

Receipt Number: 1651192

File Number **DL013389**



ARTICLES_OF_ORGANIZATION

For

MASCO. 00, LLC

Filed at the request of:

**STEVEN R PFEIFFER PROFESSIONAL LLC
300 N DAKOTA AVE STE 502
SIOUX FALLS SD 57104**

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

Filed in the office of the Secretary of State on: **Friday, March 09, 2007**



Secretary of State

Fee Received: \$125.00

State of South Dakota



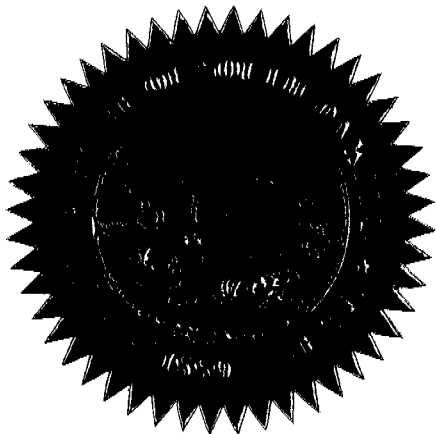
OFFICE OF THE SECRETARY OF STATE Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL013389

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **MASCO. 00, 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 March 9, 2007.



Chris Nelson

Chris Nelson
Secretary of State

350 4479

Filed this 9th day of March, 2007
Chris Nelson
SECRETARY OF STATE

RECEIVED
MAR 09 2007
S.D. SEC. OF STATE

**ARTICLES OF ORGANIZATION
OF
MaSco. 00, LLC**

The undersigned hereby forms a Limited Liability Company under SDCL Ch. 47-34A and adopts as the Articles of Organization for such company the following:

**Article One
Name**

The name of the Limited Liability Company is MaSco. 00, LLC.

**Article Two
Address of Initial Designated Office**

The address of the initial designated office of the Limited Liability Company is 401 W. Hiway 46, Wagner, SD 57380.

**Article Three
Name and Address of Initial Agent for Service of Process**

The name of the initial agent located at the initial designated office of the Limited Liability Company is RF Buche.

**Article Four
Name and Address of Organizers**

The name and address of the organizer is:

RF Buche
401 W. Hiway 46
Wagner, SD 57380

**Article Five
Duration**

The period of duration is perpetual from the date of filing of these Articles of Organization with the Secretary of State of South Dakota.

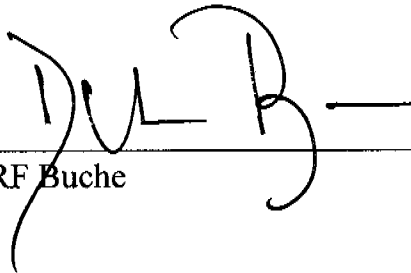
DL13389

350 4481
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

Consent of Appointment by Registered Agent
For
MaSco. 00, LLC

I, RF Buche, hereby give my consent to serve as the registered agent for MaSco. 00, LLC.

Dated this ____ day of March 2007.



RF Buche

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

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

RECEIVED

MAR 05 2008

S.D. SEC. OF STATE

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



DL013389 MAR/0000
MASCO. 00, LLC
BUCHE, R F
401 W HIWAY 46
WAGNER SD 57380-9322

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 state or country under whose law it is organized is:

South Dakota

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

401 West Hwy 46
Wagner SD 57380

4. The address of its principal office is:

Same as above

5. The names and business addresses of any managers:

RF Buche 401 West Hwy 46 Wagner SD 57380

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

3/3/08

Signature

Printed Name

RF Buche

Title

Member

273 3858

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 102 South main Ave
Wagner SD ZIP 57380
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 3/3/08

[Signature]
(Signature)
RE Buche
(Printed Name)
Member
(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

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	3/25/09
RECEIPT NO	1497743
RECEIVED	
MAR 25 2009	
S.D. SEC. OF STATE	

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



DL013389
DL013389 MAR/2008
MASCO. 00, LLC
BUCHE, R F
102 SOUTH MAIN AVE
WAGNER SD 57380-9322

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.

102 South Main Ave. Wagner SD 57380
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

RF Buche
same as above 102 South Main Ave Wagner SD 57380
Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

RF Buche 102 South Main Ave Wagner SD 57380
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 3/24/09

(Signature of an Authorized Manager or Member)
RF Buche
(Printed Name)
President
(Title)

288 3762

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
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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)

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
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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)

319 3000 05/17/2011

2011

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 05-02-2011
RECEIPT NO. RECEIVED
MAY 02 2011
S.D. SEC. OF STATE

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



DL013389
DL013389 MAR/2010
MASCO. 00, LLC
BUCHE, R F
102 SOUTH MAIN AVE
WAGNER SD 57380-9322

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.

102 South main Ave Wagner SD 57380
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent MASCO 00, LLC R F Buche

102 South main Ave Wagner SD 57380
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

5. The names and 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.

RF Buche 102 South main Ave Wagner SD 57380
Manager Street Address City State ZIP+4

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 4/29/11

[Signature]
(Signature of an Authorized Person)
RF Buche
(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 City State ZIP+4

5. If the address has changed, its new address

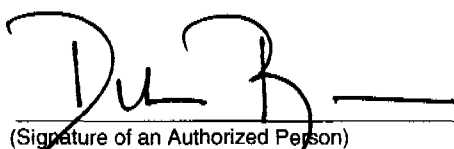
Street Address or Rural Route Box Number in This State and City State ZIP+4

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 4/29/11



(Signature of an Authorized Person)

RFBuche

(Printed Name)

2013

Enter Filing Year

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 2/26/2013

RECEIPT NO 97272

1. L.L.C. ID and Name:
DL013389
MASCO. 00, LLC
102 SOUTH MAIN AVE
WAGNER, SD 57380-2000

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

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

Agent Name: R F BUCHE

102 SOUTH MAIN AVE	WAGNER	SD	57380-9322
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
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4. If the address has changed, its new address.

New Agent Name: RF BUCHE

102 SOUTH MAIN AVENUE	WAGNER	SD	57380-2000
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
5709 S REMINGTON PLACE SUITE 107	SIOUX FALLS	SD	57108-5158

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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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 02/26/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

MICHAL TAYLOR PELTIER

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 2/26/2013

RECEIPT NO 97272

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:
DL013389
MASCO. 00, LLC
102 SOUTH MAIN AVE
WAGNER, SD 57380-2000

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

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

102 SOUTH MAIN AVE WAGNER SD 57380-2000

Street Address City State ZIP+4

5709 S REMINGTON PLACE SUITE 107 SIOUX FALLS SD 57108-5158

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE

102 SOUTH MAIN AVENUE WAGNER SD 57380-2000

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

5709 S REMINGTON PLACE SUITE 107 SIOUX FALLS SD 57108-5158

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.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three empty rows for manager information.

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 02/26/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

MICHAL TAYLOR PELTIER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE 1/3/2014

RECEIPT NO 165304

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:
DL013389
MASCO. 00, LLC
102 SOUTH MAIN AVE
WAGNER, SD 57380-2000

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

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

102 SOUTH MAIN AVE WAGNER SD 57380-2000

Street Address City State ZIP+4

5709 S REMINGTON PLACE SIOUX FALLS SD 57108

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE

102 SOUTH MAIN AVENUE WAGNER SD 57380-2000

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

5709 S REMINGTON PLACE SUITE 107 SIOUX FALLS SD 57108-5158

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.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three empty rows for manager information.

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 01/03/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

MICHAL TAYLOR PELTIER

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 1/2/2015

RECEIPT NO 259245

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:
DL013389
MASCO. 00, LLC
102 SOUTH MAIN AVE
WAGNER, SD 57380-2000

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

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

102 SOUTH MAIN AVE WAGNER SD 57380-2000
Street Address City State ZIP+4
5709 S REMINGTON PLACE SIOUX FALLS SD 57108
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE
102 SOUTH MAIN AVENUE WAGNER SD 57380-2000
Street Address or Rural Route Box Number in This State and City State ZIP+4
5709 S REMINGTON PLACE SUITE 107 SIOUX FALLS SD 57108-5158
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
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 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 01/02/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
MICHAL T PELTIER
(Printed Name)

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 1/8/2016
RECEIPT NO 368060

1. LLC ID and Name:

DL013389

Enter LLC ID

MASCO. 00, 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).

102 SOUTH MAIN AVE	WAGNER	SD	57380-2000
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
5709 S REMINGTON PLACE	SIOUX FALLS	SD	57108
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RF BUCHE

102 SOUTH MAIN AVENUE	WAGNER	SD	57380-2000
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
5709 S REMINGTON PLACE SUITE 107	SIOUX FALLS	SD	57108-5158
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value
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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)

MICHAL T PELTIER

(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.

1/8/2016 12:13:58 PM