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# ANNUAL REPORT

Domestic Business Corporation  
SDCL 59-11-24, 24.1

South Dakota State Capitol  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

**2016**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

Filing Fee: \$50
Total Fee: \$50

1. Business ID and Name:

**DB055002**  
BUSINESS ID

**BALES APPRAISAL SERVICE, INC.**  
BUSINESS NAME

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

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

Actual Street Address  
**1407 OHIO AVE SW**  
**HURON, SD 57350-3527**

Mailing Address, if Different from Street Address  
**1407 OHIO AVE SW**  
**HURON, SD 57350-3527**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name LORI BALES-PECHHOLT

Actual Street Address in this State  
**1407 OHIO AVENUE SW**  
**HURON, SD 57350-3527**

Mailing Address in this State, if Different from Street Address

5. The names and business addresses of its principal officers.

Name	Address
<b>LORI LYNNE BALES-PECHHOLT</b>	<b>1407 OHIO AVE SW, HURON, SD, 57350</b>

6. The names and business addresses of its directors (governors).

Name	Address
<b>LORI LYNNE BALES-PECHHOLT</b>	<b>1407 OHIO AVE SW, HURON, SD, 57350</b>

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

B0027-6719 03/27/2017 6:19PM Rec'd by SD SOS



03/27/2017

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*Lori Lynne Bales-Pechholt*

\_\_\_\_\_  
Signature of an Authorized Person

Lori Lynne Bales-Pechholt

\_\_\_\_\_  
Printed Name

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