

Receipt Number: 2177870

File Number **DL025439**



ARTICLES_OF_ORGANIZATION

For

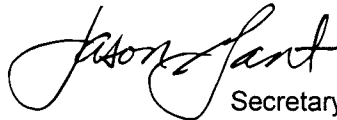
ST. CLAIR MANAGEMENT, LLC

Filed at the request of:

ROBERT M RONAYNE
RONAYNE AND WEIN LLP
PO BOX 759
ABERDEEN SD 57402

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Tuesday, August 16, 2011**


Secretary of State

Fee Received: \$150.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL025439

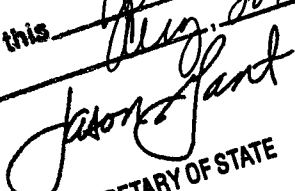
I, Jason M. Gant, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **ST. CLAIR MANAGEMENT, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found 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 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 August 16, 2011.



Jason M. Gant
Secretary of State

Filed this 16th day of Aug. 2011

 SECRETARY OF STATE

RECEIVED

AUG 16 2011

S.D. SEC. OF STATE

ARTICLES OF ORGANIZATION
OF
ST. CLAIR MANAGEMENT, LLC

The undersigned hereby forms a limited liability company under SDCL §47-34A, and adopt as the Articles of Organization for such limited liability company the following:

ARTICLE I
NAME

The name of the limited liability company is ST. CLAIR MANAGEMENT, LLC.

ARTICLE II
DURATION

The duration of the company is perpetual.

ARTICLE III
ADDRESS OF DESIGNATED OFFICE

The address of the designated office of the limited liability company is 37644 184th Street, Tulare, South Dakota 57476.

ARTICLE IV
IDENTITY AND ADDRESS OF REGISTERED AGENT

The name and street address of the initial agent for service of process is WILLIAM F. ST. CLAIR, 37644 184th Street, Tulare, South Dakota 57476.

ARTICLE V
ORGANIZERS

The name and address of each organizer is as follows:

WILLIAM F. ST. CLAIR
 37644 184th Street
 Tulare, South Dakota 57476; and

JoANN ST. CLAIR
 37644 184th Street
 Tulare, South Dakota 57476.

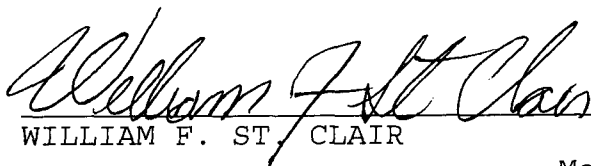
ARTICLE VI
MANAGEMENT

The company is a member managed company.

ARTICLE VII
LIMITATION OF LIABILITY

To the fullest extent permitted by SDCL §47-34A-303(c) no member of the company is to be liable for its debts and obligations.

Dated this 15th day of August, 2011.

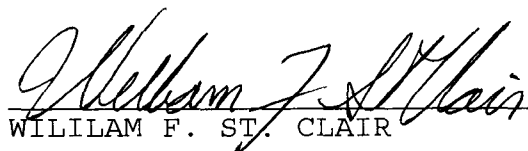

WILLIAM F. ST. CLAIR

Member

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, WILLIAM F. ST. CLAIR, hereby give my consent to serve as the registered agent for ST. CLAIR MANAGEMENT, LLC.

Dated this 15th day of August, 2011.


WILLIAM F. ST. CLAIR

2012

Enter Filing Year

ANNUAL REPORT

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

FILE 8/8/2012

RECEIPT NO 56830

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

DL025439
ST. CLAIR MANAGEMENT, LLC
37644 184TH STREET
TULARE, SD 57476-7007

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

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

37644 184TH STREET	TULARE	SD	57476-7007
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM F. ST. CLAIR

37644 184TH STREET	TULARE	SD	57476-7007
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.

☐

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 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 08/08/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM F ST. CLAIR

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

FILE 7/24/2013

RECEIPT NO 130518

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

DL025439
ST. CLAIR MANAGEMENT, LLC
37644 184TH STREET
TULARE, SD 57476-7007

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

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

37644 184TH STREET	TULARE	SD	57476-7007
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM F. ST. CLAIR

37644 184TH STREET	TULARE	SD	57476-7007
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.

☐

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 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 07/24/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM F ST. CLAIR

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

FILE DATE 8/5/2014

RECEIPT NO 221535

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

DL025439
ST. CLAIR MANAGEMENT, LLC
37644 184TH STREET
TULARE, SD 57476-7007

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

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

37644 184TH STREET	TULARE	SD	57476-7007
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM F. ST. CLAIR

37644 184TH STREET	TULARE	SD	57476-7007
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.

☐

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 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 08/05/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM F. ST. CLAIR

(Printed Name)

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 7/26/2015

RECEIPT NO 322322

Telephone #

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

DL025439

ST. CLAIR MANAGEMENT, LLC

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

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

37644 184TH STREET TULARE SD 57476-7007

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: WILLIAM F. ST. CLAIR

37644 184TH STREET TULARE SD 57476-7007

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 managers. If the L.L.C. is member-managed, the names and addresses of the members 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 07/26/2015

Email

(Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM F ST CLAIR

(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.

7/26/2015 8:00:19 AM

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 7/27/2016

RECEIPT NO 439521

1. LLC ID and Name:

DL025439

Enter LLC ID

ST. CLAIR MANAGEMENT, 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).

37644 184TH STREET

TULARE

SD

57476-7007

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: WILLIAM F. ST. CLAIR

37644 184TH STREET

TULARE

SD

57476-7007

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 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 07/27/2016

Signature Accepted Electronically

(Signature of an Authorized Person)
WILLIAM ST CLAIR

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. 7/27/2016 5:49:48 AM
A fee of up to \$40 will be assessed for returned payments.