

09-0179.0370

Filed this 29th day of July 1996
Kerck Fingertine
SECRETARY OF STATE

RECEIVED
JUL 29 1996
S.D. SEC. OF STATE

ARTICLES OF INCORPORATION
OF
INVISIBLE, INC.

The undersigned, acting as incorporator of a corporation under the laws of the State of South Dakota, adopts the following Articles of Incorporation for such corporation:

ARTICLE I.

NAME

The name of the corporation is Invisible, Inc.

ARTICLE II.

DURATION

The period of its duration is perpetual.

ARTICLE III.

PURPOSE OF CORPORATION

The purpose for which the corporation is organized is to transact business regarding the operation and management of a drinking and eating establishment and related business activities.

ARTICLE IV.

SHARES

The aggregate number of shares which the corporation shall have authority to issue is 100,000 (one hundred thousand) and at one dollar (\$1.00) par value.

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11 10 10 10 10

ARTICLE V

COMMENCEMENT OF BUSINESS

The corporation will not commence business until consideration of the value of at least One thousand dollars (\$1,000.00) has been received for the issuance of shares.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address of the initial registered office of the corporation is 1464 Iowa SE, Huron, Beadle County, South Dakota 57350 and the name of its initial registered agent at such address is Richard C. Gunderson.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The number of directors consisting the initial board of directors of the corporation are three (3) and the names and addresses of those persons who are to serve as directors until the first annual meeting of shareholders or until his and/or her successors are elected and shall qualify are:

NAME	ADDRESS
Richard C. Gunderson	1464 Iowa SE Huron, SD 57350
Keith Murphy	1380 Michigan SW Huron, SD 57350
Lori Murphy	1380 Michigan SW Huron, SD 57350

0000000000

0260078.0670

ARTICLE VIII
INCORPORATOR

The name and address of the incorporator is:

NAME	ADDRESS
Richard C. Gunderson	1464 Iowa SE Huron, SD 57350

Dated at Huron, South Dakota, this 25th day of July, 1996

Richard C Gunderson
Richard C. Gunderson

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF BEADLE)

On this the 25th day of July, 1996 before me, the undersigned officer, personally appeared, Richard C. Gunderson, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledge that he executed the same for the purposes therein contained.

Ron J. Volesky
Notary Public Ron J. Volesky
My commission expires:
(SEAL)

1

10000000

0900278.0670

CONSENT OF AGENT

I, Richard C. Gunderson, consent to serve as the registered agent for Invisible, Inc.

Dated this 25th day of July, 1996

Richard C. Gunderson
Richard C. Gunderson

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF BEADLE)

On this the 25th day of July, 1996, before me, the undersigned officer, personally appeared, Richard C. Gunderson, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledge that the executed the same for the purposes therein contained.

Ron J. Volesky
Notary Public Ron J. Volesky
My commission expires: 3-07-97
(SEAL)

11/18/96

99-0279.7670

Receipt No: 558209

File Number: DB037498

ART OF INC
For
INVISIBLE, INC.

File at the request of:

RON VOLESKY
356 DAKOTA AVE S
HURON SD 57350

STATE OF SOUTH DAKOTA
OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on
Date July 29, 1996

Joyce Hazeltine
Secretary of State

Fee Recieved \$60 100,000 @ \$1.

SOS CRP 491 10/93

1997
 RETURN TO
 SECRETARY OF STATE
 STATE CAPITOL
 500 E. CAPITOL
 PIERRE, S.D. 57501-5077
 605-773-4845
 FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
 PLEASE TYPE OR USE BLACK INK

FILE DATE 8-12-97
 RECEIPT NO. 645856
 RECEIVED RECEIVED
 JUL 29 1997
 S.D. SEC. OF STATE

FILING FEE \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

DB-037498 JUL/00
 INVISIBLE, INC.
 GUNDERSON, RICHARD C.
 1464 IOWA SE
 HURON, SD 57350-3618

Telephone # 605-252-4359
 FAX # _____
 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.

******* ATTENTION - FILING INSTRUCTIONS *******

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota Bar and Casino

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Richard C. Gunderson</u>	President	<u>1464 Iowa SE</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Keith E. Murphy</u>	Vice President	<u>1380 Michigan SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Lori J. Murphy</u>	Secretary	<u>1380 Michigan SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES X NO ___ If no, list directors below

Director _____
 Director _____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ 1,000.00 (Money received for issued shares)

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

Date July 22, 1997 By Richard C. Gunderson
 (Signature)
 His President
 (Title)

STATE OF South Dakota
 COUNTY OF Beauregard
 I, Barbara Redrich, notary public, do hereby certify that on this 22nd day of July, 1997,
 personally appeared before me Richard C. Gunderson who, being by me first duly sworn, declared that he/she is the
President of Invisible, Inc.
 that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
 My Commission Expires _____
Barbara Redrich
 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**

File Date _____
Receipt No. _____

FILING FEE: \$10 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 street address, or a statement that there is no street address, of its registered office _____
_____ 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 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers 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)

1998

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-21-98
RECEIPT NO. RECEIVED
725305
JUL 21 1998
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-037498
INVISIBLE, INC.
GUNDERSON, RICHARD C.
1464 IOWA SE
HURON, SD 57350-3618

JUL/97

Telephone # _____

FAX # _____

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.

* * * * * ATTENTION - FILING INSTRUCTIONS * * * * *

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* * * * *

2. The character of the business in which it is actually engaged in South Dakota _____

3 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.

Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____

4 The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5 NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ _____ (Money received for issued shares)

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

Dated July 20 19 98

By Richard C. Gunderson
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, George F Merkel, a notary public, do hereby certify that on this 20th day of July 1998, personally appeared before me Richard C Gunderson who, being by me first duly sworn, declared that he/she is the President of Invisible, Inc.

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

My Commission Expires March 25, 1999

George F Merkel
Notary Public

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File Date: _____
Receipt No.: _____

FILING FEE: \$10 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 street address, or a statement that there is no street address, of its registered office _____
_____ 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 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers 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)

1999

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

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

9908198, 1066

FILE DATE 7-7-99 RECEIPT NO. 260660

RECEIVED

JUL 07 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-037498 JUL/98 INVISIBLE, INC. GUNDERSON, RICHARD C. 1464 IOWA SE HURON, SD 57350-3618

Telephone # FAX # 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.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

[X] ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT. *****

2. The character of the business in which it is actually engaged in South Dakota

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for President, Vice President, Secretary, Treasurer.

SD law requires at least one director. Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class: NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ (Money received for issued shares)

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

Dated July 5 19 99 By Richard C Gunderson (Signature) Its President (Title)

STATE OF South Dakota ss COUNTY OF Beale

I, George F. Merke, a notary public, do hereby certify that on this 5th day of July 1999, personally appeared before me Richard C Gunderson who, being by me first duly sworn, declared that he/she is the President of Invisible, Inc the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true. My Commission Expires December 26, 2004

Notary Public signature and stamp

(Notarial Seal)

SOS CRP 6/98

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: \$10 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 street address, or a statement that there is no street address, of its registered office _____
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 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)

(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)

2000

2000

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-1-00
RECEIPT NO. 892217

RECEIVED

JUN 19 '00

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-037498 JUL/1999
INVISIBLE, INC.
GUNDERSON, RICHARD C.
1464 IOWA SE
HURON SD 57350-3618

Telephone # _____
FAX # _____
Federal Taxpayer IC _____
FILING DATE: Due during the month the
Certificate of Incorporation was issued, and
delinquent after the last day of the following
month.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota _____

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.

Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

Director _____
Director _____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ _____ (Money received for issued shares)

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

Dated June 16, 2000

By Richard C. Gunderson
(Signature)
its President
(Title)

STATE OF South Dakota
COUNTY OF Beadle ss

On this the 16th day of June, 2000, before me, Ron J. Volesky,
personally appeared Richard C. Gunderson, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 3-7-05

Ron J. Volesky
Notary Public

(Notarial Seal)

SOS CRT 1739

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: \$10 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 street address, or a statement that there is no street address, of its registered office _____
ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing out 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 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 _____ (Signature) _____
(Title) _____

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____, personally appeared _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

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 _____ (signature) _____

0107209-3131
7118701

2001

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-1-01
RECEIPT NO. 986799

RECEIVED

MAY 31 2001

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-037498 JUL/2000
INVISIBLE, INC.
GUNDERSON, RICHARD C.
1464 IOWA SE

HURON SD 57350-3618

Telephone # _____

FAX # _____

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!

*** ATTENTION - FILING INSTRUCTIONS ***

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota _____

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.

Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

Director _____
Director _____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5 NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ _____ (Money received for issued shares)

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

Dated May 29, 2001

By Richard C Gunderson
(Signature)

Its President
(Title)

STATE OF South Dakota ss

COUNTY OF Beadle

On this the 29th day of May, 2001, before me, George F Merkel

personally appeared Richard C Gunderson, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires Dec 26, 2004

George F Merkel
Notary Public

(Notarial Seal)

SOS CRP 11/00

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: \$10 in addition to annual report fee

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1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ 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 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 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____, personally appeared _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

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 _____

(signature)

2002

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 7-8-02
RECEIPT NO. 1118824

RECEIVED

JUL 08 02

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-037498 JUL/2001
INVISIBLE, INC.
GUNDERSON, RICHARD C.
1464 IOWA SE
HURON SD 57350-3618

Telephone #
FAX #
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.

***** ATTENTION - FILING INSTRUCTIONS *****

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

[X] ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for President, Vice President, Secretary, Treasurer.

SD law requires at least one director. Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:
NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ (Money received for issued shares)

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

Dated June 26, 2002 By Richard C. Gunderson (Signature) Its President (Title)

STATE OF South Dakota COUNTY OF Beadle ss

On this the 26th day of June, 2002, before me, George F Merkel personally appeared Richard C Gunderson

to be the President known to me, or proved to me, of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires Dec. 26, 2004 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**

File Date _____
Receipt No. _____

FILING FEE: \$10 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 street address, or a statement that there is no street address, of its registered office _____
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 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 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____, personally appeared _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal)

<u>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</u>	
I, _____, hereby give my consent to serve as the	
(name of registered agent)	
registered agent for _____	
(corporate name)	
Dated _____	_____
	(signature)

2003

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

0308222.2429
8/27/03

FILE DATE 7-17-03
RECEIVED 72984
JUL 17 03

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB-037498 JUL/2002
INVISIBLE, INC.
GUNDERSON, RICHARD C.
1464 IOWA SE
HURON SD 57350-3618

Telephone #
FAX #
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.

ATTENTION - FILING INSTRUCTIONS

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report below in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota

3. The names and addresses of its directors and officers:

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for President, Vice President, Secretary, Treasurer.

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Table for listing additional directors with columns for NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

Table with columns: NUMBER OF SHARES CAN ISSUE (authorized), CLASS, SERIES, PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ (Money received for issued shares)

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

Dated July 14, 2003

By Richard C Gunderson (Signature)

Its President (Title)

STATE OF South Dakota ss
COUNTY OF Beadle

On this the 14th day of July 20 03, before me, George F Merkel personally appeared Richard C Gunderson, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires Dec 26, 2004

George F Merkel
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.state.sd.us/sos

SOS CRP 07/03

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: \$10 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 street address, or a statement that there is no street address, of its registered office _____
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 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 _____ (Signature) _____
(Title) _____

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____, personally appeared _____, known to me, or proved to me, to be the _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

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 _____ (signature) _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File Date _____
Receipt No. _____

FILING FEE: \$10 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 street address, or a statement that there is no street address, of its registered office _____
_____ 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 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 any other 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) _____

240 0442 08/12/2005

2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 07/29/05
 RECEIPT NO. 1462451
 RECEIVED
 JUL 29 '05
 S.D. SEC. OF STATE
 18 '05
 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:


 DB037498
 DB037498 JUL/2004
 INVISIBLE, INC.
 GUNDERSON, RICHARD C.
 1464 IOWA SE
 HURON SD 57350-3618

Telephone # _____
FAX # _____

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The address of the principal office 322 Dakota Ave S. Huron, SD. 57350-3618

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Richard Gunderson</u>	<u>President</u>	<u>1464 Iowa S.E.</u>	<u>Huron</u>	<u>SD</u>	<u>57350-</u>
<u>Keith Murphy</u>	<u>Vice President</u>	<u>1380 Michigan S.W.</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Senja Gunderson</u>	<u>Secretary</u>	<u>1464 Iowa S.E.</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Lori Murphy</u>	<u>Treasurer</u>	<u>1380 Michigan S.W.</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>

4. Provide a brief description of the nature of the business Bar

SD law requires at least one director.
 Do the above listed officers serve also as directors? YES NO If no, list directors below.
 _____ Director
 _____ Director

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>100,000</u>	<u>Common</u>	

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
<u>1,060</u>	<u>Common</u>	

The statement may be signed by any authorized officer of the Corporation.

Dated 7-16-05

Richard C Gunderson
Signature

Richard Gunderson
Printed Name

President
Title

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 Invisible Inc.
2. The street address, or a statement that there is no street address, of its current registered office _____
~~300 Dakota S Highway SD 57350~~ ZIP + 4 _____
3. The new 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 current registered agent is _____
5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated _____

Signature

Printed Name

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)

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: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 street address, or a statement that there is no street address, of its current registered office _____

_____ ZIP + 4 _____

3. The new 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 current registered agent is _____

5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated _____

Signature

Printed Name

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)

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File Date _____

Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 street address, or a statement that there is no street address, of its current registered office _____
_____ ZIP + 4 _____
3. The new 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 current registered agent is _____
5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated _____

Signature

Printed Name

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)

279 1406 08/12/2008

2008

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to SECRETARY OF STATE

FILE DATE	<u>07/30/08</u>
RECEIPT NO	<u>1821280</u>
RECEIVED	
JUL 30 2008	
S.D. SEC. OF STATE	

1. Corporate Name, Registered Agent Name and Address:



* D B 0 3 7 4 9 8 *
DB037498 JUL/2007
INVISIBLE, INC.
GUNDERSON, RICHARD C.
1464 IOWA SE
HURON SD 57350-3618

Telephone #	_____
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.

<u>1464 Iowa SE</u> Street Address	<u>Huron</u> City	<u>SD</u> State	<u>57350</u> ZIP+4
_____ Mailing Address (Optional)	_____ City	_____ State	_____ ZIP+4

3. The name of the South Dakota Registered Agent Richard C Gunderson

<u>1464 Iowa SE</u> Street Address (Required to be a South Dakota Address)	<u>Huron</u> City	<u>SD</u> State	<u>57350</u> ZIP+4
_____ 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 one director.

<input type="checkbox"/>	_____ President	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input checked="" type="checkbox"/>	<u>Richard Gunderson</u> Vice President	<u>1464 Iowa SE</u> Street Address	<u>Huron</u> City	<u>SD</u> State	<u>57350</u> ZIP+4
<input checked="" type="checkbox"/>	<u>Keith Murphy</u> Secretary	<u>1380 Michigan SW</u> Street Address	<u>Huron</u> City	<u>SD</u> State	<u>57350</u> ZIP+4
<input checked="" type="checkbox"/>	<u>Lori Murphy</u> Treasurer	<u>1380 Michigan SW</u> Street Address	<u>Huron</u> City	<u>SD</u> State	<u>57350</u> ZIP+4
<input checked="" type="checkbox"/>	<u>Sonja Gunderson</u> Director	<u>1464 Iowa SE</u> Street Address	<u>Huron</u> City	<u>SD</u> State	<u>57350</u> ZIP+4
<input type="checkbox"/>	_____ Director	_____ Street Address	_____ City	_____ State	_____ ZIP+4

Dated July 12, 2008

(Signature of an authorized officer)

Keith Murphy
(Printed Name)

Vice President
(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

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 07/09/09
RECEIPT NO 1927656
RECEIVED
JUL 09 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB037498 JUL/2008
INVISIBLE, INC.
GUNDERSON, RICHARD C.
1464 IOWA SE
HURON SD 57350-3618

Telephone #
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.

1464 Iowa SE Huron SD 57350
Street Address City State ZIP+4
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Richard Gunderson

1464 Iowa SE Huron SD 57350
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

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 one director.

- Richard Gunderson 1464 Iowa SE Huron SD 57350 President Street Address City State ZIP+4
Keith Murphy 1380 Michigan SW Huron SD 57350 Vice President Street Address City State ZIP+4
Lori Murphy 1380 Michigan SW Huron SD 57350 Secretary Street Address City State ZIP+4
Sonja Gunderson 1464 Iowa SE Huron SD 57350 Treasurer Street Address City State ZIP+4
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4

Dated 07-03-09

Richard C Gunderson (Signature of an authorized officer)
RICHARD-C-GUNDERSON (Printed Name)
President (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

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

Please Type or Print Clearly in Ink

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

FILE DATE 07/14/10
RECEIPT NO 2048074
RECEIVED
JUL 14 2010
S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent Name and Address:



DB037498 JUL/2009
INVISIBLE, INC.
GUNDERSON, RICHARD C.
1464 IOWA SE
HURON SD 57350-3618

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.

1464 Iowa SE Huron SD 57350-3618
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Richard Gunderson

1464 Iowa SE Huron SD 57350
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

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 one director.

- Richard Gunderson, Keith Murphy, Lori Murphy, Sonja Gunderson
President, Vice President, Secretary, Treasurer
1464 Iowa SE, 1380 Michigan SW, 1380 Michigan SW, 1464 Iowa SE
Huron, Huron, Huron, Huron
SD 57350, SD 57350, SD 57350, SD 57350

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

Dated July 10, 2010

Richard Gunderson
(Signature of an Authorized Person)
Richard Gunderson
(Printed Name)

308 1175

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)

Richard Gunderson
(Printed Name)

2011

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

RECEIVED JUN 10 2011 S.D. SEC. OF STATE
FILE DATE 06-10-11
RECEIPT NO 2158944
Telephone #

1. Corporate Name, Registered Agent Name and Address:



DB037498 JUL/2010
INVISIBLE, INC.
GUNDERSON, RICHARD C.
1464 IOWA SE
HURON SD 57350-3618

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.

1464 Iowa SE Huron SD 57350
Street Address City State ZIP+4
1464 Iowa SE Huron SD 57350
Mailing Address City State ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Richard Gunderson

1464 Iowa SE Huron SD 57350
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

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 one director.

- Richard Gmerson 1464 Iowa SE Huron SD 57350 President Street Address City State ZIP+4
Keith Murphy 1380 Michigan SW Huron SD 57350 Vice President Street Address City State ZIP+4
Lori Murpy 1380 Michigan SW Huron SD 57350 Secretary Street Address City State ZIP+4
Sonja Gunderson 1464 Iowa SE Huron SD 57350 Treasurer 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 June 9, 2011

(Signature of an Authorized Person)

Email

Keith Murphy
(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

FILE 7/17/2012

RECEIPT NO 52570

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

DOMESTIC

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB037498
INVISIBLE, INC.
1464 IOWA SE
HURON, SD 57350

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

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

1464 IOWA SE	HURON	SD	57350
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: RICHARD C. GUNDERSON

1464 IOWA SE	HURON	SD	57350-3618
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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	RICHARD GUNDERSON	1464 IOWA SE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SONJA GUNDERSON	1464 IOWA SE	HURON	SD	57350
	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

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 07/17/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

KEITH MURPHY

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 7/24/2013

RECEIPT NO 130522

1. Corporate ID and Name:

DB037498
INVISIBLE, INC.
1464 IOWA SE
HURON, SD 57350

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

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

1464 IOWA SE HURON SD 57350

Street Address City State ZIP+4

1464 IOWA SE HURON SD 57350

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICHARD C. GUNDERSON

1464 IOWA SE HURON SD 57350-3618

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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	RICHARD GUNDERSON	1464 IOWA SE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SONJA GUNDERSON	1464 IOWA SE	HURON	SD	57350
	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

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)

KEITH MURPHY

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 7/23/2014RECEIPT NO 218610

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

DOMESTIC

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB037498
INVISIBLE, INC.
1464 IOWA SE
HURON, SD 57350

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

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

1464 IOWA SE	HURON	SD	57350
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICHARD C. GUNDERSON

1464 IOWA SE	HURON	SD	57350-3618
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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	RICHARD GUNDERSON	1464 IOWA SE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SONJA GUNDERSON	1464 IOWA SE	HURON	SD	57350
	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

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 07/23/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

KEITH MURPHY

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 7/23/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 321760

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

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

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

Telephone # _____

1. Corporate ID and Name:

DB037498

INVISIBLE, INC.

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

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

1464 IOWA SE	HURON	SD	57350
--------------	-------	----	-------

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: RICHARD C. GUNDERSON

1464 IOWA SE	HURON	SD	57350-3618
--------------	-------	----	------------

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 addresses of its principal officers and directors. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/> RICHARD GUNDERSON	1464 IOWA SE	HURON	SD	57350
President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> SONJA GUNDERSON	1464 IOWA SE	HURON	SD	57350
Treasurer	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

Email _____
(Optional)

Signature Accepted Electronically _____

(Signature of an Authorized Person)

KEITH MURPHY _____

(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 1:45:33 PM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 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 7/28/2016

RECEIPT NO 439908

1. Corporate ID and Name:

DB037498

Enter Corporate ID

INVISIBLE, INC.

Enter Corporate Name

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

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

1464 IOWA SE	HURON	SD	57350
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: RICHARD C. GUNDERSON

1464 IOWA SE	HURON	SD	57350-3618
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 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

<input checked="" type="checkbox"/>	RICHARD GUNDERSON	1464 IOWA SE	HURON	SD	57350
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	KEITH MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	LORI MURPHY	1380 MICHIGAN SW	HURON	SD	57350
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	SONJA GUNDERSON	1464 IOWA SE	HURON	SD	57350
	Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	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 (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

KEITH MURPHY

(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.

7/28/2016 8:24:48 AM