K/0007302.553

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Incorporation
Business Corporation

I, **JOYCE HAZELTINE**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **LAMB MOTOR CO., INC.** duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation 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 Incorporation and attach hereto a duplicate of the Articles of Incorporation.

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 July 13, 2000.

Joyce Hazeltine

Joyce Hazeltine
Secretary of State

IncorpCertBusiness Merge.doc

0007302.0553
7/19/00

RECEIVED
JUL 13 2000
S.D. SEC. OF STATE

ARTICLES OF INCORPORATION OF LAMB MOTOR CO., INC.

Filed: 13th day of July 00
SECRETARY OF STATE

ARTICLE I.

The name of the corporation is LAMB MOTOR CO., INC.

ARTICLE II.

The period of existence is perpetual.

ARTICLE III.

The purpose or purposes for which the corporation is organized is to own an automobile dealership; engage in sales, lease, repair and service of vehicles; own and operate new and used automobile lots; own other real and personal property, and for all other legal purposes.

ARTICLE IV.

The number of shares which it shall have authority to issue, itemized by class, par value of shares, shares without par value, and series, if any, within a class:

Class	Series	Number of shares	Par value per share or statement that shares are without par value
1	1	4,000	$1.00

ARTICLE V.

The preference, limitations, designations and relative rights of each class or series of stock: all shares are equal.

ARTICLE VI.

The corporation will not commence business until consideration of the value of at least One Thousand and No/100 ($1,000.00) Dollars has been received for the issuance of shares.

ARTICLE VII.

The address of its registered office is 201 North Euclid, Pierre, South Dakota 57501, and the name of its registered agent is Thomas M. Maher.

ARTICLE VIII.

The number of directors constituting the board of directors is two (2) and the name(s) and address(es) of the director(s) are as follows:

000730

000730 2 0553
7/19/00

Name	Address
Joseph J. Lamb, Jr.	Box 445 Onida, South Dakota 57564
Jeffrey A. Lamb	Box 901 Onida, South Dakota 57564

ARTICLE IX.

The name(s) and address(es) of the incorporator(s) are as follows:

Name	Address
Joseph J. Lamb, Jr.	Box 445 Onida, South Dakota 57564
Jeffrey A. Lamb	Box 901 Onida, South Dakota 57564

These Articles of Incorporation may be amended in the manner authorized by law at the time of amendment.

Executed in duplicate on this the 13 day of July, 2000.

Joseph J. Lamb, Jr.

Jeffrey A. Lamb

0007302.0553
7/19/00

State of South Dakota)
ss.
County of Hughes)

On the 13 day of July, 2000, before me, the undersigned Notary Public within and for said County and State, personally appeared Joseph J. Lamb, Jr., known to me to be the person whose name is subscribed to the foregoing and acknowledged that he executed the same for the purposes contained therein.

Notary Public
State of South Dakota

THOMAS P. MAHER
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA

My Commission Expires 10-13-03
(SEAL)

State of South Dakota)
ss.
County of Hughes)

On the 13 day of July, 2000, before me, the undersigned Notary Public within and for said County and State, personally appeared Jeffrey A. Lamb, known to me to be the person whose name is subscribed to the foregoing and acknowledged that he executed the same for the purposes contained therein.

Notary Public
State of South Dakota

THOMAS P. MAHER
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA

My Commission Expires 10-13-03
(SEAL)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Thomas M. Maher, hereby give my consent to serve as the registered agent for LAMB MOTOR CO., INC.

Dated this 13 day of July, 2000.

Thomas M. Maher

0007302

0007302.0553
7/19/00

Receipt Number: 895921

File Number DB043035

ART OF INC

For

LAMB MOTOR CO., INC.

Filed at the request of:

MAHER AND ARENDT
THOMAS MAHER
201 NORTH EUCLID STE 1
PIERRE SD 57501

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Thursday, July 13, 2000**

Secretary of State

Fee Received: $90 4,000 @ $1

0201211.3910

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 10-15-01
RECEIPT NO. 02 9886
RECEIVED
'01
SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB043035
LAMB MOTOR CO., INC.
MAHER, THOMAS M
201 N EUCLID
PIERRE SD 57501-2522

Telephone # 605-258-2677
FAX # 605-
Federal Taxpayer II
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

*** * * * ATTENTION - FILING INSTRUCTIONS * * * ***

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota Auto Dealer

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joseph T Lamb	President	922 Bayberry Av	Onida	SD	57564
Jeffrey A Lamb	Vice President	900 ASL Av	Onida	SD	57564
Joseph T Lamb	Secretary	922 Bayberry Av	Onida	SD	57564
Jeffrey A Lamb	Treasurer	900 ASL Av	Onida	SD	57564

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X NO ___ **If no, list directors below.**

Director _____

Director _____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
4002	1	1	1.00 per Share

5 NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES
4002	1	1

6. The amount of its stated capital is $ 4002.00 (Money received for issued shares)

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

Dated 10-12-01

(Signature) _____

President
(Title)

STATE OF SD
COUNTY OF Sully

On this the 12th day of October, 20 01, before me, Heidi M Kludt
personally appeared Joseph J Lamb, known to me, or proved to me,
to be the President 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 ~~My Commission Expires~~ February 17, 2006

(Notary Public) Heidi M Kludt

(Notarial Seal)

cbar.pdf

K 102

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

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

FILING FEE: $10

0201211 3910
Pg 102

RECEIVED
OCT 2001
S.D. SEC. OF STATE

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 Lamb Motor Co Inc

2. The previous street address or a statement that there is no street address, of its registered office 201 N. Euclid
Pierre SD ZIP 57501

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is 109
Main St P.O Box 48 Onida SD ZIP 57564

4. The name of its previous registered agent is Thomas M Maher

5. The name of its successor registered agent is * Joseph J Lamb

*** 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 public.

Date 10-12-01

(Signature)

registered Agent / Pres, Pat
(Title)

STATE OF South Dakota
COUNTY OF Sully

I, Heidi M Kludt, a notary public, do hereby certify that on this 12th day of October, 2001, personally appeared before me Joseph J Lamb who, being by me first duly sworn, declared that he/she is the President of Lamb Motor Co Inc, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires
February 17, 2006
My Commission Expires

Heidi M Kludt
(Notary Public)

Notarial Seal

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Joseph J Lamb, hereby give my consent to serve as the
(name of registered agent)

registered agent for Lamb Motor Co Inc.
(corporate name)

Dated 10-12-01

(signature of registered agent)

STCHNGE.DOC

2002 ANNUAL REPORT

0208216.0991
8/13/02

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILE DATE 7-1-02
RECEIPT NO. 1119474
RECEIVED
JUN 24 '02
SD SEC. OF STATE

FILING FEE: $25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

DB-043035 JUL/2001
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
103 MAIN ST
PO BOX 48
ONIDA SD 57564-0048

Telephone # 258-
FAX # 250-
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.

*** * * * ATTENTION - FILING INSTRUCTIONS * * * ***

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☑ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

* *

2. The character of the business in which it is actually engaged in South Dakota ____________

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

____________ Director ____________
____________ Director ____________

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is $ ____________. (Money received for issued shares)

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

Dated 6-20-02 By [signature] (Signature)

its President (Title)

STATE OF South Dakota
COUNTY OF Sully ss

On this the 20th day of June 2002, before me, ____________
personally appeared Joseph J Lamb, known to me, or proved to me, to be the President 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 My Commission Expires February 17, 2006

[signature] Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX (605) 773-4550
www.state.sd.us/sos/sos.htm

SOS CRP 11/01

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._____

FILING FEE: $10 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 previous street address, or a statement that there is no street address, of its registered office _____
   _____ 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 _____
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. 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)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____ personally appeared _____, known to me, or proved to me, to be the _____ 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 _____ _____
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)

2003 ANNUAL REPORT

0308222.2548
8/27/03

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILE DATE 7/21/03
RECEIVED
7/22/03
JUL 21 '03
S.D. SEC. of STATE

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

DB-043035

DB-043035 JUL/2002
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
109 MAIN ST
PO BOX 48
ONIDA SD 57564-0048

Telephone # (605) 258-2627
FAX # (605) 258-2733
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.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report below in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The character of the business in which it is actually engaged in South Dakota _____

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

	Director				
	Director				

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED | CLASS | SERIES

6. The amount of its stated capital is $ _____. (Money received for issued shares)

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

Dated 7-15-03

By _____ (Signature)

Its President (Title)

STATE OF South Dakota
ss
COUNTY OF Sully

On this the 15 day of July, 20 03, before me, Susan B. Lamb personally appeared Joe Lamb, known to me, or proved to me, to be the President 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 June 7 2007

Susan B. Lamb
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.state.sd.us/sos

SOS CRP 07/03

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. _____

FILING FEE: $10 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 previous street address, or a statement that there is no street address, of its registered office _____
   _____ 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 _____
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. 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)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____ personally appeared _____, known to me, or proved to me, to be the _____ 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 _____ _____
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)

228 5879 06/30/2004

2004 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 7/1/04
RECEIPT NO. 133494/
RECEIVED JUL 01 '04 S.D. SEC. of STATE
RECEIVED JUN 24 '04 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB043035
DB043035 JUL/2003
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
109 MAIN ST
PO BOX 48
ONIDA SD 57564-0048

Telephone # (605) 258-2627
FAX # (605) 258-2733
Federal Taxp:

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The character of the business in which it is actually engaged in South Dakota ____________

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
	President				
	Vice President				
	Secretary				
	Treasurer				

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.

____________ Director ____________

____________ Director ____________

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is $____________ . (Money received for issued shares)

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

Dated 6-22-03

(Signature) [signature]

President
(Title)

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

SOS CRP 07/04

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. _____

FILING FEE: $10 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 previous street address, or a statement that there is no street address, of its registered office _____

   _____ 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 _____

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. 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 any other 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)

Revised 07/04

239 1150 07/15/2005

2005 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 07/07/05
RECEIPT NO. 145608

RECEIVED JUL 07 '05 S.D. SEC. of STATE

RECEIVED JUN 22 '05 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:

DB043035
DB043035 JUL/2004
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
109 MAIN ST
PO BOX 48
ONIDA SD 57564-0048

Telephone # (605) 258-2627
FAX # (605) 258-2733

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check the box** below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The address of the principal office 109 N Main Onida SD 57564

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Joseph J Lamb	President	922 Bayberry Ave	Onida	SD	57564
Jeffrey A Lamb	Vice President	900 Ash Ave	Onida	SD	57564
Joseph J Lamb	Secretary	922 Bayberry Ave	Onida	SD	57564
Jeffrey A Lamb	Treasurer	900 Ash Ave	Onida	SD	57564

4. Provide a brief description of the nature of the business Auto dealer

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X NO ___ If no, list directors below.

___ Director ___

___ Director ___

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
4000	1	1

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
4000	1	1

The statement may be signed by any authorized officer of the Corporation.

Dated 6-21-05

Signature [signature]

Joseph Lamb
Printed Name

President
Title

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

SOS CRP 07/05

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. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 street address, or a statement that there is no street address, of its current registered office _____

   _____ ZIP + 4 _____

3. The new 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 _____

4. The name of its current registered agent is _____

5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated _____

_____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

_____
(signature)

251 1435

2006 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 07/11/06
RECEIPT NO. 1575473
RECEIVED
JUL 11 '06
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:

DB043035
DB043035 JUL/2005
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
109 MAIN ST
PO BOX 48
ONIDA SD 57564-0048

Telephone # (605) 258-2627
FAX # (605) 258-2733

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

★ ★ ★ ★ **ATTENTION - FILING INSTRUCTIONS** ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The address of the principal office 109 N Main Onida SD 57564

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Joseph J Lamb	President	922 Bayberry Ave	Onida	SD	57564
Jeffrey A Lamb	Vice President	900 Ash Ave	Onida	SD	57564
Joseph J Lamb	Secretary	922 Bayberry Ave	Onida	SD	57564
Jeffrey A Lamb	Treasurer	900 Ash Ave	Onida	SD	57564

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X NO ___ **If no, list directors below.**

_______________ Director _______________

_______________ Director _______________

4. Provide a brief description of the nature of the business Auto Dealer

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
4000	1	1

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
4000	1	1

The statement may be signed by any authorized officer of the Corporation.

Dated 6-23-06

Signature [signature]

Joseph Lamb
Printed Name

President
Title

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

SOS CRP 07/05

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. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 street address, or a statement that there is no street address, of its current registered office _____

   _____ ZIP + 4 _____

3. The new 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 _____

4. The name of its current registered agent is _____

5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated _____ _____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____ _____
(signature)

264 0443 07/13/2007

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 07/21/07
RECEIPT NO. 1649554

RECEIVED
JUN 22 2007
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:

DB043035
DB043035 JUL/2006
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
109 MAIN ST
PO BOX 48
ONIDA SD 57564-0048

Telephone # (605) 258-2627
FAX # (605) 258-2733

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The address of the principal office 109 N Main St Onida SD 57564

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Joseph J Lamb	President	922 Bayberry Ave	Onida	SD	57564
Jeffrey A Lamb	Vice President	900 Ash Ave	Onida	SD	57564
Joseph J Lamb	Secretary	922 Bayberry Ave	Onida	SD	57564
Jeffrey A. Lamb	Treasurer	900 Ash Ave	Onida	SD	57564

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X **NO** ___ **If no, list directors below.**

_______________ Director _______________

_______________ Director _______________

4. Provide a brief description of the nature of the business _______________

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
4000	1	1

6.

NUMBER OF ISSUED SHARES	CLASS	SERIES
4000	1	1

The statement may be signed by any authorized officer of the Corporation.

Dated 6-20-07

[signature]
Signature

Joseph Lamb
Printed Name

President
Title

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

SOS CRP 07/05

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. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 street address, or a statement that there is no street address, of its current registered office _____

   _____ ZIP + 4 _____

3. The new 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 _____

4. The name of its current registered agent is _____

5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated _____

_____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

_____
(signature)

264 0443 07/13/2007

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 07/21/07
RECEIPT NO. 1649554

RECEIVED
JUN 22 2007
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Registered Address:

DB043035
DB043035 JUL/2006
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
109 MAIN ST
PO BOX 48
ONIDA SD 57564-0048

Telephone # (605) 258-2627
FAX # (605) 258-2733

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

☒ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

★ ★

2. The address of the principal office 109 N Main St Onida SD 57564

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Joseph J Lamb	President	922 Bayberry Ave	Onida	SD	57564
Jeffrey A Lamb	Vice President	900 Ash Ave	Onida	SD	57564
Joseph J Lamb	Secretary	922 Bayberry Ave	Onida	SD	57564
Jeffrey A. Lamb	Treasurer	900 Ash Ave	Onida	SD	57564

SD law requires at least one director.
Do the above listed officers serve also as directors? YES X **NO** ___ **If no, list directors below.**

_______________ Director _______________

_______________ Director _______________

4. Provide a brief description of the nature of the business _______________

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
4000	1	1

6. NUMBER OF ISSUED SHARES	CLASS	SERIES
4000	1	1

The statement may be signed by any authorized officer of the Corporation.

Dated 6-20-07

Signature [signature]

Joseph Lamb
Printed Name

President
Title

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

SOS CRP 07/05

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. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 street address, or a statement that there is no street address, of its current registered office _____

   _____ ZIP + 4 _____

3. The new 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 _____

4. The name of its current registered agent is _____

5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated _____

_____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ ,hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

_____
(signature)

279 0762 08/07/2008

2008 ANNUAL REPORT
DOMESTIC

Please Type or Print Clearly in ink

ecretary of State Office
0 E Capitol Ave
erre, SD 57501
05)773-4845

FILING FEE: $30 Make check payable to SECRETARY OF STATE

RECEIVED
JUL 25 2008
S.D. SEC. OF STATE

RECEIVED
JUL 22 2008
S.D. SEC. OF STATE

RECEIVED
JUL 29 2008
S.D. SEC. OF STATE

FILE DATE 07/29/08
RECEIPT NO 1819587

RECEIVED
JUL 16 2008
S.D. SEC. OF STATE

Corporate Name, Registered Agent Name and Address:

DB043035

DB043035 JUL/2007
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
109 MAIN ST
PO BOX 48
ONIDA SD 57564-0048

Telephone # (605) 258-2627
FAX # (605) 258-2840

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.

Street Address	City	State	ZIP+4
109 N Main	Onida	SD	57564
[redacted]			
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Joseph J. Lamb

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
[redacted] 109 N. Main PO Box 48	Onida	SD	57564
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 one director.

	Street Address	City	State	ZIP+4
☐ Joseph J Lamb, President	922 Bayberry Ave	Onida	SD	57564
☐ Jeffrey A. Lamb, Vice President	900 Ash Avenue	Onida	SD	57564
☐ Joseph J. Lamb, Secretary	922 Bayberry Ave	Onida	SD	57564
☐ Jeffrey A. Lamb, Treasurer	900 Ash Ave	Onida	SD	57564
☐ Director				
☐ Director				

Dated 7-15-08

(Signature of an authorized officer)

Joseph J Lamb
(Printed Name)

President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____ [redacted]

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

_____

Street Address (Required) City State ZIP+4

_____ [redacted]

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)

294 1915 08/12/2009

2009 ANNUAL REPORT
DOMESTIC

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 8/06/09
RECEIPT NO 1938390

RECEIVED
AUG 0 6 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB043035
DB043035 JUL/2008
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
PO BOX 48
ONIDA SD 57564-0048

Telephone # 605 258-2627
FAX # 605 258 2733

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.

Street Address	City	State	ZIP+4
109 N Main	Onida	SD	57564
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Joseph J. Lamb

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
109 N. Main Po Box 48	Onida	SD	57564
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 one director.

	Street Address	City	State	ZIP+4
☐ Joseph J Lamb, President	922 Bayberry Ave	Onida	SD	57564
☐ Jeffrey A. Lamb, Vice President	900 Ash Avenue	Onida	SD	57564
☐ Joseph J. Lamb, Secretary	922 Bayberry Ave	Onida	SD	57564
☐ Jeffrey A. Lamb, Treasurer	900 Ash Avenue	Onida	SD	57564
☐ Director				
☐ Director				

Dated 8-4-09

(Signature of an authorized officer)

Joseph J Lamb
(Printed Name)

President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

_____
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

2010 ANNUAL REPORT
DOMESTIC

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 07/01/10
RECEIPT NO 2044684
RECEIVED
JUN 29 2010
S.D. SEC. OF STATE

307 3063

1. Corporate Name, Registered Agent Name and Address:

DB043035
DB043035 JUL/2009
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
PO BOX 48
ONIDA SD 57564-0048

Telephone # (605) 258-2627
FAX # (605) 258-2733

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~~.

109 N. Main	Onida	SD	57564
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Joseph J. Lamb

109 N Main	Onida	SD	57564
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Po Box 48	Onida	SD	57564
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 one director.

☑	Joseph J Lamb	922 Bayberry Ave	Onida	SD	57564
	President	Street Address	City	State	ZIP+4
☑	Jeffrey A. Lamb	900 Ash Avenue	Onida	SD	57564
	Vice President	Street Address	City	State	ZIP+4
☐	Joseph J. Lamb	922 Bayberry Ave	Onida	SD	57564
	Secretary	Street Address	City	State	ZIP+4
☐	Jeffrey A. Lamb	900 Ash Ave	Onida	SD	57564
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	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 6-24-10

(Signature of an Authorized Person)

Joseph J Lamb
(Printed Name)

domesticannualreport July 2010

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 ANNUAL REPORT
DOMESTIC

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 5/27/11
RECEIPT NO 2154509

RECEIVED
MAY 27 2011
S.D. SEC. OF STATE

Telephone # (605) 258-2627

321 1585

1. Corporate Name, Registered Agent Name and Address:

DB043035
DB043035 JUL/2010
LAMB MOTOR CO., INC.
LAMB, JOSEPH J
PO BOX 48
ONIDA SD 57564-0048

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

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

Street Address	City	State	ZIP+4
109 N Main	Onida	SD	57564
Mailing Address	City	State	ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Joseph J. Lamb

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
109 N Main	Onida	SD	57564
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
PO Box 48	Onida	SD	57564

Email Address

5. The names and 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 one director.

		Street Address	City	State	ZIP+4
☐	Joseph J Lamb	922 Bayberry Ave	Onida	SD	57564
	President				
☐	Jeffrey A Lamb	900 Ash Avenue	Onida	SD	57564
	Vice President				
☐	Joseph J Lamb	922 Bayberry Ave	Onida	SD	57564
	Secretary				
☐	Jeffrey A Lamb	900 Ash Avenue	Onida	SD	57564
	Treasurer				
☐					
	Director				
☐					
	Director				

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

Dated 5-23-10

Email

(Signature of an Authorized Person)

Joseph J. Lamb
(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 _____
(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

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

ANNUAL REPORT

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 7/10/2012
RECEIPT NO 51484

1. Corporate ID and Name:
DB043035
LAMB MOTOR CO., INC.
109 N MAIN
ONIDA, SD 57564

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

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

109 N MAIN	ONIDA	SD	57564
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOSEPH J LAMB

109 N MAIN	ONIDA	SD	57564-0048
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 48	ONIDA	SD	57564-0048
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. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

[X]	JOSEPH J LAMB	PO BOX 48	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
[X]	JEFFREY A LAMB	PO BOX 27	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
[ ]					
	Secretary	Street Address	City	State	ZIP+4
[ ]					
	Treasurer	Street Address	City	State	ZIP+4
[ ]					
	Director	Street Address	City	State	ZIP+4
[ ]					
	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 07/10/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

JOSEPH J LAMB
(Printed Name)

7/10/2012 4:13:07 PM

2013 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC

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FILE 6/13/2013

RECEIPT NO 122550

1. Corporate ID and Name:
DB043035
LAMB MOTOR CO., INC.
109 N MAIN
ONIDA, SD 57564

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

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

109 N MAIN	ONIDA	SD	57564
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOSEPH J LAMB

109 N MAIN	ONIDA	SD	57564-0048
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 48	ONIDA	SD	57564-0048
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. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

[X]	JOSEPH J LAMB	PO BOX 48	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
[X]	JEFFREY A LAMB	PO BOX 27	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
[ ]					
	Secretary	Street Address	City	State	ZIP+4
[ ]					
	Treasurer	Street Address	City	State	ZIP+4
[ ]					
	Director	Street Address	City	State	ZIP+4
[ ]					
	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 06/13/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

JOSEPH J LAMB
(Printed Name)

6/13/2013 3:14:34 PM

2014 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC

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FILE DATE 6/18/2014
RECEIPT NO 210376

1. Corporate ID and Name:
DB043035
LAMB MOTOR CO., INC.
109 N MAIN
ONIDA, SD 57564

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

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

109 N MAIN	ONIDA	SD	57564
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOSEPH J LAMB

109 N MAIN	ONIDA	SD	57564-0048
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 48	ONIDA	SD	57564-0048
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. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

X	JOSEPH J LAMB	PO BOX 48	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
X	JEFFREY A LAMB	PO BOX 27	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	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 06/18/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

SUSAN B LAMB
(Printed Name)

6/18/2014 12:04:14 PM

2015 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 6/24/2015

RECEIPT NO 313974

1. Corporate ID and Name:
DB043035
LAMB MOTOR CO., INC.
109 N MAIN
ONIDA, SD 57564

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

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

109 N MAIN	ONIDA	SD	57564
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOSEPH J LAMB

109 N MAIN	ONIDA	SD	57564-0048
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 48	ONIDA	SD	57564-0048
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. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

X	JOSEPH J LAMB	PO BOX 48	ONIDA	SD	57564
	President	Street Address	City	State	ZIP+4
X	JEFFREY A LAMB	PO BOX 27	ONIDA	SD	57564
	Vice President	Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	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 06/24/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

MICAELA J JOHNSON

(Printed Name)

6/24/2015 4:07:29 PM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 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 6/21/2016

RECEIPT NO 428473

1. Corporate ID and Name:

DB043035
Enter Corporate ID

LAMB MOTOR CO., INC.
Enter Corporate Name

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

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

109 N MAIN	ONIDA	SD	57564
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 48	ONIDA	SD	57564
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JOSEPH J LAMB

109 N MAIN	ONIDA	SD	57564-0048
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 48	ONIDA	SD	57564-0048
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.

X	JOSEPH J LAMB	PO BOX 48	ONIDA	SD	57564
	President	Actual Street Address	City	State	ZIP+4
X	JEFFREY A LAMB	PO BOX 27	ONIDA	SD	57564
	Vice President	Actual Street Address	City	State	ZIP+4
	Secretary	Actual Street Address	City	State	ZIP+4
	Treasurer	Actual Street Address	City	State	ZIP+4
	Director	Actual Street Address	City	State	ZIP+4

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 06/21/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

JOSEPH J LAMB

(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.

6/21/2016 12:20:09 PM