

338 7391

Receipt Number: 1434776

File Number **DB049682**



**ARTICLES\_OF\_INCORPORATION**

For

**SMITH LEASING, INC.**

Filed at the request of:

KENT A SHELTON  
CHURCHILL MANOLIS FREEMAN KLUDT & SHELTON  
PO BOX 176  
HURON SD 57350

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

Filed in the office of the Secretary of State on: **Thursday, May 05, 2005**



Secretary of State

Fee Received: \$125.00

# State of South Dakota



OFFICE OF THE SECRETARY OF STATE

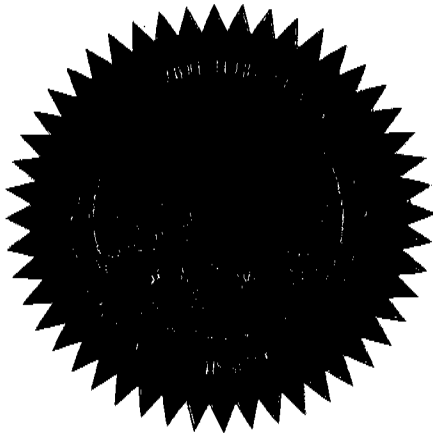
## Certificate of Incorporation Business Corporation

ORGANIZATIONAL ID #: DB049682

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **SMITH LEASING, INC.** duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation 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 Incorporation and attach hereto a duplicate of the Articles of Incorporation.

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 May 5, 2005.



*Chris Nelson*  
Chris Nelson  
Secretary of State

IncorpCertBusiness Merge.doc

338 7397 05/10/2005

Filed this 5th day of May, 2005  
*Ch. Nelson*  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
OF  
SMITH LEASING, INC.

RECEIVED  
MAY 05 '05  
S.D. SEC. OF STATE

**KNOW ALL MEN BY THESE PRESENTS:** That we, Terry Smith and Peggy Smith, for ourselves, associates and successors, have associated for the purpose of forming a corporation under and by virtue of the statutes and laws of the State of South Dakota, and we do hereby certify and declare as follows, to wit:

**FIRST:** The name of this corporation shall be **SMITH LEASING, INC.**

**SECOND:** The purposes for which this organization is formed is as follows: to generally maintain, operate, own, and lease equipment, machinery, real estate, livestock, vehicles, trailers, and any other property that can be used for leasing purposes.

To engage in any commercial enterprise calculated or designed to be profitable to this corporation and in conformity with the laws of the State of South Dakota;

To purchase, improve, develop, exchange, sell, dispose of and otherwise deal in and turn to account all things that are involved in the operation of said type of enterprise; to purchase, lease, build, construct, erect, occupy and manage property necessary for the operation and development of this corporation; to finance, purchase, improve, develop and construct buildings belonging to or to be acquired by this corporation, and to do all things allowed within the statutes of the State of South Dakota.

The purposes specified herein shall be construed both as purposes and powers and shall be in nowise limited to or restricted by reference to or inference from the terms of any clause in this or any other article, but the purposes and powers specified in each of the clauses herein shall be regarded independent purposes and powers and the enumeration of specific purposes and powers shall not be construed to limit or restrict in any manner the meaning of general terms or

*J 1049682*

of the general powers of the corporation; nor shall the expression of one thing be deemed to exclude another, although it be of like nature not expressed.

**THIRD:** The principal place of business of the corporation shall be 185 - 45th Street SE, Huron, South Dakota, and the registered office of this corporation shall be 185 - 45th Street SE, Huron, South Dakota 57350. The name of the registered agent at such address shall be Terry Smith.

**FOURTH:** The term for which this corporation shall exist shall be perpetual.

**FIFTH:** The names and addresss of the incorporators are: Terry Smith, 185 - 45th Street SE, Huron, South Dakota 57350 and Peggy Smith, 185 - 45th Street SE, Huron, South Dakota 57350.

**SIXTH:** The number of directors of this corporation shall not be less than one (1) nor more than seven (7), and the name and address of such, who is to serve until the election of his successor, shall be as follows:

- |             |   |
|-------------|---|
| Terry Smith | 185 - 45th Street SE<br>Huron, South Dakota 57350 |
| Peggy Smith | 185 - 45th Street SE<br>Huron, South Dakota 57350 |

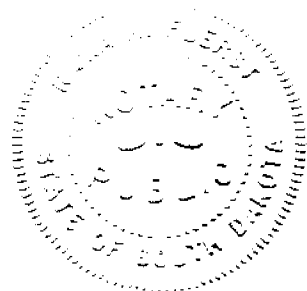
**SEVENTH:** The amount of capital stock of this corporation shall be One Hundred Thousand Dollars (\$100,000) divided into One Thousand (1,000) shares of par value of One Hundred Dollars (\$100.00) each, fully paid and assessable. Each shareholder shall be entitled to one (1) vote for each share of stock owned by them.

**EIGHTH:** The corporation will not commence to do business in the State of South Dakota or any other place until the corporation has deposited in the corporate account a sum in at least the amount of One Thousand Dollars (\$1,000) paid to the corporation for the issuance of



acknowledged to me that she executed the same.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal and affixed my official seal at said County and State the day and year last above written.



Ramona K. Fierst  
Notary Public  
My commission expires: 3/10/2011

251 1196 07/19/2006

2006

16:10

6053528393

SNOW HUETHER CO

PAGE 02

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 06/30/06  
RECEIPT NO. 1574545  
  
JUN 30 06  
S.D. SEC. OF STATE

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



DB049682 MAY/0000  
SMITH LEASING, INC.  
SMITH, TERRY  
185 45TH STREET SE  
HURON SD 57350

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 185 - 45th Street SE, Huron, South Dakota 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Terry Smith	President	185 - 45th St. Se	Huron	SD	57350
Peggy Smith	Vice President	185 - 45th St. Se	Huron	SD	57350
Peggy Smith	Secretary	185 - 45th St. SE	Huron	SD	57350
Terry Smith	Treasurer	185 - 45th St. SE	Huron	SD	57350

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. Provide a brief description of the nature of the business lease equipment

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

NUMBER OF AUTHORIZED SHARES      CLASS      SERIES  
1,000      Common stock par value \$100.00

6. NUMBER OF ISSUED SHARES      CLASS      SERIES  
10      Common stock par value \$100.00

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

Dated June 29, 2006

Peggy Smith  
Signature

Peggy Smith  
Printed Name

Vice President  
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077  
PHONE: 605-773-4845  
[www.sdsos.gov](http://www.sdsos.gov)

SOS CRP 07/05





**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)

293 0389 07/09/2009

2009

# ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

FILE DATE 07/08/09  
RECEIPT NO 1987307

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

Corporate Name, Registered Agent Name and Address:

**RECEIVED**  
**JUL 08 2009**  
**S.D. SEC. OF STATE**

**RECEIVED**  
**JUL 02 2009**  
**S.D. SEC. OF STATE**



DB049682 MAY/2008  
SMITH LEASING, INC.  
SMITH, TERRY  
185 45TH STREET SE  
HURON SD 57350

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.

185 45th St 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 ~~Smith Leasing, Inc.~~ Terry Smith

185 45th St 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.

- |                                     |                |                |       |       |       |
|-------------------------------------|----------------|----------------|-------|-------|-------|
| <input checked="" type="checkbox"/> | Terry Smith    | 185 45th St SE | Huron | SD    | 57350 |
|                                     | President      | Street Address | City  | State | ZIP+4 |
| <input checked="" type="checkbox"/> | Peggy Smith    | 185 45th St SE | Huron | SD    | 57350 |
|                                     | Vice President | Street Address | City  | State | ZIP+4 |
| <input type="checkbox"/>            | Peggy Smith    | 185 45th St SE | Huron | SD    | 57350 |
|                                     | Secretary      | Street Address | City  | State | ZIP+4 |
| <input checked="" type="checkbox"/> | Terry Smith    | 185 45th St SE | Huron | SD    | 57350 |
|                                     | Treasurer      | Street Address | City  | State | ZIP+4 |
| <input checked="" type="checkbox"/> | Terry Smith    | 185 45th St SE | Huron | SD    | 57350 |
|                                     | Director       | Street Address | City  | State | ZIP+4 |
| <input checked="" type="checkbox"/> | Peggy Smith    | 185 45th St SE | Huron | SD    | 57350 |
|                                     | Director       | Street Address | City  | State | ZIP+4 |

Dated 6/30/09

Peggy Smith  
(Signature of authorized officer)  
Peggy Smith  
(Printed Name)  
owner  
(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

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

ANNUAL REPORT  
DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 07/08/10  
RECEIPT NO 2246570  
**RECEIVED**  
**JUN 24 2010**  
**S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



\*DB049682\*  
DB049682 MAY/2009  
SMITH LEASING, INC.  
SMITH, TERRY  
185 45TH STREET SE  
HURON SD 57350

**RECEIVED**  
**JUL 08 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.

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

185 45<sup>th</sup> St 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

Terry Smith  
~~Smith Leasing, Inc~~

185 45<sup>th</sup> St. 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.

<input checked="" type="checkbox"/>	Terry Smith	185 45 <sup>th</sup> St SE	Huron	SD	57350
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Peggy Smith	185 45 <sup>th</sup> St SE	Huron	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Peggy Smith	185 45 <sup>th</sup> St SE	Huron	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Terry Smith	185 45 <sup>th</sup> St SE	Huron	SD	57350
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Terry Smith	185 45 <sup>th</sup> St SE	Huron	SD	57350
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Peggy Smith	185 45 <sup>th</sup> St SE	Huron	SD	57350
	Director	Street Address	City	State	ZIP+4

Dated 6/22/2010

Peggy Smith  
(Signature of an authorized officer)  
Peggy Smith  
(Printed Name)  
Owner  
(Title)

308 0223

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)

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

FILE DATE 4/27/2011
RECEIPT NO 2150166
RECEIVED
APR 27 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



\*DB049682\*
DB049682 MAY/2010
SMITH LEASING, INC.
SMITH, TERRY
185 45TH STREET SE
HURON SD 57350

Telephone #

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

185 45th St SE Huron SD 57350
Street Address City State ZIP+4
Same
Mailing Address City State ZIP+4
Email Address

4. The name of the South Dakota Registered Agent Terry Smith

185 45th St SE Huron SD 57350
Street Address or Rural Route Box Number in This State and City State ZIP+4
Same
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.

Terry Smith 185 45th St SE Huron SD 57350
President Street Address City State ZIP+4
Peggy Smith 185 45th St SE Huron SD 57350
Vice President Street Address City State ZIP+4
Peggy Smith 185 45th St SE Huron SD 57350
Secretary Street Address City State ZIP+4
Terry Smith 185 45th St SE Huron SD 57350
Treasurer Street Address City State ZIP+4
Terry Smith 185 45th St SE Huron SD 57350
Director Street Address City State ZIP+4
Peggy Smith 185 45th St SE Huron SD 57350
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 4/25/11

Peggy Smith
(Signature of an Authorized Person)

Email

Peggy Smith
(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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 4/19/2012

RECEIPT NO 36710

1. Corporate ID and Name:

DB049682  
SMITH LEASING, INC.  
185 45TH ST SE  
HURON, SD 57350-6564

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

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

Agent Name: TERRY SMITH

185 45TH STREET SE HURON SD 57350

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

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

4. If the address has changed, its new address.

New Agent Name: TERRY SMITH

929 WISCONSIN AVE SW HURON SD 57350

Street Address or Rural Route Box Number in This State and 929 WISCONSIN AVE SW HURON SD 57350

Mailing Address in This State, if Different from 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 04/19/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

TERRY SMITH

(Printed Name)

2012

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 4/19/2012

RECEIPT NO 36710

## 1. Corporate ID and Name:

DB049682  
SMITH LEASING, INC.  
185 45TH ST SE  
HURON, SD 57350-6564

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

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

185 45TH ST SE	HURON	SD	57350-6564
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: TERRY SMITH

929 WISCONSIN AVE SW	HURON	SD	57350
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

929 WISCONSIN AVE SW	HURON	SD	57350
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"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	President	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	Treasurer	Street Address	City	State	ZIP+4

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



Director

Street Address

City

State

ZIP+4

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

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

**TERRY SMITH**

(Printed Name)

2013 Enter Filing Year

ANNUAL REPORT

FILE DATE 6/19/2014

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

DOMESTIC

Please Type or Print Clearly In Ink

RECEIPT NO 210844

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

1. Corporate ID and Name:

DB049682
SMITH LEASING, INC.
185 45TH ST SE
HURON, SD 57350-6564

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

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

185 45TH ST SE HURON SD 57350-6564
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TERRY SMITH

929 WISCONSIN AVE SW HURON SD 57350

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

929 WISCONSIN AVE SW HURON SD 57350

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.

[X] TERRY SMITH 929 WISCONSIN AVE SW HURON SD 57350

President Street Address City State ZIP+4

[X] TERRY SMITH 929 WISCONSIN AVE SW HURON SD 57350

Vice President Street Address City State ZIP+4

[X] TERRY SMITH 929 WISCONSIN AVE SW HURON SD 57350

Secretary Street Address City State ZIP+4

[X] TERRY SMITH 929 WISCONSIN AVE SW HURON SD 57350

Treasurer Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

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

Dated 06/19/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

TERRY SMITH

(Printed Name)

2014 Enter Filing Year

ANNUAL REPORT

FILE DATE	6/19/2014
RECEIPT NO	210845

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

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

1. Corporate ID and Name:  
 DB049682  
 SMITH LEASING, INC.  
 185 45TH ST SE  
 HURON, SD 57350-6564

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

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

185 45TH ST SE	HURON	SD	57350-6564
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TERRY SMITH

929 WISCONSIN AVE SW	HURON	SD	57350
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
929 WISCONSIN AVE SW	HURON	SD	57350
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"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TERRY SMITH	929 WISCONSIN AVE SW	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 06/19/2014

Signature Accepted Electronically  
 \_\_\_\_\_  
 (Signature of an Authorized Person)  
**TERRY SMITH**  
 \_\_\_\_\_  
 (Printed Name)

2015

Enter Filing Year

## ANNUAL REPORT

FILE DATE 4/22/2015

RECEIPT NO 295575

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:

DB049682  
SMITH LEASING, INC.  
185 45TH ST SE  
HURON, SD 57350-6564

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

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

185 45TH ST SE	HURON	SD	57350-6564
Street Address	City	State	ZIP+4
			21264 397t
Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: TERRY SMITH

929 WISCONSIN AVE SW	HURON	SD	57350
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
929 WISCONSIN AVE SW	HURON	SD	57350
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"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TERRY SMITH	929 WISCONSIN AVE SW	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TERRY SMITH	929 WISCONSIN AVE SW	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 04/22/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

TERRY SMITH

(Printed Name)