP+4
PO BOX 1415 HURON SD 57350
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN T. DENIGER

500 4TH ST NE HURON SD 57350-1619
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.

Dated 12/23/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
JOHN T DENIGER
(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 1/16/2016

RECEIPT NO 370471

1. LLC ID and Name:

DL004395

Enter LLC ID

RAVINE LAKE AVIATION, L.L.C.

Enter LLC Name

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

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

500 4TH NE	HURON	SD	57350-1619
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 1415	HURON	SD	57350
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN T. DENIGER

500 4TH ST NE	HURON	SD	57350-1619
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value
-------	--------------------------	------------------

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

JOHN THOMAS DENIGER

(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.

1/16/2016 1:15:31 PM