

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

9 3 0 7 1 6 0 0 5 0 6
1993
NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 6-22-93
RECEIPT NO. 324286

RECEIVED

JUN 22 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-001380 JUN/90
SIOUX VALLEY CYCLE CLUB
HAIGHT, TONY
5416 DEER CREEK DR
SIOUX FALLS, SD 57106-0430

Day Time Phone # 605-331-1171

Federal Identification #

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is the promotion of the sport of motor cycling
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 57,968
* Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Rick Ahlers</u>	President	<u>620 E 8th St</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57102</u>
<u>Bob Eisland</u>	Vice President	<u>1420 Point Dr</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57103</u>
<u>Tom Haight</u>	Secretary	<u>5208 W 12th</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57107</u>
<u>Tony Haight</u>	Treasurer	<u>5416 Deer Creek Dr</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57106</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Steve Fletcher</u>	Director	<u>RR1 Box 585</u>	<u>Remsen, SD</u>	<u>SD</u>	<u>57055</u>
<u>Kevin VanEngelenhoven</u>	Director	<u>113 Bay Drive</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57103</u>
<u>Milt Ellis</u>	Director	<u>5809 Chadwick Pl</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57106</u>

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

Dated June 1 1993

By Tony Haight
(Signature)
Its Treasurer
(Title)

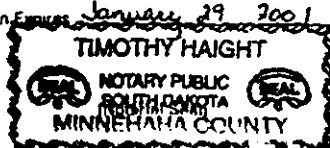
STATE OF South Dakota
COUNTY OF Minnehaha SS

I, Timothy Haight, a notary public, do hereby certify that on this 1 day of June 1993.

personally appeared before me Tony Haight who, being by me first duly sworn, declared that he/she is the
Treasurer of Sioux Valley Cycle Club, Inc.

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

My Commission Expires January 29, 2001



Timothy Haight
Notary Public

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-6077
605-773-4846

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 current street address, or a statement that there is no street address, of its registered office _____
ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____
ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the 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 a vice president 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)

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

9 3 0 7 1 6 5 3 5 1
1993
NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 6-22-93
RECEIPT NO. 324294

RECEIVED

JUN 22 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-006048 JUL/90
ST. JOHN'S CEMETARY ASSOCIATION
PETERSON, DON
BOX 134
YANKTON, SD 57078-0134

Day Time Phone # 605 665 7801

Federal Identification # _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is To provide perpetual care and upkeep of the St. John's Cemetery.
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ -0-
* Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Don Peterson</u>	President	<u>3rd & Mulberry</u>	<u>Yankton</u>	<u>SD</u>	<u>57078</u>
<u>Howard Peterson</u>	Vice President		<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Mrs. Doris Johnson</u>	Secretary	<u>1512 W. 30th</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57105</u>
<u>Mrs. Earl Peterson</u>	Treasurer		<u>Centerville</u>	<u>SD</u>	<u>57014</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Mrs. Doris Johnson</u>	Director	<u>1512 W. 30th</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57105</u>
<u>Duane Harmon</u>	Director		<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Don Peterson</u>	Director	<u>3rd & Mulberry</u>	<u>Yankton</u>	<u>SD</u>	<u>57078</u>

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

Dated June 21, 19 93

By Don Peterson
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Yankton ss

I, Mark A. Yonke, a notary public, do hereby certify that on this 21 day of June, 19 93,

personally appeared before me Don Peterson who, being by me first duly sworn, declared that he/she is the President of St. John's Cemetery Association

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

My Commission Expires 12-1-97

Mark A. Yonke
Notary Public

(Notary Seal)

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**

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 current street address, or a statement that there is no street address, of its registered office _____
_____ ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the 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 a vice president 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)

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

9 3 0 7 1 6 3 3 5 1
1993
NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 6-22-93
RECEIPT NO. 324094

RECEIVED

JUN 22 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-006048 JUL/90
ST. JOHN'S CEMETARY ASSOCIATION
PETERSON, DON
BOX 134
YANKTON, SD 57078-0134

Day Time Phone # 605 665 7801

Federal Identification # N/A

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is To provide perpetual care and upkeep of the St. John's Cemetery.
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is 0
* Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Don Peterson</u>	<u>President</u>	<u>3rd & Mulberry</u>	<u>Yankton</u>	<u>SD</u>	<u>57078</u>
<u>Howard Peterson</u>	<u>Vice President</u>		<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Mrs. Doris Johnson</u>	<u>Secretary</u>	<u>1512 W. 30th</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57105</u>
<u>Mrs. Earl Peterson</u>	<u>Treasurer</u>		<u>Centerville</u>	<u>SD</u>	<u>57014</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Mrs. Doris Johnson</u>	<u>Director</u>	<u>1512 W. 30th</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57105</u>
<u>Duane Harmon</u>	<u>Director</u>		<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Don Peterson</u>	<u>Director</u>	<u>3rd & Mulberry</u>	<u>Yankton</u>	<u>SD</u>	<u>57078</u>

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

Dated June 21, 19 93

By Don Peterson
(Signature)

President
(Title)

STATE OF South Dakota
COUNTY OF Yankton

I, Mark A. Yonke, a notary public, do hereby certify that on this 21 day of June, 19 93

personally appeared before me Don Peterson who, being by me first duly sworn, declared that he/she is the President of St. John's Cemetery Association

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

My Commission Expires 12-1-97

Mark A. Yonke
Notary Public

(Notarial Seal)

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**

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 current street address, or a statement that there is no street address, of its registered office _____
_____ ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the 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 a vice president in the presence of a Notary Public.

Date _____ 19_____

(signature)

(title)

STATE OF _____
COUNTY OF _____ as

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 6-17-96
RECEIPT NO. 553987

RECEIVED

JUN 17 1996

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-006048 JUL/93
ST. JOHN'S CEMETARY ASSOCIATION
PETERSON, DON
BOX 134
YANKTON, SD 57078-0134

Day Time Phone # _____

Federal Identification # _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is To provide perpetual care and upkeep of the ST. Johns's Cemetery

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 0
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Don Peterson</u>	President	<u>3rd & Mulberry</u>	<u>Yankton</u>	<u>SD</u>	<u>57078</u>
<u>Howard Peterson</u>	Vice President		<u>Centerville, SD</u>		<u>57014</u>
<u>Doris Johnson</u>	Secretary	<u>1512 W 30th</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57105</u>
<u>Mrs Earl Peterson</u>	Treasurer		<u>Centerville</u>	<u>SD</u>	<u>57014</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Mrs Doris Johnson</u>	Director	<u>1512 W 30 th</u>	<u>Sioux Falls</u>	<u>SD</u>	<u>57105</u>
<u>Duane Harmon</u>	Director		<u>Centerville, SD</u>		<u>57014</u>
<u>Don Peterson</u>	Director	<u>3rd & Mulberry</u>	<u>Yankton</u>	<u>SD</u>	<u>57078</u>

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

Dated 6-15 1996

By Don Peterson
(Signature) must be signed in the presence of a notary
its Chairman & president
(Title)

STATE OF SD
COUNTY OF YANKTON ss

I, Mark A. Youke a notary public, do hereby certify that on this 15th day of JUNE 1996 personally appeared before me DON PETERSON who, being by me first duly sworn, declared that he/she is the

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

My Commission Expires 12-1-97

Mark A. Youke
Notary Public

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

FILING FEE: * \$5 In addition to annual report fee
* No fee for postal renumbering. (must be stated on the form)

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 registered office address: _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date _____ 19 _____

(signature) must be signed in the presence of a notary

(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 the corporation named
above, and 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)

1999

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

NONPROFIT REPORT
PLEASE TYPE OR USE BLACK INK

9908198 3334

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 6-21-99
RECEIPT NO. 407667
RECEIVED
JUN 21 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-006048 JUL/96
ST. JOHN'S CEMETARY ASSOCIATION
PETERSON, DON
BOX 134
YANKTON, SD 57078-C134

Day Time Phone # 605 665 7801

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is To provide
perpetual care and upkeep of the St. John's Cemetery.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of Incorporation.

B. The amount of property presently held by the corporation is \$ -0-
*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Don Peterson</u>	<u>President</u>	<u>3rd & Mulberry</u>	<u>Yankton</u>	<u>SD</u>	<u>57078</u>
<u>Howard Peterson</u>	<u>Vice President</u>	<u></u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Mrs. Margaret Frick</u>	<u>Secretary</u>	<u></u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>
<u>Mrs. Earl Peterson</u>	<u>Treasurer</u>	<u></u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Mrs. Margaret Frick</u>	<u>Director</u>	<u></u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>
<u>Duane Harmon</u>	<u>Director</u>	<u></u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Don Peterson</u>	<u>Director</u>	<u>3rd & Mulberry</u>	<u>Yankton</u>	<u>SD</u>	<u>57078</u>

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

Dated June 18, 19 99

By Don Peterson
(Signature) must be signed in the presence of a notary
Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Yankton

I, Mark A. Yonke, a notary public, do hereby certify that on this 18 day of June, 19 99,
personally appeared before me Don Peterson who, being by me first duly sworn, declared that he/she is the
President of the corporation named above, and signed the foregoing document as officer of

the corporation, and the statements therein contained are true.

My Commission Expires 12-1-03

Mark A. Yonke
Notary Public

(Notarial Seal)

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: \$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 (old) registered office address _____
_____ 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 (current) 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) must be signed in the presence of a notary)

(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)

2002 NONPROFIT REPORT

FILE DATE 7-1-02
 RECEIPT NO. 113810
 RECEIVED
 JUN 20 02

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NS-006048 JUL/1999
 ST. JOHN'S CEMETARY ASSOCIATION
 PETERSON, DON
 BOX 134
 YANKTON SD 57078-0134

Day Time Phone # 1-800-455-6838
 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.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is to provide perpetual care for St. John's Cemetery
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
 B. The amount of property presently held by the corporation is \$ 8,000
 * Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Stanley Knudson</u>	<u>President</u>	<u>341 Dakota St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Floyd Anderson</u>	<u>Vice President</u>	<u>620 Center St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>David D. Olson</u>	<u>Secretary</u>	<u>46616 298 St.</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>
<u>David D. Olson</u>	<u>Treasurer</u>	<u>46616 298 St.</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Stanley Knudson</u>	<u>Director</u>	<u>341 Dakota St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Floyd Anderson</u>	<u>Director</u>	<u>620 Center St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>David D. Olson</u>	<u>Director</u>	<u>46616 298 St.</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>

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

Dated 6/18/02
 By David D. Olson
 (Signature)
 Its Sec. - Treas.
 (Title)

STATE OF SD
 COUNTY OF Turner SS
 On this the 18th day of June, 2002, before me, Donald A. Miller, known to me, or proved to me, personally appeared David Olson, to be the Sec. Treas of the corporation that is described in and that executed the within instrument and acknowledged to me that corporation executed the same.

My Commission Expires 8/25/06
 Notary Seal: _____
 Notary Public Donald A Miller

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

FILING FEE: \$5 In addition to corporate 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 St. John's Cemetary Association
2. The previous street address, or a statement that there is no street address, or its registered office Box 134 Yankton, SD ZIP 57078-0134
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. 46616 298 St. Beresford, SD ZIP 57004-6218
4. The name of its previous registered agent is Don Peterson
5. The name of its successor (current) registered agent is David D. Olson

*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 6/18/02

David D. Olson
(Signature) must be signed in the presence of a notary
Sec. - Treas.
(Title)

STATE OF SD ss
COUNTY OF Turner

I, Donald A. Miller, a notary public, do hereby certify that on this 18th day of June, personally appeared before me David Olson who, being by me first duly sworn, declared that he/she is the Sec. - Treas of St John's Cemetary Association that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 8/25/06

Donald A. Miller
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, David D. Olson, hereby give my consent to serve as the
(name of registered agent)
registered agent for: St. John's Cemetary Association
(corporate name)
Dated 6/18/2002
David D. Olson
(signature of registered agent)

2004 NONPROFIT REPORT

FILE DATE 7/1/04
 RECEIPT NO. 1337412

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

RECEIVED

RECEIVED

JUL 01 '04

JUN 21 '04

Corporate Name, Registered Agent and Registered Address:



* NS006048 *
 NS006048 JUL/2002
 ST. JOHN'S CEMETARY ASSOCIATION
 OLSON, DAVID O.
 46616 298TH ST
 BERESFORD SD 57004-6218

S.D. SEC. of STATE

S.D. SEC. of STATE

Day Time Phone # 605-563-2648

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Cemetery

To provide perpetual care for St. John's Cemetery

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 8000⁰⁰
 * Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Stanley Knudson</u>	<u>President</u>	<u>341 Dakota St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Floyd Anderson</u>	<u>Vice President</u>	<u>620 Center St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>David Olson</u>	<u>Secretary</u>	<u>46616 298 St.</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>
<u>David Olson</u>	<u>Treasurer</u>	<u>46616 298 St.</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Stanley Knudson</u>	<u>Director</u>	<u>341 Dakota St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Floyd Anderson</u>	<u>Director</u>	<u>620 Center St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>David Olson</u>	<u>Director</u>	<u>46616 298 St.</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 6/18/04

David O. Olson
 (Signature)

Sec. - Treasurer
 (Title)

229 1179 07/08/2004

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent) _____

239 0972 07/15/2005

2005 NONPROFIT REPORT

FILE DATE 07/01/05
RECEIPT NO. 1453910

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

RECEIVED

JUN 24 05

Corporate Name, Registered Agent and Registered Address:



* NS006048 *
NS006048 JUL/2004
ST. JOHN'S CEMETARY ASSOCIATION
OLSON, DAVID D.
46616 298TH ST
BERESFORD SD 57004-6218

Day Time Phone # 605-563-2898
Federal Taxpa
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Burial of dead human body

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 8000
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Stanley Knudson</u>	President	<u>341 Dakota St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Flayge Anderson</u>	Vice President	<u>620 Center St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
	Secretary				
<u>David D. Olson</u>	Treasurer	<u>46616 298 St.</u>	<u>Beresford</u>	<u>SD</u>	<u>57004</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Stanley Knudson</u>	Director	<u>341 Dakota St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>Flayge Anderson</u>	Director	<u>620 Center St.</u>	<u>Centerville</u>	<u>SD</u>	<u>57014</u>
<u>David D. Olson</u>	Director	<u>46616 298 St.</u>	<u>Beresford</u>	<u>SD</u>	<u>57014</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 6/22/05

David D. Olson
(Signature)

Treasurer
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____

_____ ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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 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 of registered agent)

2006

NONPROFIT REPORT

FILE DATE 07/01/06
RECEIPT NO 1571585
RECEIVED
JUN 19 06
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NS006048 JUL/2005
ST. JOHN'S CEMETARY ASSOCIATION
OLSON, DAVID O.
46616 298TH ST
BERESFORD SD 57004-6218

Day Time Phone # 605-563-2648
Federal Tax:
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Burial of human bodies

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 8000.
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP. Includes entries for Stanley Knudson (President), Floyd Anderson (Vice President), and David D. Olson (Treasurer).

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP. Includes three rows for Director positions.

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 6/19/06

Signature: David D. Olson
Title: Treasurer

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent) _____

2007 NONPROFIT REPORT

FILE DATE 07/02/07
 RECEIPT NO. 1693237

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

RECEIVED RECEIVED
 JUL 02 2007 JUL 27 2007
 S.D. SEC. OF STATE S.D. SEC. OF STATE

264 1273

1. Corporate Name, Registered Agent and Registered Address:



NS006048
 NS006048 JUL/2006
 ST. JOHN'S CEMETARY ASSOCIATION
 OLSON, DAVID O.
 46616 298TH ST
 BERESFORD SD 57004-6218

Day Time Phone # 605-563-2648
 Federal Tax#
 FILING DATE: Due during the month the Certificate
 of Incorporation was issued, and delinquent after
 the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Burial of dead human bodies

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
 B. The amount of property presently held by the corporation is \$ 8000
 * Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input checked="" type="checkbox"/> Stanley Knudson	President	341 Dakota St.	Centerville	SD	57014
<input checked="" type="checkbox"/> Floyd Anderson	Vice President	620 Center St.	Centerville	SD	57014
<input checked="" type="checkbox"/> Dianna Olson	Secretary	46616 298 St.	Beresford	SD	57004
<input checked="" type="checkbox"/> David Olson	Treasurer	46616 298 St.	Beresford	SD	57004

5. The names and addresses of directors (state law requires a minimum of three) and directors and officers are the same as listed above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 6/25/07

David O. Olson
 (Signature)

Treasurer
 (Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 officer.

Dated _____ (Signature) _____

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 of registered agent)

2008

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 07/01/08
RECEIPT NO 1811218
RECEIVED
JUN 25 2008
S.D. SEC. OF STATE

Corporate Name, Registered Agent Name and Address:



* NS006048 *
NS006048 JUL/2007
ST. JOHN'S CEMETARY ASSOCIATION
OLSON, DAVID O.
46616 298TH ST
BERESFORD SD 57004-6218

Telephone # 605-563-2648
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.

46616 298 St. Beresford SD 57004-6218
Street Address City State ZIP+4

Same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

David D. Olson
46616 298 St. Beresford SD 57004-6218
Street Address (Required to be a South Dakota Address) City State ZIP+4

Same
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 three directors.

Stanley Knudson 341 Dakota St. Centerville, SD 57014
President Street Address City State ZIP+4

Floyd Anderson 620 Center St. Centerville, SD 57014
Vice President Street Address City State ZIP+4

Secretary Street Address City State ZIP+4

David D. Olson 46616 298 St. Beresford, SD 57004-6218
Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Dated 6/03/08

David D. Olson
(Signature of an authorized officer)

David D. Olson
(Printed Name)

Treasurer
(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)

2009

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

**ANNUAL REPORT
DOMESTIC NONPROFIT**

Please Type or Print Clearly in Ink

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

FILE DATE 7/10/09
RECEIPT NO 7928945

RECEIVED

JUL 10 2009

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS006048
NS006048 JUL/2008
ST. JOHN'S CEMETARY ASSOCIATION
OLSON, DAVID D.
46616 298TH ST
BERESFORD SD 57004-6218

Telephone # 605-563-2648

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.

46616 298 St. Beresford SD 57004-6218
Street Address City State ZIP+4

Same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

David D. Olson

46616 298 St. Beresford SD 57004-6218
Street Address (Required to be a South Dakota Address) City State ZIP+4

Same
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 three directors.

Stanley Knudson 341 Dakota St. Centerville SD 57014
President Street Address City State ZIP+4

Floyd Anderson 620 Center St. Centerville SD 57014
Vice President Street Address City State ZIP+4

Secretary Street Address City State ZIP+4

David D. Olson 46616 298 St. Beresford SD 57004-6218
Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Dated 7/8/09

David D. Olson
(Signature of an authorized officer)

David D. Olson
(Printed Name)

Treasurer
(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)

2010

ANNUAL REPORT DOMESTIC NONPROFIT

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

Please Type or Print Clearly in Ink

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

FILE DATE 07/21/10 RECEIPT NO 2244157 RECEIVED JUN 30 2010 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS006048 JUL/2009 ST. JOHN'S CEMETARY ASSOCIATION OLSON, DAVID O. 46616 298TH ST BERESFORD SD 57004-6218

Telephone # 605-563-2648 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.

46616 298 St. Beresford SD 57004-6218

Mailing Address (Optional) Same

4. The name of the South Dakota Registered Agent David D. Olson

46616 298 St. Beresford SD 57004-6218

Mailing Address (Optional - Required to be a South Dakota Address) Same

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 three directors.

Stanley Knudson 341 Dakota St. Centerville SD 57014

Floyd Anderson 620 Center St. Centerville SD 57014

Secretary Street Address City State ZIP+4

David D. Olson 46616 298 St. Beresford, SD 57004-6218

Director 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 6/28/10

David D. Olson (Signature of an Authorized Person) David D. Olson (Printed Name)

307 2836

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

ANNUAL REPORT DOMESTIC NONPROFIT

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

Please Type or Print Clearly in Ink

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

FILE DATE 5/25/11 RECEIPT NO 2159063 RECEIVED MAY 25 2011 S.D. SEC. OF STATE Telephone # 605-563-2648

321 1430

1. Corporate Name, Registered Agent Name and Address:



NS006048 JUL/2010 ST. JOHN'S CEMETARY ASSOCIATION OLSON, DAVID O. 46616 298TH ST BERESFORD SD 57004-6218

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. 46616 298 St. Beresford SD 57004-6218

Street Address City State ZIP+4

Mailing Address City State ZIP+4

Email Address None

4. The name of the South Dakota Registered Agent David D. Olson 46616 298 St. Beresford SD 57004-6218

Street Address or Rural Route Box Number in This State and City State ZIP+4

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

Email Address None

5. The names and 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 three directors.

[x] Stanley Knudson 341 Dakota St, Centerville SD 57014 President Street Address City State ZIP+4

[x] Floyd Anderson 620 Center St, Centerville, SD 57014 Vice President Street Address City State ZIP+4

[] Secretary Street Address City State ZIP+4

[x] David D. Olson 46616 298 St. Beresford, SD 57004-6218 Treasurer Street Address City State ZIP+4

[] Director 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 5/23/11

David D. Olson (Signature of an Authorized Person)

Email

David D. Olson (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 _____
(Old Registered Agent)

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

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

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

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

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

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

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
--	------	-------	-------

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

Email Address _____

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

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

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 8/15/2012

RECEIPT NO 57156

1. Corporate Name and Address:

NS006048
ST. JOHN'S CEMETARY ASSOCIATION
46616 298 ST
BERESFORD, SD 57004

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

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

46616 298 ST	BERESFORD	SD	57004
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: DAVID O. OLSON

46616 298TH ST	BERESFORD	SD	57004-6218
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 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 three director.

<input checked="" type="checkbox"/>	STANLEY KNUDSON	341 DAKOTA ST	CENTERVILLE	SD	57014
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	FLOYD ANDERSON	620 CENTER ST	CENTERVILLE	SD	57014
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DAVID D OLSON	46616 298 ST	BERESFORD	SD	57004-6218
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DAVID D OLSON	46616 298 ST	BERESFORD	SD	57004-6218
	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
<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 08/15/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID D OLSON

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 6/27/2013

RECEIPT NO 125691

1. Corporate Name and Address:

NS006048
ST. JOHN'S CEMETARY ASSOCIATION
46616 298 ST
BERESFORD, SD 57004

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

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

46616 298 ST BERESFORD SD 57004

Street Address City State ZIP+4

46616 298 ST BERESFORD SD 57004

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID O. OLSON

46616 298TH ST BERESFORD SD 57004-6218

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 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 three director.

STANLEY KNUDSON 341 DAKOTA ST CENTERVILLE SD 57014
President Street Address City State ZIP+4

FLOYD ANDERSON 620 CENTER ST CENTERVILLE SD 57014
Vice President Street Address City State ZIP+4

DAVID D OLSON 46616 298 ST BERESFORD SD 57004-6218
Secretary Street Address City State ZIP+4

DAVID D OLSON 46616 298 ST BERESFORD SD 57004-6218
Treasurer Street Address City State ZIP+4

Director 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 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 06/27/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID D OLSON

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE DATE 7/14/2014

RECEIPT NO 216347

1. Corporate Name and Address:

NS006048
ST. JOHN'S CEMETARY ASSOCIATION
46616 298 ST
BERESFORD, SD 57004

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

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

46616 298 ST	BERESFORD	SD	57004
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: DAVID O. OLSON

46616 298TH ST	BERESFORD	SD	57004-6218
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 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 three director.

<input checked="" type="checkbox"/>	FERNE OLSON	507 W MAPLE	BERESFORD	SD	57004
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	FLOYD ANDERSON	620 CENTER ST	CENTERVILLE	SD	57014
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DIANNA OLSON	46616 298 ST	BERESFORD	SD	57004-6218
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DAVID D OLSON	46616 298 ST	BERESFORD	SD	57004-6218
	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
<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 07/14/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID D OLSON

(Printed Name)

2015

Enter Filing Year

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

ANNUAL REPORT
DOMESTIC NONPROFIT
SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATEFILE DATE 7/23/2015RECEIPT NO 321782

Telephone # _____

1. Corporate Name and Address:

NS006048ST. JOHN'S CEMETARY ASSOCIATION2. The jurisdiction under whose law it is formed SOUTH DAKOTA

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

46616 298TH ST BERESFORD SD 57004-6218

Actual Street Address or Rural Route Box Number City State ZIP+4

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: DAVID O. OLSON46616 298TH ST BERESFORD SD 57004-6218

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

Email Address (Optional)

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 three director.

<input checked="" type="checkbox"/>	<u>FERNE OLSON</u>	<u>507 W MAPLE</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004</u>
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	<u>FLOYD ANDERSON</u>	<u>620 CENTER ST</u>	<u>CENTERVILLE</u>	<u>SD</u>	<u>57014</u>
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	<u>DIANNA OLSON</u>	<u>46616 298 ST</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-6218</u>
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	<u>DAVID OLSON</u>	<u>46616 298 ST</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-6218</u>
	Treasurer	Actual Street Address	City	State	ZIP+4

Director

Actual Street Address

City

State

ZIP+4

Director

Actual Street Address

City

State

ZIP+4

Director

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

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

(Optional)

DAVID D OLSON

(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.

7/23/2015 2:10:13 PM

2016

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

ANNUAL REPORT
DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

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

FILE DATE 7/15/2016

RECEIPT NO 430016

1. Corporate ID and Name:

NS006048

Enter Corporate ID

ST. JOHN'S CEMETARY ASSOCIATION

Enter Corporate Name

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

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

46616 298TH ST	BERESFORD	SD	57004-6218
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: DAVID O. OLSON

46616 298TH ST	BERESFORD	SD	57004-6218
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 addresses of its principal officers and directors (governors). South Dakota Law requires at least three directors.

<input checked="" type="checkbox"/>	FLOYD ANDERSON	620 CENTER ST	CENTERVILLE	SD	57014
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DIANNA OLSON	46616 298 ST	BERESFORD	SD	57004-6218
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DAVID OLSON	46616 298 ST	BERESFORD	SD	57004-6218
	Treasurer	Actual Street Address	City	State	ZIP+4

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

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



FERNE OLSON

507 W MAPLE

BERESFORD

SD

57004

Vice President

Actual Street Address

City

State

ZIP+4

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID D OLSON

(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.

7/15/2016 8:13:40 AM