

Receipt Number: 1882948

File Number DL018360



ARTICLES_OF_ORGANIZATION

For

CHAMBERLAIN REALTY LLC.

Filed at the request of:

DAVID J LARSON
LARSON LAW PC
PO BOX 131
CHAMBERLAIN SD 57325

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Friday, February 27, 2009**



Secretary of State

Fee Received: \$125.00

365,2795 03/02/2009
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State of South Dakota



OFFICE OF THE SECRETARY OF STATE

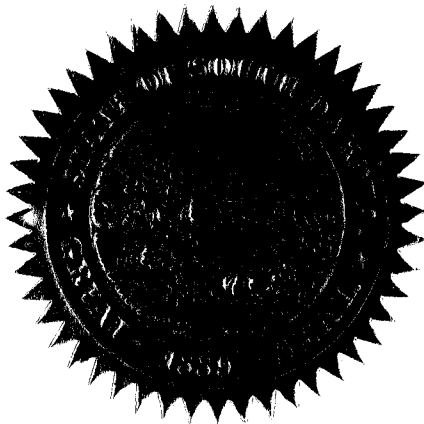
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL018360

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **CHAMBERLAIN REALTY 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 affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this February 27, 2009.



Chris Nelson

Chris Nelson
Secretary of State

365 2706

Filed this 27th day of Feb. 2009

Chi. Nelson
SECRETARY OF STATE

RECEIVED
FEB 27 2009
S.D. SEC. OF STATE

ARTICLES OF ORGANIZATION
OF A
DOMESTIC LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is: Chamberlain Realty LLC.
2. The duration of the company if other than perpetual is: Perpetual.
3. The address of the initial designated office is: 305 E. Stearns -- PO Box 316 *CHAMBERLAIN SD*
4. The name and street address of the initial agent for service of process is: David J. Larson, 131 S. Main St. -- PO Box 131, Chamberlain, SD 57325.
5. The name and address of each organizer:

Karri Swenson
305 E. Stearns
PO Box 316
Chamberlain, SD 57325

6. If the company is to be a manager-managed company rather than a member-managed company, the name and address of each initial manager is: The company is to be manager-managed and the name and address of the initial manager is:

Karri Swenson
305 E. Stearns
PO Box 316
Chamberlain, SD 57325

7. Whether one or more of the members of the company are to be liable for its debts and obligations under SDCL 47-34A-303(c).

No member or manager is personally liable for any debt, obligation, or liability of the company solely by reason of being or acting as a member or manager.

8. Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization:

The members, acting unanimously, shall be authorized, in the future, to create additional classes or groups of members having those relative rights, powers, or duties, including voting rights, as shall be expressed in the provisions then adopted. The rights,

DL 18360

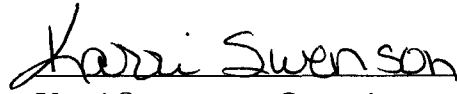
powers, or duties of a class or group so created may be senior to those of one or more existing classes or groups of members.

A member or manager may appoint a proxy to vote or otherwise act for the member or manager by signing an appointment instrument, either personally or by attorney in fact.

Action requiring the consent of members or managers may be taken without a meeting, by written consent signed by the manger or the number of members legally necessary to take such action.

The Articles of Organization must be signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date: 2-26 2009


Karri Swenson - Organizer

The Consent of Appointment must be signed by the resident agent.

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, David J. Larson, hereby consent to serve as the registered agent for Chamberlain Realty LLC.

Dated 2-26-09


Signature

FILING INSTRUCTIONS

One or more persons may organize a Limited Liability Company
One original and one exact or conformed copy must be submitted
FILING FEE \$125

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)

316 0757 03/17/2011

2011

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

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



DL018360
DL018360 FEB/2010
CHAMBERLAIN REALTY LLC
LARSON, DAVID J.
PO BOX 131
CHAMBERLAIN SD 57325-0131

FILE DATE	02/02/11
RECEIPT NO	2119649
RECEIVED	
FEB 02 2011	
S.D. SEC. OF STATE	

Telephone #	1-605-234-2222
FAX #	1-605-234-2221
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.	

2. The jurisdiction under whose law it is formed South Dakota

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

305 E. Stearns	Chamberlain	SD	57325
Street Address	City	State	ZIP+4
PO Box 316	Chamberlain	SD	57325
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent David J. Larson

131 S. Main Street	Chamberlain	SD	57325
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO Box 131	Chamberlain	SD	57325
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.

Karri Swenson	305 E. Stearns-PO BOX 316	Chamberlain	SD	57325
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

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

Dated 1-31-11

Karri Swenson
(Signature of an Authorized Person)

Karri Swenson
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE DATE 02/27/2012

RECEIPT NO 25454

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

DOMESTIC LLC

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

1. L.L.C. ID and Name:
DL018360
CHAMBERLAIN REALTY LLC
305 E STEARNS
CHAMBERLAIN, SD 57325-1451

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

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

305 E STEARNS	CHAMBERLAIN	SD	57325-1451
Street Address	City	State	ZIP+4
PO BOX 316	CHAMBERLAIN	SD	57325-0316
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID J. LARSON

131 S. MAIN ST	CHAMBERLAIN	SD	57325-1363
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 131	CHAMBERLAIN	SD	57325-0131
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input checked="" type="checkbox"/>	KARRI SWENSON	PO BOX 316	CHAMBERLAIN	SD	57325
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 02/27/2012

Signature Accepted Electronically
(Signature of an Authorized Person)
DAVID J LARSON
(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 2/11/2013

RECEIPT NO 94363

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

DL018360
CHAMBERLAIN REALTY LLC
305 E STEARNS
CHAMBERLAIN, SD 57325-1451

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

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

305 E STEARNS	CHAMBERLAIN	SD	57325-1451
Street Address	City	State	ZIP+4
PO BOX 316	CHAMBERLAIN	SD	57325-0316
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID J. LARSON

131 S. MAIN ST	CHAMBERLAIN	SD	57325-1363
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 131	CHAMBERLAIN	SD	57325-0131
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input checked="" type="checkbox"/>	KARRI SWENSON	PO BOX 316	CHAMBERLAIN	SD	57325
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 02/11/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID J LARSON

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE 2/25/2014

RECEIPT NO 179680

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL018360
CHAMBERLAIN REALTY LLC
305 E STEARNS
CHAMBERLAIN, SD 57325-1451

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

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

305 E STEARNS CHAMBERLAIN SD 57325-1451
Street Address City State ZIP+4
PO BOX 316 CHAMBERLAIN SD 57325-0316
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID J. LARSON
131 S. MAIN ST CHAMBERLAIN SD 57325-1363
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 131 CHAMBERLAIN SD 57325-0131
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.

[X] KARRI SWENSON PO BOX 316 CHAMBERLAIN SD 57325
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 02/25/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
DAVID J LARSON
(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 2/24/2015

RECEIPT NO 276346

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

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

DL018360
CHAMBERLAIN REALTY LLC
305 E STEARNS
CHAMBERLAIN, SD 57325-1451

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

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

305 E STEARNS CHAMBERLAIN SD 57325-1451
Street Address City State ZIP+4
PO BOX 316 CHAMBERLAIN SD 57325-0316
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID J. LARSON
131 S. MAIN ST CHAMBERLAIN SD 57325-1363
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 131 CHAMBERLAIN SD 57325-0131
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.

[X] KARRI SWENSON PO BOX 316 CHAMBERLAIN SD 57325
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 02/24/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
DAVID J LARSON
(Printed Name)

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 2/10/2016

RECEIPT NO 381760

1. LLC ID and Name:

DL018360

Enter LLC ID

CHAMBERLAIN REALTY 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).

305 E STEARNS	CHAMBERLAIN	SD	57325-1451
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 316	CHAMBERLAIN	SD	57325-0316
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID J. LARSON

131 S. MAIN ST	CHAMBERLAIN	SD	57325-1363
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 131	CHAMBERLAIN	SD	57325-0131
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	KARRI SWENSON	PO BOX 316	CHAMBERLAIN	SD	57325
	Manager	Actual Street Address	City	State	ZIP+4

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

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

6. Beneficial Interest (optional)

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

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID J LARSON

(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.

2/10/2016 9:35:33 AM