

Receipt Number: 1806480

File Number **DL016744**



**ARTICLES\_OF\_ORGANIZATION**

For

**TIM HOFER, L.L.C.**

Filed at the request of:

CAROLYN A THOMPSON  
THOMPSON LAW PC  
5027 S WESTERN AVE STE 100  
SIOUX FALLS SD 57108

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

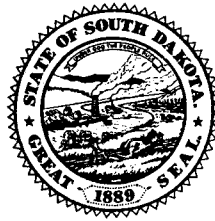
Filed in the office of the Secretary of State on: **Wednesday, June 18, 2008**



Secretary of State

Fee Received: \$125.00

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

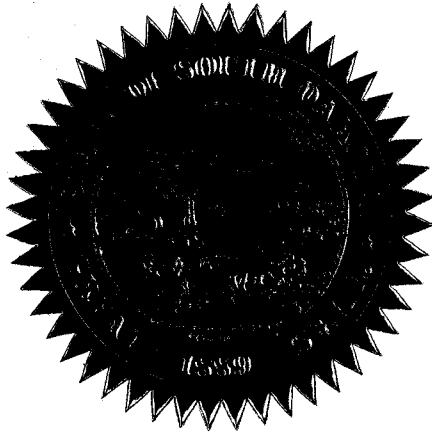
### Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL016744

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **TIM HOFER, L.L.C.** 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 June 18, 2008.



*Chris Nelson*

**Chris Nelson  
Secretary of State**

358 2651

RECEIVED  
JUN 18 2008  
S.D. SEC. OF STATE

Filed this 18<sup>th</sup> day of June, 2008

ARTICLES OF ORGANIZATION OF  
CHRIS NELSON DOMESTIC LIMITED LIABILITY COMPANY  
Chris Nelson  
SECRETARY OF STATE

1. The name of the Limited Liability Company is: Tim Hofer, L.L.C., hereinafter referred to as the "Company."
2. The duration of the company, if other than perpetual is: N/A. Duration shall be perpetual.
3. The address of the initial designated office is: 547 Nebraska SW, PO Box 18, Huron, SD 57350.
4. The name and street address of the initial agent for service of process is: Tim Hofer, 547 Nebraska SW, PO Box 18, Huron, SD 57350.
5. The name and address of the organizer is: Tim Hofer, 547 Nebraska SW, PO Box 18, Huron, SD 57350.
6. If the company is to be a manager-managed company rather than a member-managed company, the name and address of the initial manager is: Tim Hofer, 547 Nebraska SW, PO Box 18, Huron, SD 57350.
7. Whether one or more of the members of the company are to be liable for its debts and obligations under Section 303(c). None of the members of the Company are to be liable for its debts and obligations under Section 303(c).
8. Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization: None.


The articles of organization must be signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date: 6-13-08

  
\_\_\_\_\_  
Tim Hofer, Organizer/Member

CONSENT OF REGISTERED AGENT

I, Tim Hofer, do hereby consent to be the registered agent of Tim Hofer, L.L.C.

  
\_\_\_\_\_  
Tim Hofer

A16744

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 06/19/09  
RECEIVED 1923130  
RECEIVED  
JUN 11 2009  
S.D. SEC. OF STATE  
JUN 19 2009  
S.D. SEC. OF STATE

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



DL016744 JUN/0000  
TIM HOFER, L.L.C..  
HOFER, TIM  
547 NEBRASKA SW  
PO BOX 18  
HURON SD 57350-0018

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.

547 Neb ~~St~~ as above Huron SD 57350  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Tim Hofer

547 Nebraska SW Huron SD 57350  
Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 18  
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.

Tim Hofer 547 Nebraska SW Huron SD 57350  
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 6-8-09

(Signature of an Authorized Manager or Member)

Tim Hofer  
(Printed Name)

Manager  
(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)

310 1526 09/14/2010

2010

ANNUAL REPORT DOMESTIC L.L.C.

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

Please Type or Print Clearly in Ink

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

FILE DATE 9/14/10 RECEIPT NO 2065609

RECEIVED RECEIVED RECEIVED SEP 10 2010 JUL 29 2010 SEP 14 2010 S.D. SEC. OF STATE S.D. SEC. OF STATE S.D. SEC. OF STATE

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



DL016744 JUN/2009 TIM HOFER, L.L.C. HOFER, TIM PO BOX 18 HURON SD 57350-0018

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.

547 Neb SW Huron SD 57350-0018 Street Address City State ZIP+4 P O Box 18 Huron SD 57350-0018 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Tim Hofer 547 Neb SW Huron SD 57350-0018 Street Address (Required to be a South Dakota Address) City State ZIP+4 P O Box 18 Huron SD 57350 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.

Tim Hofer 547 Neb SW Huron SD 57350-0018 Manager Street Address City State ZIP+4

Dated 7-28-10

Signature of an Authorized Manager or Member: Tim Hofer (Printed Name) manager (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)

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	6/1/11
RECEIPT NO.	EIVED 2159731
JUN 01 2011	
S.D. SEC. OF STATE	

Telephone #	_____
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1. L.L.C. Name, Registered Agent Name and Address:



\*DL016744\*  
DL016744 JUN/2010  
TIM HOFER, L.L.C.  
HOFFER, TIM  
PO BOX 18  
HURON SD 57350-0018

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.

547 Neb SW Huron SD 57350-0018  
Street Address City State ZIP+4

PO BOX 18 Huron SD 57350-0018  
Mailing Address City State ZIP+4

Email Address \_\_\_\_\_

4. The name of the South Dakota Registered Agent Tim Hofer

547 Neb SW Huron SD 57350-0018  
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

Email Address \_\_\_\_\_

5. If member-managed, do not complete. If manager-managed, please complete.

Tim Hofer 547 Neb SW Huron SD 57350-0018  
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 5-31-10

Tim Hofer  
(Signature of an Authorized Person)

Email \_\_\_\_\_

Tim Hofer  
(Printed Name)

321 1778

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

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

Please Type or Print Clearly in Ink

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

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

1. The name of the entity \_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_  
(Old Registered Agent)

The name of the successor registered agent \_\_\_\_\_  
(New Registered Agent)

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

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

Street Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

5. If the address has changed, list the new registered agent address

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

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

Email Address \_\_\_\_\_

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an Authorized Person)

Email \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 6/13/2012

RECEIPT NO 46861

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:
DL016744
TIM HOFER, L.L.C..
547 NEBRASKA SW
HURON, SD 57350-2344

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

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

547 NEBRASKA SW HURON SD 57350-2344
Street Address City State ZIP+4
PO BOX 18 HURON SD 57350-0018
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TIM HOFER
547 NEBRASKA SW HURON SD 57350-2344
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 18 HURON SD 57350-0018
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 06/13/2012

Signature Accepted Electronically
(Signature of an Authorized Person)
TIM H HOFER
(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 6/6/2013

RECEIPT NO 121274

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:
DL016744
TIM HOFER, L.L.C..
547 NEBRASKA SW
HURON, SD 57350-2344

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

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

547 NEBRASKA SW HURON SD 57350-2344
Street Address City State ZIP+4
PO BOX 18 HURON SD 57350-0018
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TIM HOFER
547 NEBRASKA SW HURON SD 57350-2344
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 18 HURON SD 57350-0018
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 06/06/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
TIM HOFER
(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 6/8/2014

RECEIPT NO 207474

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:

DL016744
TIM HOFER, L.L.C.
547 NEBRASKA SW
HURON, SD 57350-2344

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

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

547 NEBRASKA SW HURON SD 57350-2344
Street Address City State ZIP+4
PO BOX 929 HURON SD 57350-0018
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TIM HOFER
547 NEBRASKA SW HURON SD 57350-2344
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 18 HURON SD 57350-0018
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 06/08/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
TIM HOFER
(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 4/6/2015

RECEIPT NO 289679

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:

DL016744
TIM HOFER, L.L.C.
547 NEBRASKA SW
HURON, SD 57350-2344

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

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

547 NEBRASKA SW HURON SD 57350-2344
Street Address City State ZIP+4
PO BOX 929 HURON SD 57350-0018
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TIM HOFER
547 NEBRASKA SW HURON SD 57350-2344
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 18 HURON SD 57350-0018
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.

Dated 04/06/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
TIM H HOFER
(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 4/18/2016

RECEIPT NO 405226

1. LLC ID and Name:

DL016744

Enter LLC ID

TIM HOFER, L.L.C..

Enter LLC Name

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

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

547 NEBRASKA SW	HURON	SD	57350-2344
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 929	HURON	SD	57350-0018
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TIM HOFER

547 NEBRASKA SW	HURON	SD	57350-2344
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 18	HURON	SD	57350-0018
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 59-11-24, 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
--------------------------	---------	-----------------------	------	-------	-------

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)  
**TIM H HOFER**  
\_\_\_\_\_  
(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.

4/18/2016 3:50:11 PM