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# ANNUAL REPORT

Domestic Business Corporation  
SDCL 59-11-24, 24.1

South Dakota State Capitol  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

**2018**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

Filing Fee: \$50
Total Fee: \$50

1. Business ID and Name:

**DF035676**  
BUSINESS ID

**JSL BRAUN, INC.**  
BUSINESS NAME

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

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

Actual Street Address  
**3 W MAIN  
WARNER, SD 57479**

Mailing Address  
**PO BOX 48  
WARNER, SD 57479**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name JOHN BRAUN

Actual Street Address in this State

**3 W MAIN STREET  
WARNER, SD 57479**

Mailing Address in this State

**PO BOX 48  
WARNER, SD 57479-0048**

5. The names and business addresses of its principal officers.

Title	Name	Address
President	JOHN G BRAUN	PO BOX 48, WARNER, SD, 57479
Secretary	STACY K TUSZKA	PO BOX 48, WARNER, SD, 57479
Treasurer	LORI A STOUTEN	PO BOX 48, WARNER, SD, 57479

6. The names and business addresses of its directors (governors).

Name	Address

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

B0052-3187 02/06/2018 12:08PM Rec'd by SD SOS



02/06/2018

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*Stacy Tuszka*

\_\_\_\_\_  
Signature of an Authorized Person

Stacy Tuszka

\_\_\_\_\_  
Printed Name

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