349 3963

Receipt Number: 1631026

File Number DL012895

DL012895

ARTICLES OF ORGANIZATION

ARTICLES_OF_ORGANIZATION

For

SLETTEN ANGUS, LLC

Filed at the request of:

MORMAN LAW FIRM
CANDI THOMSON
PO BOX 729
STURGIS SD 57785

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Monday, January 08, 2007**

Chris Nelson

Secretary of State

Fee Received: $125

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Organization
Limited Liability Company

ORGANIZATIONAL ID #: DL012895

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **SLETTEN ANGUS, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this January 8, 2007.

Chris Nelson

Chris Nelson
Secretary of State

349 3965

Filed this 8th day of Jan 2007
SECRETARY OF STATE

ARTICLES OF ORGANIZATION OF SLETTEN ANGUS, LLC

RECEIVED
JAN 08 2007
S.D. SEC. OF STATE

ARTICLE I.

The name of the limited liability company is Sletten Angus, LLC.

ARTICLE II.

The period of duration is perpetual.

ARTICLE III.

The purpose or purposes for which the limited liability company is organized are: To engage in custom operations, including but not limited to harvesting and seeding and to engage in and conduct a general ranching and livestock raising business and farming operations in the State of South Dakota and elsewhere; the purchasing, holding and selling of personal property of any and all descriptions usual and incidental in such business; the buying, improving, selling and leasing of real estate in said State of South Dakota and elsewhere and the performing of any and all other acts which may be incidental to the proper carrying on of such ranching and livestock raising and farming operations.

In general to have and exercise any and all powers that limited liability companies have and may exercise under the laws of State of South Dakota as the same may be amended.

To hire and employ agents, servants, and employees and to enter into agreements of employment and collective bargaining agreements, to act as agent, contractor, trustee or otherwise either alone or in company with others.

To let concessions to others to do any of the things that this limited liability company is empowered to do, and to enter into, make, perform, and carry out contracts, and arrangements of every kind and character with any person, firm, association, corporations, or any government or authority or subdivision or agency thereof.

To carry on any business whatsoever that this limited liability company may deem proper or convenient in connection with any of the forgoing purposes or otherwise or that it may deem calculated directly or indirectly to improve the interest in this limited liability company, and to do all things specified by law and to have and exercise all the powers conferred by the laws of the State of South Dakota on limited liability companies and to do any and all things herein above set forth to the same extent and as fully as natural persons might or could do, either alone or in conjunction with other persons, firms, associations, or corporations, in any part of the world.

d1012895

ARTICLE IV.

The address of the initial designated office is 415 1st Avenue East, Po Box 615, Faith, SD 57626.

ARTICLE V.

The name and street address of the initial agent for service of process is John P. Sletten, 415 1st Avenue East, Po Box 615, Faith, SD 57626.

ARTICLE VI.

The names and residence of each organizer is as follows:

NAME	ADDRESS
Tammy K. Sletten	415 1st Avenue East, Po Box 615, Faith, SD 57626.
John P. Sletten	415 1st Avenue East, Po Box 615, Faith, SD 57626.

ARTICLE VII.

The management of the limited liability company is preserved to the members, the names and addresses of the members are:

Tammy K. Sletten	415 1st Avenue East, Po Box 615, Faith, SD 57626.
John P. Sletten	415 1st Avenue East, Po Box 615, Faith, SD 57626.

ARTICLE VIII.

Members of the limited liability company are not liable under a judgment and decree or order of a court or in other manner, for a debt, obligation or liability of the company.

ARTICLE IX.

The operating agreement of the company will be executed by each member of the company and will set forth all provisions for the affairs of the company and the conduct of the business to the extent that such provisions are not inconsistent with law or these articles.

ARTICLE X.

The members reserve the right to admit additional members on the unanimous agreement of the members as to the admission of, and the consideration be paid by such new members, subject to terms and conditions of the companies operating agreement.

349 3967

Executed in duplicate this 2nd day of Jan, 2007.

John P. Sletten

John P. Sletten

Executed in duplicate this 2 day of Jan., 2007.

Tammy K. Sletten

Tammy K. Sletten

STATE OF SOUTH DAKOTA)
)SS.
COUNTY OF MEADE)

On this the 2 day of Jan, 2007, before me, the above signed officer, personally appeared John P. Sletten known to me or satisfactorily proven to be the persons whose names are subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

(SEAL)

Cindy A Frankforth
NOTARY PUBLIC exp 07/5/12

STATE OF SOUTH DAKOTA)
)SS.
COUNTY OF MEADE)

On this the 2 day of Jan, 2007 before me, the above signed officer, personally appeared Tammy K. Sletten known to me or satisfactorily proven to be the persons whose names are subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.

(SEAL)

Cindy A Frankforth
NOTARY PUBLIC exp 07/5/12

2008 ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 01/01/08
RECEIPT NO. 1746908

RECEIVED
DEC 21 2007
S.D. SEC. OF STATE

01/07/2008 270 2558

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

DL012895
DL012895 JAN/0000
SLETTEN ANGUS, LLC
SLETTEN, JOHN P.
415 1ST AVENUE EAST
PO BOX 615
FAITH SD 57626-0615

Telephone # (605) 967-2238
FAX # (605) 967-2237

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

2. The state or country under whose law it is organized is: SD USA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

Sletten Angus, LLC
John P Sletten 415 1st Ave East
Box 615 Faith SD 57626

4. The address of its principal office is:

415 1st Ave East
PO Box 615 Faith SD 57626

5. The names and business addresses of any managers:

John P. Sletten - Box 615 Faith SD 57626
Tammy K. Sletten
Box 615 Faith SD 57626

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated Dec. 20, 2007

Tammy K. Sletten member
Signature

Tammy K. Sletten
Printed Name

Secretary / member
Title

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

Revised 7/05 DBLLCAR.DOC

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

LIMITED LIABILITY
STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH

FILING FEE: $10

The undersigned Limited Liability Company 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 limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

_____
(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 _____
(limited liability company name)

Dated _____

_____
(signature)

2009 ANNUAL REPORT
DOMESTIC L.L.C.

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 01/02/09
RECEIPT NO 166562

RECEIVED
JAN 02 2009
S.D. SEC. OF STATE

284 3297

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

DL012895
DL012895 JAN/2008
SLETTEN ANGUS, LLC
SLETTEN, JOHN P.
415 1ST AVENUE EAST
PO BOX 615
FAITH SD 57626-0615

Telephone # (605) 967-2238
FAX #

FILING DATE: Due during the month the Certificate of Organization 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.

415 1st Avenue East Faith SD 57626-0615
Street Address City State ZIP+4

PO Box 615 Faith SD 57626-0615
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent John P. Sletten

415 1st Avenue East Faith SD 57626-0615
Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 615 Faith SD 57626-0615
Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

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

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated Dec. 30 / 2008

Tammy Sletten
(Signature of an Authorized Manager or Member)

Tammy Sletten
(Printed Name)

Secretary
(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 L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 1-28-10
RECEIPT NO 1992455
RECEIVED
DEC 28 2009
S.D. SEC. OF STATE

RECEIVED
JAN 28 2010
S.D. SEC. OF STATE

300 3926

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

DL012895
DL012895 JAN/2009
SLETTEN ANGUS, LLC
SLETTEN, JOHN P.
PO BOX 615
FAITH SD 57626-0615

Telephone # _____
FAX # _____
FILING DATE: Due during the month the Certificate of Organization 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.

Street Address	City	State	ZIP+4
415 1st Ave. East	Faith	S.D.	57626-0615
PO Box 615			
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent John Sletten

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
415 1st AVE. East	Faith	S.Dak.	57626-0615
PO Box 615			
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

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

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated Dec. 22, 2009

John Sletten
(Signature of an Authorized Manager or Member)

John Sletten
(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)

315 2143 02/24/2011

2011 ANNUAL REPORT
DOMESTIC L.L.C.

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
JAN 24 2011
S.D. SEC. OF STATE

FILE DATE 01/24/11
RECEIPT NO 2113405
RECEIVED
JAN 12 2011
S.D. SEC. OF STATE

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

DL012895
DL012895 JAN/2010
SLETTEN ANGUS, LLC
SLETTEN, JOHN P.
PO BOX 615
FAITH SD 57626-0615

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

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

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

Street Address	City	State	ZIP+4
or 415 1st Ave East	Faith	SD	57626-0615
PO Box 615 (Mailing Address (Optional))	Faith	SD	57626-0615

4. The name of the South Dakota Registered Agent John P. Sletten

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
or 415 1st Ave East	Faith	SD	57626-0615
PO Box 615 (Mailing Address in This State, if Different from Street Address)	Faith	SD	57626-0615

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

Manager	Street Address	City	State	ZIP+4
N/A				
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

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

Dated Jan. 11/2011

Tammy Sletten
(Signature of an Authorized Person)

Tammy Sletten
(Printed Name)

Sec./Trea of Sletten Angus

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) | City | State | ZIP+4

_____
Mailing Address | City | State | ZIP+4

5. If the address has changed, its new address

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

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

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

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

Dated _____

_____
(Signature of an Authorized Person)

_____
(Printed Name)

2012 Enter Filing Year

ANNUAL REPORT

FILE DATE 02/07/2012

RECEIPT NO 21961

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL012895
SLETTEN ANGUS, LLC
415 1ST AVE EAST
FAITH, SD 57626

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

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

Street Address	City	State	ZIP+4
415 1ST AVE EAST	FAITH	SD	57626
PO BOX 615	FAITH	SD	57626-0615
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN P. SLETTEN

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
415 1ST AVENUE EAST	FAITH	SD	57626
PO BOX 615	FAITH	SD	57626-0615
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

	Manager	Street Address	City	State	ZIP+4
☐					
☐					
☐					

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

Dated 02/07/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

TAMMY SLETTEN
(Printed Name)

2/7/2012 9:28:41AM

2013 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 12/20/2012

RECEIPT NO 82750

1. L.L.C. ID and Name:
DL012895
SLETTEN ANGUS, LLC
415 1ST AVE EAST
FAITH, SD 57626

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

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

Street Address	City	State	ZIP+4
415 1ST AVE EAST	FAITH	SD	57626
PO BOX 615	FAITH	SD	57626-0615
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN P. SLETTEN

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
415 1ST AVENUE EAST	FAITH	SD	57626
PO BOX 615	FAITH	SD	57626-0615
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

	Manager	Street Address	City	State	ZIP+4
☐					
☐					
☐					

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 12/20/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

TAMMY SLETTEN
(Printed Name)

12/20/2012 10:02:11 AM

2014 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 1/29/2014
RECEIPT NO 172704

1. L.L.C. ID and Name:
DL012895
SLETTEN ANGUS, LLC
415 1ST AVE EAST
FAITH, SD 57626

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

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

415 1ST AVE EAST	FAITH	SD	57626
Street Address	City	State	ZIP+4
PO BOX 615	FAITH	SD	57626
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN P. SLETTEN

415 1ST AVENUE EAST	FAITH	SD	57626
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 615	FAITH	SD	57626-0615
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

	Street Address	City	State	ZIP+4
☐ Manager				
☐ Manager				
☐ Manager				

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 01/29/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
TAMMY SLETTEN
(Printed Name)

1/29/2014 10:57:22 AM

2015 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 1/19/2015

RECEIPT NO 264395

1. L.L.C. ID and Name:
DL012895
SLETTEN ANGUS, LLC
415 1ST AVE EAST
FAITH, SD 57626

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

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

415 1ST AVE EAST	FAITH	SD	57626
Street Address	City	State	ZIP+4
PO BOX 615	FAITH	SD	57626
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN P. SLETTEN

415 1ST AVENUE EAST	FAITH	SD	57626
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 615	FAITH	SD	57626-0615
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

	Manager	Street Address	City	State	ZIP+4
☐					
☐					
☐					

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 01/19/2015

Signature Accepted Electronically
(Signature of an Authorized Person)

TAMMY SLETTEN
(Printed Name)

1/19/2015 11:59:40 AM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

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

Please Type or Print Clearly In Ink

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

FILE DATE 1/13/2016

RECEIPT NO 369339

1. LLC ID and Name:

DL012895
Enter LLC ID

SLETTEN ANGUS, LLC
Enter LLC Name

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

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

415 1ST AVE EAST	FAITH	SD	57626
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 615	FAITH	SD	57626
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOHN P. SLETTEN

415 1ST AVENUE EAST	FAITH	SD	57626
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 615	FAITH	SD	57626-0615
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.

☐

Manager	Actual Street Address	City	State	ZIP+4

☐

Manager	Actual Street Address	City	State	ZIP+4

☐

Manager	Actual Street Address	City	State	ZIP+4

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value

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

Dated 01/13/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

TAMMY SLETTEN

(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.

1/13/2016 8:13:10 AM