

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

1990
NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 11-18-93
RECEIPT NO. 257440

RECEIVED

NOV 18 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-006133

Alano Society of Philip SD (The)
LaBeau, Betty
Box 853
Philip SD 57567

Day Time Phone # _____

Federal Identification # _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM
THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF
THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Providing a meeting
place for Alcoholics Anonymous & the Alanon family groups.
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 30,000.00
* Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>James Nelson</u>	President	<u>Box 73</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Joe Millage</u>	Vice President	<u>Box 764</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>John Patton</u>	Secretary	<u>Box 83</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>John Patton</u>	Treasurer	<u>Box 83</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Fritz Kretsch</u>	Director	<u>Box 514</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Gilbert LaBeau</u>	Director	<u>Box 362</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Betty LaBeau</u>	Director	<u>Box 362</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

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

Dated 11-15 19 93

By

James L. Nelson

(Signature)

Its

President

(Title)

STATE OF South Dak
COUNTY OF Harrison

I, Mary Anbrun a Notary Public, do hereby certify that on this 16 day of Nov. 19 93

personally appeared before me James L. Nelson who, being by me first duly sworn, declared that he/she is the
President of Alano Society of Philip SD 57567

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

My Commission Expires _____

Mary Anbrun
Notary Public
Harrison County Treasurer

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
606-773-4845

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

No Change

FILING FEE: \$5 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 current street address, or a statement that there is no street address, of its registered office _____
ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____
ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
• The Consent of Registered Agent below must be completed by the 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 a vice president in the presence of a Notary Public:

Date _____ 19_____
(signature)
(title)

STATE OF _____
COUNTY OF _____ as _____

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)

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

1993
NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 11-18-93
RECEIPT NO. 370910

RECEIVED

RECEIVED

NOV 1 1993 OCT 27 1993

Secretary of State

Secretary of State

RECEIVED

1. Corporate Name, Registered Agent and Registered Address:

NS-006133
ALANO SOCIETY OF PHILIP, SOUTH DAKOTA
LABEAU, BETTY
BOX 853
PHILIP, SD 57567-0853

NOV/87

Day Time Phone #

Federal Identification # NOV 18 1993

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM
THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF
THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Providing a meeting place for Alcoholics Anonymous & the Alano family groups.
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ 41,000.00
* Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
James Nelson	President	Box 73	Philip	SD	57567
Joe Millage	Vice President	Box 764	Philip	SD	57567
John Patton	Secretary	Box 83	Philip	SD	57567
John Patton	Treasurer	Box 83	Philip	SD	57567

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Fritz Kroetch	Director	Box 514	Philip	S.D.	57567
Gilbert LeBeau	Director	Box 362	Philip	S.D.	57567
Betty LeBeau	Director	Box 362	Philip	S.D.	57567

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

Dated 10-25 19 93

By

(Signature)

Its

(Title)

STATE OF South Dakota
COUNTY OF Heavens

I, Mary Ann Heavens County Treas. a notary public, do hereby certify that on this 25 day of OCT 19 93

personally appeared before me James S. Nelson who, being by me first duly sworn, declared that he/she is the
President of Alano Society of Philip, SD 57567

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)

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

FILING FEE: \$6 In addition to annual report fee

no change

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 Philip Area Plano Society
2. The current street address, or a statement that there is no street address, of its registered office P.O. Box 853 Philip S.D. ZIP 57567
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____ ZIP _____
4. The name of its previous registered agent is Betty LaBeau
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the 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 a vice president in the presence of a Notary Public.

Date 10-27 1993

Betty LaBeau
(signature)
Director
(title)

STATE OF South Dakota
COUNTY OF Harrison

I, Mary Annrum, a notary public, do hereby certify that on this 26 day of Oct. 1993, personally appeared before me Betty LaBeau who, being by me first duly sworn, declared that he/she is the Director of Philip Area Plano Society that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Mary Annrum
Notary Public
Harrison County Treasurer

(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)

1996

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 12-31-96
RECEIPT NO. 594736

RECEIVED RECEIVED

NOV 02 1997
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-006133 NOV/93
ALANO SOCIETY OF PHILIP, SOUTH DAKOTA (T
LABEAU, BETTY
BOX 853
PHILIP, SD 57567-0853

Day Time Phone # 605-859-2747

Federal Identification #,

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM
THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF
THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Recovery

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 42,000

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Betty LaBeau	President	Box 302	Philip	SD	57567
Hankel Pihlaja	Vice President	Box 302	Philip	SD	57567
Jean Burns	Secretary	Box 302	Philip	SD	57567
Jean Burns	Treasurer	Box 302	Philip	SD	57567

5. The names and addresses of directors [State law requires a minimum of three]. If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
David Burnett	Director	Box 3	Philip	SD	57567
Belle Ravelette	Director	Box 788	Philip	SD	57567
Fritz Knecht	Director	Box 514	Philip	SD	57567

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

Dated December 13, 1996

By Betty LaBeau Pres
(Signature) must be signed in the presence of a notary

STATE OF South Dakota
COUNTY OF Hauke ss

Its Pres
(Title)

I, Lois A. Schuler, a notary public, do hereby certify that on this 13th day of December, 1996.

personally appeared before me Betty LaBeau, who, being by me first duly sworn, declared that he/she is the
President of the corporation, named above, and signed the foregoing document as officer of
the corporation, and its statements therein contained are true.

My Commission Expires Sept 26, 2001

Lois A. Schuler
Notary Public

(Notary Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4846

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

FILING FEE: *\$5 In addition to annual report fee
* No fee for postal renumbering. (must be stated on the form)

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 registered office address: _____

ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date _____ 19 ____.

(signature) must be signed in the presence of a notary

(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 the corporation named
above, and 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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 12-29-99

RECEIPT NO. 354064

RECEIVED

DEC 29 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-006133 NOV/96
ALANO SOCIETY OF PHILIP, SOUTH DAKOTA (T
LABEAU, BETTY
BOX 853
PHILIP SD 57567-0853

Day Time Phone # 859-2880

Federal Identification

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM
THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS
FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Meeting room
Support groups AA Alano
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
- B. The amount of property presently held by the corporation is \$ 35,000
*Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Sonny Labean</u>	President	<u>105 Dupee St.</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>David Burnett</u>	Vice President	<u>100 Sunshine Dr.</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Janet Waara</u>	Secretary	<u>506 E. Dupee</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Janet Waara</u>	Treasurer	<u>506 E. Dupee</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Marvin Danke</u>	Director	<u>HRC 1 Box 73</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Jim Nelson</u>	Director	<u>P.O. Box 73</u>	<u>Philip</u>	<u>S.D.</u>	<u>57567</u>
<u>Donna Kaehn</u>	Director		<u>Philip</u>	<u>S.D.</u>	<u>57567</u>

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

Dated 12-27 1999By Janet Waara
(Signature) must be signed in the presence of a notaryIts Secretary
(Title)

STATE OF South Dakota ss
COUNTY OF HARKE

I, Belle Lavellotte, a notary public, do hereby certify that on this 27th day of December 19 99,
personally appeared before me Janet Waara who, being by me first duly sworn, declared that he/she is the
Secretary of the corporation named above, and signed the foregoing document as officer of
the corporation, and the statements therein contained are true.

My Commission Expires 9-30-02

Belle Lavellotte
Notary Public

(Notarial Seal)

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. _____

This was filled out in error. J.W.
FILING FEE: \$5 in addition to annual report fee *Nothing has changed*

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 Alano Society of Ph. I.p. S.D. 57507
2. The previous (old) registered office address P.O. 853
Ph. I.p. S.D. 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 57567-0853
4. The name of its previous registered agent is _____
5. The name of its successor (current) 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) must be signed in the presence of a notary)

(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)

2002 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 11-5-02
RECEIPT NO. 1152167
NOV 5 02

1. Corporate Name, Registered Agent and Registered Address:



NS-006133 NOV/1999
ALANO SOCIETY OF PHILIP, SOUTH DAKOTA IT
LABEAU, BETTY
BOX 853
PHILIP SD 57567-0853

Day Time Phone # 605-858-8274
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.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is a meeting place for the groups of Alcohol Anonymous and Al-Anon to meet for support

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 35,000

Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Barbara Kraetch	President	Box 514	Philip	SD	57567
Jim Nelson	Vice President	Box 73	Philip	SD	57567
Betty LaBeau	Secretary	105 W Dupree	Philip	S.D.	57567
Betty LaBeau	Treasurer	"	"	"	"

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Sonny LaBeau	Director	105 W Dupree	Philip	SD	57567
Fritz Kroetch	Director	Box 514	Philip	SD	57567
David Burnett	Director	100 Sunshine Drive	Philip	SD	57567

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

Dated October 22, 2002

By Betty LaBeau
(Signature)

Its Secretary / Treasurer
(Title)

STATE OF South Dakota

COUNTY OF Haakon SS

On this the 29th day of October, 2002, before me, Tamara D. Ravellette

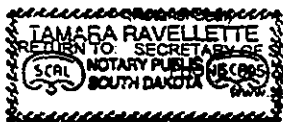
personally appeared Betty LaBeau, known to me, or proved to me,

to be the Secretary / Treasurer 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 1-24-08

Tamara Ravellette
Notary Public



TAMARA RAVELLETTE
NOTARY PUBLIC
STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
FAX (605) 773-4845 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

nsar.pdf

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

FILING FEE: \$5 In addition to corporate 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, or its registered office _____

ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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) must be signed in the presence of a notary)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____, 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 _____
(signature of registered agent)

231 5739 11/24/2004

2004**NONPROFIT REPORT**

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 11/22/04
RECEIPT NO. 1379587
NOV 22 04
S.D. SEC. OF STATE

Corporate Name, Registered Agent and Registered Address:



NS006133

NOV/2002

ALANO SOCIETY OF PHILIP, SOUTH DAKOTA (T
LABEAU, BETTY
BOX 853
PHILIP SD 57567-0853

Day Time Phone # 605-859-2747

Federal Taxpa

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON
THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Alcoholics Anonymous

& Alphon Meetings

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 35,000
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Barbara Knoch</u>	President		<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>James E. Nelson</u>	Vice President	<u>Box 73</u>	<u>Philip</u>	<u>SD</u>	<u>11</u>
<u>Betty LaBeau</u>	Secretary	<u>103 Dupree</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Betty LaBeau</u>	Treasurer	<u>103 Dupree</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Sonny LaBeau</u>	Director	<u>103 Dupree St</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>W. K. Smith</u>	Director	<u>Box 514</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Barbara Knoch</u>	Director	<u>Box 962</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated

Oct 25-04

(Signature)

Barbara Knoch
President

(Title)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077

PHONE: 605-773-4845 FAX (605) 773-4550

www.sdsos.gov

nsar.pdf
Revised 07/04

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent)

243 0029 11/16/2005

2005 NONPROFIT REPORT

FILE DATE 11/09/05
RECEIPT NO. 199433

RECEIVED

NOV 9 '05

PLEASE TYPE OR USE BLACK INK
FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



* NS006133 *
NS006133 NOV/2004
ALANO SOCIETY OF PHILIP, SOUTH DAKOTA (T
LABEAU, BETTY
BOX 853
PHILIP SD 57567-0853

S.D. SEC. OF STATE
Day Time Phone # 1-05-859-2747
Federal Taxp: _____
FILING DATE: Due during the month the Certificate
of Incorporation was issued, and delinquent after
the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is holding A-A and Al-Anon meeting for recovering programs

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 35,000
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Barbara Kroetch</u>	<u>President</u>	<u>Box 514</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Sonny LaBeau</u>	<u>Vice President</u>	<u>103 Dupree St</u>	<u>Bx 362 Philip</u>	<u>SD</u>	<u>57567</u>
<u>Betty LaBeau</u>	<u>Secretary</u>	<u>103 Dupree St</u>	<u>Bx 362 Philip</u>	<u>SD</u>	<u>57567</u>
<u>" "</u>	<u>Treasurer</u>				

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Fritz Kroetch</u>	<u>Director</u>	<u>Box 514</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>David Burnett</u>	<u>Director</u>	<u>100 Sunshine Dr</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
<u>Jim Nelson</u>	<u>Director</u>	<u>Box 73</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 10-28-2005

Betty LaBeau
(Signature)

Secretary / Treasurer
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent)

256 0131
2006**NONPROFIT REPORT**

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGSFILE DATE 11/22/06
RECEIPT NO. 161834
RECEIVED

NOV 22 2006

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



NS006133 NOV/2005

THE ALANO SOCIETY OF PHILIP, SOUTH DAKOT
LABEAU, BETTY
BOX 853
PHILIP SD 57567-0853Day Time Phone # 605-859-2747

Federal Taxp: _____

FILING DATE: Due during the month the Certificate
of Incorporation was issued, and delinquent after
the last day of the following month.IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON
THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.2. The nature of the affairs which the corporation is conducting in South Dakota is Meeting place for recovery
programs of Alcoholics Anonymous and Al-Anon

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 35,000

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☒ Barbara Kroetch	President	Box 514	Philip	SD	57567
☐ Sonny LaBeau	Vice President	Box 362	Philip	SD	57567
☒ Betty LaBeau	Secretary	Box 362 103 Dupree	Philip	SD	57567
☒ Betty LaBeau	Treasurer	" " "	"	"	"

5. The names and addresses of directors (State law requires a minimum of three); if the directors and officers are the same individuals, please check
the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Jim Nelson	Director	Box 73	Philip	SD	57567
David Burnett	Director	100 Sunshine Dr	Philip	SD	57567
Fritz Kroetch	Director	Box 514	Philip	SD	57567

The report must be signed by the chairman of the board of directors, or its president, or any other officer.Dated 11-17-06Barbara Kroetch
(Signature)President
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent)

270 2411 01/07/2008

2007 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 12/04/07
RECEIPT NO. 1743074
RECEIVED
DEC 04 2007
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



NS006133 NOV/2006

THE ALANO SOCIETY OF PHILIP, SOUTH DAKOT
LABEAU, BETTY
BOX 853
PHILIP SD 57567-0853

Day Time Phone # 605-859-2747

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is meeting place for recovering members of alcoholics Anonymous and Alanon

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ 34,000

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

	NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☐	Barb Kroetch	President	Box 514	Philip	SD	57567
☐	Sonny LaBeau	Vice President	103 Dupree Bx362	Philip	SD	57567
☐	Betty LaBeau	Secretary	" "	" "	" "	" "
☐	" "	Treasurer	" "	" "	" "	" "

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

	NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☐	Jim Nelson	Director	Box 73	Philip	SD	57567
☐	Steve Martinez	Director	rural	Philip	SD	57567
☐	Jay Baxter	Director		Philip	SD	57567

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 11-29-2007

Betty LaBeau
(Signature)

Secretary / Treasurer
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent)

2008

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

ANNUAL REPORT DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

1. Corporate Name, Registered Agent Name and Address:



NS006133 NOV/2007

THE ALANO SOCIETY OF PHILIP, SOUTH DAKOTA
LABEAU, BETTY
BOX 853
PHILIP SD 57567-0853

RECEIVED

FEB 02 2009

S.D. SEC. OF STATE

FILE DATE

RECEIPT NO

RECEIVED

JAN 07 2009

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.

Hwy 14 Philip SD 57567
Street Address City State ZIP+4
Box 853 Philip SD 57567-0853
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent The Alano Society of Philip-Betty LaBeau

Hwy 14 103 Dupree St Philip SD 57567
Street Address (Required to be a South Dakota Address) City State ZIP+4
Box 853 Philip SD 57567
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 three directors.

☐	<u>Barb Kroetch</u>	<u>114 Spruce</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	President	Street Address	City	State	ZIP+4
☐	<u>Sonny LaBeau</u>	<u>103 Dupree</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Vice President	Street Address	City	State	ZIP+4
☐	<u>Betty LaBeau</u>	<u>103 Dupree</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Secretary	Street Address	City	State	ZIP+4
☐	<u>Betty LaBeau</u>	<u>103 Dupree</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Treasurer	Street Address	City	State	ZIP+4
☐	<u>Howard P.</u>	<u>105 Philip Ave Bx 306</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Director	Street Address	City	State	ZIP+4
☐	<u>Steve Marteniz</u>	<u>RR</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Director	Street Address	City	State	ZIP+4
☐	<u>Jay Baxter</u>	<u>Philip Ave</u>	<u>Philip</u>	<u>SD</u>	<u>57567</u>
	Director	Street Address	City	State	ZIP+4

Dated

11-10-08

Barb Kroetch
(Signature of an authorized officer)

Barbara Kroetch
(Printed Name)

Pres.
(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 The Alano Society of Philip
2. The name of the registered agent on file Betty LaBeau
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
- | | | | |
|--|-----------------------|--------------------|----------------------------|
| <u>103 Dupree</u>
Street Address (Required) | <u>Philip</u>
City | <u>SD</u>
State | <u>57567-0853</u>
ZIP+4 |
| <u>Box 853</u>
Mailing Address (Optional) | <u>"</u>
City | <u>"</u>
State | <u>"</u>
ZIP+4 |
5. If the address has changed, its new address
- | | | | |
|--|-----------------------|--------------------|----------------------------|
| <u>103 Dupree St</u>
Street Address (Required to be a South Dakota Address) | <u>Philip</u>
City | <u>SD</u>
State | <u>57567-0853</u>
ZIP+4 |
| <u>Box 853</u>
Mailing Address (Optional - Required to be a South Dakota Address) | <u>"</u>
City | <u>"</u>
State | <u>"</u>
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 1-27-09

Betty LaBeau
(Signature of an authorized officer)
Betty LaBeau
(Printed Name)
Sec/treas
(Title)

2009

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

ANNUAL REPORT DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

1. Corporate Name, Registered Agent Name and Address:



NS006133 NOV/2008

THE ALANO SOCIETY OF PHILIP, SOUTH DAKOTA
LABEAU, BETTY
BOX 853
PHILIP SD 57567-0853

FILE DATE

3/15/10

RECEIPT NO

2008930

RECEIVED

MAR 15 2010

S.D. SEC. OF STATE

Telephone #

605-859-2747

FAX #

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

#46-0177154

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

325 Bennett St Hwy 14 Philip SD 57567
Street Address City State ZIP+4

Box 853 Philip SD 57567
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

~~103 Dupree St Hwy 14~~ ~~Philip SD 57567~~
~~325 Bennett St Hwy 14~~ ~~Philip SD 57567~~
Street Address (Required to be a South Dakota Address) City State ZIP+4

Box 853 Philip SD 57567
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 three directors.

☐ Barbara Kroetch Box 514 Philip SD 57567
President Street Address City State ZIP+4

☐ Fritz Kroetch Box 514 Philip SD 57567
Vice President Street Address City State ZIP+4

☐ Betty LaBeau 103 Dupree Box 362 Philip SD 57567-0362
Secretary Street Address City State ZIP+4

☐ Betty LaBeau 103 Dupree Box 362 Philip SD 57567-0362
Treasurer Street Address City State ZIP+4

☐ David Burnett 100 Sunshine Dr Philip SD 57567
Director Street Address City State ZIP+4

☐ Sonny LaBeau 103 Dupree Box 362 Philip SD 57567-0362
Director Street Address City State ZIP+4

☐ Marvin Denke Box 73 Philip SD 57567
Director Street Address City State ZIP+4

Dated 3-11-2010

Betty LaBeau sec/treas
(Signature of an authorized officer)

Betty LaBeau
(Printed Name)

secretary/treasurer
(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 NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 11/08/10
RECEIPT NO 2084213
RECEIVED
NOV 08 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS006133
NS006133 NOV/2009
THE ALANO SOCIETY OF PHILIP, SOUTH DAKOT
LABEAU, BETTY
BOX 853
PHILIP SD 57567-0853

Telephone # 605-859-2747
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 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.

325 Bennett St. Philip SD 57567
Street Address City State ZIP+4
PO Box 853 Philip SD 57567
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Betty La Beau

103 Dupree St. Philip SD 57567
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 853 Philip SD 57567
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 three directors.

☐	Jay Baxter	PO Box 851	Philip	SD	57567
	President	Street Address	City	State	ZIP+4
☐	Ed Morrison	21600 Hilland Rd	Philip	SD	57567
	Vice President	Street Address	City	State	ZIP+4
☐	Elke Baxter	PO Box 851	Philip	SD	57567
	Secretary	Street Address	City	State	ZIP+4
☐	"	"	"	"	"
	Treasurer	Street Address	City	State	ZIP+4
☐	Sam Koedan	PO Box 442	Faith	SD	57626
	Director	Street Address	City	State	ZIP+4
☐	Howard Pizarra	PO Box 306	Philip	SD	57567
	Director	Street Address	City	State	ZIP+4
☐	Fritz Kroeber	PO Box 514	Philip	SD	57567
	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 Nov. 5th, 2010

Elke Baxter
(Signature of an Authorized Person)

ELKE BAXTER
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

Mailing Address (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)

(Printed Name)

2011

Enter Filing Year

ANNUAL REPORT

FILE DATE 10/31/2011

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

RECEIPT NO 5657

1. Corporate Name and Address:

NS006133

THE ALANO SOCIETY OF PHILIP, SOUTH DA

325 BENNETT ST

PHILIP, SD57567

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

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

325 BENNETT ST

Street Address

PHILIP

City

SD

State

57567

ZIP+4

PO BOX 853

Mailing Address

PHILIP

City

SD

State

57567-0853

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

BETTY LABEAU

103 DUPREE ST

Street Address or Rural Route Box Number in This State and

PHILIP

City

SD

State

57567

ZIP+4

BOX 853

Mailing Address in This State, if Different from Street Address

PHILIP

City

SD

State

57567-0853

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 three director.



JAY BAXTER

President

PO BOX 851

Street Address

PHILIP

City

SD

State

57567

ZIP+4



ED MORRISON

Vice President

21401 217TH AVE

Street Address

PHILIP

City

SD

State

57567

ZIP+4



ELKE BAXTER

Secretary

PO BOX 851

Street Address

PHILIP

City

SD

State

57567

ZIP+4



ELKE BAXTER

Treasurer

PO BOX 851

Street Address

PHILIP

City

SD

State

57567

ZIP+4



HOWARD PIHLAJA

Director

PO BOX 306

Street Address

PHILIP

City

SD

State

57567

ZIP+4



DUANE HAUKE

Director

22203 GRINDSTONE RD

Street Address

QUINN

City

SD

State

57775

ZIP+4



SONNY LABEAU

Director

PO BOX 362

Street Address

PHILIP

City

SD

State

57567

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 10/31/2011

Signature Accepted Electronically

(Signature of an Authorized Person)

ELKE BAXTER

(Printed Name)

10/31/2011 5:50:10PM

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 11/4/2012

RECEIPT NO 72859

1. Corporate Name and Address:

NS006133
THE ALANO SOCIETY OF PHILIP, SOUTH DAKOTA
325 BENNETT ST
PHILIP, SD 57567

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

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

325 BENNETT ST	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 853	PHILIP	SD	57567-0853
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BETTY LABEAU

103 DUPREE ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
BOX 853	PHILIP	SD	57567-0853
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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

☒	JAY W. BAXTER	PO BOX 851	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
☒	ED MORRISON	21401 217TH AVE	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
☐	ELKE BAXTER	PO BOX 851	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
☒	ELKE BAXTER	PO BOX 851	PHILIP	SD	57567
	Treasurer	Street Address	City	State	ZIP+4
☒	HOWARD PIHLAJA	PO BOX 306	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
☒	DUANE HAUKE	22203 GRINDSTONE RD	QUINN	SD	57775
	Director	Street Address	City	State	ZIP+4
☒	SONNY LABEAU	PO BOX 362	PHILIP	SD	57567
	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 11/04/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

ELKE BAXTER

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

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

FILE 10/29/2013

RECEIPT NO 149597

1. Corporate Name and Address:

NS006133
THE ALANO SOCIETY OF PHILIP, SOUTH DAKOTA
325 BENNETT ST
PHILIP, SD 57567

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

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

325 BENNETT ST	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 853	PHILIP	SD	57567-0853
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BETTY LABEAU

103 DUPREE ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
BOX 853	PHILIP	SD	57567-0853
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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

☒	JAY W. BAXTER	PO BOX 851	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
☒	ED MORRISON	21401 217TH AVE	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
☐	JODY MCCLENDON	PO BOX 366	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
☒	ELKE BAXTER	PO BOX 851	PHILIP	SD	57567
	Treasurer	Street Address	City	State	ZIP+4
☒	HOWARD PIHLAJA	PO BOX 306	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
☒	BETTY LABEAU	PO BOX 362	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
☒	SONNY LABEAU	PO BOX 362	PHILIP	SD	57567
	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 10/29/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

ELKE BAXTER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE DATE 10/30/2014

RECEIPT NO 242966

1. Corporate Name and Address:

NS006133
THE ALANO SOCIETY OF PHILIP, SOUTH DAKOTA
303 EAST HIGH STREET
PHILIP, SD 57567

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

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

303 EAST HIGH STREET	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 853	PHILIP	SD	57567-0853
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BETTY LABEAU

103 DUPREE ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
BOX 853	PHILIP	SD	57567-0853
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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

☒	JAY W. BAXTER	PO BOX 851	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
☒	ED MORRISON	21401 217TH AVE	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
☒	JODY MCCLENDON	PO BOX 366	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
☒	ELKE BAXTER	PO BOX 851	PHILIP	SD	57567
	Treasurer	Street Address	City	State	ZIP+4
☐	HOWARD PIHLAJA	PO BOX 306	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
☒	BETTY LABEAU	PO BOX 362	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
☒	SONNY LABEAU	PO BOX 362	PHILIP	SD	57567
	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 10/30/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

JODY MCCLENDON

(Printed Name)

2014

Enter Filing Year

AMENDED ANNUAL REPORT

FILE DATE 11/3/2014

RECEIPT NO 243717

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

Make check payable to SECRETARY OF STATE

FILING FEE:

1. Corporate Name and Address:

NS006133
THE ALANO SOCIETY OF PHILIP, SOUTH DAKOTA
303 EAST HIGH STREET
PHILIP, SD 57567

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

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

303 EAST HIGH STREET	PHILIP	SD	57567
Street Address	City	State	ZIP+4
PO BOX 853	PHILIP	SD	57567-0853
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BETTY LABEAU

103 DUPREE ST	PHILIP	SD	57567
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
BOX 853	PHILIP	SD	57567-0853
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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least three director.

☒	JAY W. BAXTER	PO BOX 851	PHILIP	SD	57567
	President	Street Address	City	State	ZIP+4
☒	ED MORRISON	21401 217TH AVE	PHILIP	SD	57567
	Vice President	Street Address	City	State	ZIP+4
☒	JODY MCCLENDON	PO BOX 366	PHILIP	SD	57567
	Secretary	Street Address	City	State	ZIP+4
☒	ELKE BAXTER	PO BOX 851	PHILIP	SD	57567
	Treasurer	Street Address	City	State	ZIP+4
☐	HOWARD PIHLAJA	PO BOX 306	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
☒	BETTY LABEAU	PO BOX 362	PHILIP	SD	57567
	Director	Street Address	City	State	ZIP+4
☒	SONNY LABEAU	PO BOX 362	PHILIP	SD	57567
	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 11/03/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

JODY MCCLENDON

(Printed Name)

2015

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC NONPROFIT

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

Please Type or Print Clearly In Ink

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

FILE DATE 9/9/2015

RECEIPT NO 334277

Telephone # _____

1. Corporate Name and Address:

NS006133

THE ALANO SOCIETY OF PHILIP, SOUTH DAKOTA

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

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

22077 PARK AVE	PHILIP	SD	57567
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 853	PHILIP	SD	57567-0853
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: BETTY LABEAU

103 DUPREE ST	PHILIP	SD	57567
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
BOX 853	PHILIP	SD	57567-0853
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

5. The names and business addresses of its 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 three director.

☒	JAY W. BAXTER	PO BOX 851	PHILIP	SD	57567
	President	Actual Street Address	City	State	ZIP+4
☒	ED MORRISON	21401 217TH AVE	PHILIP	SD	57567
	Vice President	Actual Street Address	City	State	ZIP+4
☐	ELKE BAXTER	PO BOX 851	PHILIP	SD	57567
	Secretary	Actual Street Address	City	State	ZIP+4
☒	ELKE BAXTER	PO BOX 851	PHILIP	SD	57567
	Treasurer	Actual Street Address	City	State	ZIP+4



BETTY LABEAU

PO BOX 362

PHILIP

SD

57567

Director

Actual Street Address

City

State

ZIP+4



SONNY LABEAU

PO BOX 362

PHILIP

SD

57567

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 09/09/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

ELKE BAXTER

(Optional)

(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.

9/9/2015 12:31:56 PM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

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

FILE DATE 10/15/2016

RECEIPT NO 464598

1. Corporate ID and Name:

NS006133

Enter Corporate ID

THE ALANO SOCIETY OF PHILIP, SOUTH DAKOTA

Enter Corporate Name

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

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

22077 PARK AVE	PHILIP	SD	57567
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 853	PHILIP	SD	57567-0853
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BETTY LABEAU

103 DUPREE ST	PHILIP	SD	57567
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
BOX 853	PHILIP	SD	57567-0853
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 (governors). South Dakota Law requires at least three directors.

☒ JAY W. BAXTER	PO BOX 851	PHILIP	SD	57567
President	Actual Street Address	City	State	ZIP+4

☒ ED MORRISON	21401 217TH AVE	PHILIP	SD	57567
Vice President	Actual Street Address	City	State	ZIP+4

☒ ELKE BAXTER	PO BOX 851	PHILIP	SD	57567
Secretary	Actual Street Address	City	State	ZIP+4

☒ ELKE BAXTER	PO BOX 851	PHILIP	SD	57567
Treasurer	Actual Street Address	City	State	ZIP+4

☒ BETTY LABEAU	PO BOX 362	PHILIP	SD	57567
Director	Actual Street Address	City	State	ZIP+4

☒	SONNY LABEAU	PO BOX 362	PHILIP	SD	57567
	Director	Actual Street Address	City	State	ZIP+4
☒	BARBARA KROETCH	PO BOX 514	PHILIP	SD	57567
	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)

ELKE BAXTER

(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.

10/15/2016 8:58:10 AM