393 3586

Receipt Number: 82645

File Number DL030528

DL030528

ARTICLES OF ORGANIZATION

ARTICLES_OF_ORGANIZATION

For

LOST DRAW, LLC

Filed at the request of:

DEMERSSEMAN JENSEN CHRISTIANSON STANTON & HUFFMAN
516 FIFTH ST
PO Box 1820
RAPID CITY SD 57709

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Monday, December 17, 2012**

Jason Gant
Secretary of State

Fee Received: $150.00

393 3587 12/28/2012 ©GOES340

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Organization
Limited Liability Company

ORGANIZATIONAL ID #: DL030528

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this December 17, 2012.

Jason M. Gant
Secretary of State

Cert of Organization LLC Merge

Litho in U.S.A.

RECEIVED
DEC 17 2012
S.D. SEC. OF STATE

Filed this 17th day of Dec., 2012
Jason Gant
SECRETARY OF STATE

ARTICLES OF ORGANIZATION OF A DOMESTIC LIMITED LIABILITY COMPANY

393 3588

1. The name of the limited liability company is Lost Draw, LLC.

2. The duration of the company is perpetual.

3. The street address of the initial designated office is 1600 Concho Place, Wall, South Dakota 57790. The mailing address of the initial designated office is P.O. Box 368, Wall, South Dakota 57790.

4. The name and street address of the initial agent for service of process is Clayton K. Kjerstad, 1600 Concho Place, Wall, South Dakota 57790.

5. The names and addresses of the organizers are Clayton K. Kjerstad, 1600 Concho Place, Wall, South Dakota 57790; and Charlene K. Kjerstad, 1600 Concho Place, Wall, South Dakota 57790.

6. The company is to be manager-managed. The names and addresses of the initial managers are Clayton K. Kjerstad, 1600 Concho Place, Wall, South Dakota 57790; and Charlene K. Kjerstad, 1600 Concho Place, Wall, South Dakota 57790.

7. No members of the company are to be liable for its debts and obligations under SDCL 47-34A-303(c).

8. There are no other provisions which the members elect to set out in these Articles of Organization.

DATED: December 13, 2012.

Clayton K. Kjerstad
Clayton K. Kjerstad, Organizer

Charlene R Kjerstad
Charlene K. Kjerstad, Organizer

Consent of Appointment by the Registered Agent

I, Clayton K. Kjerstad, hereby give my consent to serve as the registered agent for Lost Draw, LLC.

DATED: December 13, 2012.

Clayton K. Kjerstad
Clayton K. Kjerstad, Registered Agent

2013 Enter Filing Year

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 11/27/2013

RECEIPT NO 155588

1. L.L.C. ID and Name:
DL030528
LOST DRAW, LLC
1600 CONCHO PLACE
WALL, SD 57790

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: CLAYTON K. KJERSTAD

1600 CONCHO PLACE	WALL	SD	57790
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

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

New Agent Name: CHARLENE RAE KJERSTAD

1600 CONCHO PLACE	WALL	SD	57790-0368
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
P.O. BOX 368	WALL	SD	57790-0368
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 11/27/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

CHARLENE RAE KJERSTAD
(Printed Name)

11/27/2013 3:47:01 PM

2013 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 11/27/2013

RECEIPT NO 155588

1. L.L.C. ID and Name:
DL030528
LOST DRAW, LLC
1600 CONCHO PLACE
WALL, SD 57790

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

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

1600 CONCHO PLACE	WALL	SD	57790
Street Address	City	State	ZIP+4
PO BOX 368	WALL	SD	57790-0368
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CHARLENE RAE KJERSTAD

1600 CONCHO PLACE	WALL	SD	57790-0368
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
P.O. BOX 368	WALL	SD	57790-0368
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.

	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 11/27/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

CHARLENE RAE KJERSTAD
(Printed Name)

11/27/2013 3:47:01 PM

2014 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 10/3/2014
RECEIPT NO 236445

1. L.L.C. ID and Name:
DL030528
LOST DRAW, LLC
1600 CONCHO PLACE
WALL, SD 57790

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

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

1600 CONCHO PLACE	WALL	SD	57790
Street Address	City	State	ZIP+4
PO BOX 368	WALL	SD	57790-0368
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CHARLENE RAE KJERSTAD

1600 CONCHO PLACE	WALL	SD	57790-0368
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
P.O. BOX 368	WALL	SD	57790-0368
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.

	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 10/03/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
CHARLENE RAE KJERSTAD
(Printed Name)

10/3/2014 2:08:47 PM

2015

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

Please Type or Print Clearly In Ink

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

FILE DATE 11/23/2015

RECEIPT NO 353560

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

DL030528

LOST DRAW, LLC

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

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

1600 CONCHO PLACE	WALL	SD	57790
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 368	WALL	SD	57790-0368
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CHARLENE RAE KJERSTAD

1600 CONCHO PLACE	WALL	SD	57790-0368
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
P.O. BOX 368	WALL	SD	57790-0368
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

☐

Manager | Actual Street Address | City | State | ZIP+4

☐

Manager | Actual Street Address | City | State | ZIP+4

☐

Manager | Actual Street Address | City | State | ZIP+4

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

Dated 11/23/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

CHARLENE RAE KJERSTAD

(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.

11/23/2015 1:16:22 PM

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 10/14/2016

RECEIPT NO 464468

1. LLC ID and Name:

DL030528
Enter LLC ID

LOST DRAW, LLC
Enter LLC Name

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

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

1600 CONCHO PLACE	WALL	SD	57790
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 368	WALL	SD	57790-0368
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: CHARLENE RAE KJERSTAD

1600 CONCHO PLACE	WALL	SD	57790-0368
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
P.O. BOX 368	WALL	SD	57790-0368
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

☐

Manager	Actual Street Address	City	State	ZIP+4

☐

Manager	Actual Street Address	City	State	ZIP+4

☐

Manager	Actual Street Address	City	State	ZIP+4

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

Dated 10/14/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

CHARLENE KJERSTAD

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. 10/14/2016 12:21:29 PM
A fee of up to $40 will be assessed for returned payments.