



State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Incorporation

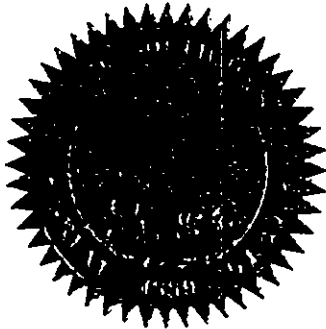
Business Corporation

ORGANIZATIONAL ID #: DB045970

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **TED THOMPSON LIVESTOCK, 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 October 9, 2002.



Joyce Hazeltine  
Secretary of State

1-611-1-1108

Filed this 9<sup>th</sup> day of Oct 2002  
*Joyce Hazelton*  
SECRETARY OF STATE

0211318, 1108  
11/25/02

ARTICLES OF INCORPORATION

RECEIVED

OCT 9 '02

S.D. SEC. OF STATE

These articles of incorporation are executed by the undersigned for the purposes of forming a South Dakota corporation under the provisions of the South Dakota Business Corporation Act.

ARTICLE I.

The name of the corporation is Ted Thompson Livestock, Inc.

ARTICLE II.

The period of its duration is perpetual.

ARTICLE III.

The purpose or purposes for which the corporation is organized is to engage in the livestock commission business and any business incidental or related thereto, and such other business or business activities as shall be considered desirable by the directors, and to make and execute any and all agreements for the purposes outlined, including agreements for borrowing of money, to construct, own, purchase, maintain, operate, sell, lease or dispose of real and personal property which may be necessary or advisable for the carrying on of the business of the corporation; and to do all other things subsidiary, necessary or contingent for carrying out and into effect the main purposes of the corporation; to enter into partnerships and any and all other lawful purposes for which corporations may be incorporated under this act.

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 are as follows, said stock, when issued, to be fully paid and non-assessable:

Class	Series	No. of Shares	Par Value Per Share
Common	None	250	None

*cl 6045970*

211311

0211318.1108  
11:25/02

ARTICLE V.

The corporation will not commence business until consideration of the value of at least \$1,000.00 has been received for the issuance of shares.

ARTICLE VI.

The address of the initial registered office of the corporation is 20265 Superior Place, Whitewood, South Dakota 57793, and the name of its registered agent at such address is Ted A. Thompson.

ARTICLE VII.

The number of directors constituting the board of directors shall be one (1) or more. The number of directors may be increased or decreased by amendment to the bylaws. The names and addresses of the directors constituting the initial board of directors who shall serve until their successors are elected and shall qualify are:

Ted A. Thompson  
20265 Superior Place  
Whitewood, South Dakota 57793

Kathryn D. Thompson  
20265 Superior Place  
Whitewood, South Dakota 57793

ARTICLE VIII.

The name and address of each incorporator is:

Ted A. Thompson  
20265 Superior Place  
Whitewood, South Dakota 57793

ARTICLE IX.

No shareholder shall be responsible for the debts of the corporation in any amount greater than the amount remaining unpaid on the capital stock for which he has subscribed.

ARTICLE X.

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



0211318.1108  
11/25/02

Secretary of State  
State of South Dakota  
500 East Capitol  
Pierre, South Dakota 57501

LETTER OF CONSENT  
TO USE SIMILAR NAME

We, the undersigned officers of THOMPSON LIVESTOCK,  
INC., hereby grant consent to the use of the name TED THOMPSON  
LIVESTOCK, INC..

Dated this 3rd day of October, 2002.

*Ted Thompson*  
(president or vice-president)

AND

*Charlotte Thompson*  
(secretary or assist. secy)

SD law requires the consent of use to be signed by both the  
president or vice-president AND the secretary or assistant  
secretary of the corporation.

243.568

227 3960

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

2003  
**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 RECEIVED 4/19/04  
RECEIPT NO. 1318703  
APR 20 '04  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB045970 OCTOBER 2003  
THOMPSON (TED) LIVESTOCK, INC.  
THOMPSON, TED A  
20265 SUPERIOR PLACE  
WHITEWOOD SD 57793-7002

Telephone # 605-269-2414  
FAX # 605-269-2420  
Federal Taxpa  
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, a statement of change must be filed. 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 Livestock Industry

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Ted Thompson</u>	President	<u>20265 Superior Place</u>	<u>Whitewood</u>	<u>SD</u>	<u>57793</u>
	Vice President				
<u>Kathy Thompson</u>	Secretary	<u>20265 Superior Place</u>	<u>Whitewood</u>	<u>SD</u>	<u>57793</u>
<u>Kathy Thompson</u>	Treasurer	<u>''</u>	<u>''</u>		

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
<u>250</u>	<u>Common</u>	<u>1-20</u>	<u>No Par Value</u>

5. NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES
<u>100</u>	<u>Common</u>	<u>1</u>

6. The amount of its stated capital is \$ 1,000.00 (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 4-19-2004

STATE OF S. Dak.  
COUNTY OF Lawrence

On this the 19th day of April, 2004, before me,

personally appeared President, 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.

[Signature]  
(Signature)  
President  
(Title)

Brooke Pickett

Brooke Pickett  
(Notary Public)

April 9, 2009  
My Commission Expires

(Notarial Seal)





**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)



**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)



**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)



**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)

2008 10/20/2008

2008

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: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 10/01/08 RECEIPT NO 1840011 RECEIVED SEP 29 2008 S.D. SEC. OF STATE

Telephone # 605-269-2222 FAX # 605-269-2424 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

1. Corporate Name, Registered Agent Name and Address:



DB045970 OCT/2007 TED THOMPSON LIVESTOCK, INC. THOMPSON, TED A. 20265 SUPERIOR PLACE WHITEWOOD SD 57793-7002

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

20265 Superior Pl. Whitewood SD 57793-7002 Street Address City State ZIP+4 SAME Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Ted A. Thompson

20265 Superior Pl. Whitewood SD 57793-7002 Street Address (Required to be a South Dakota Address) City State ZIP+4 SAME 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.

- President: Ted A. Thompson, 20265 Superior Pl., Whitewood SD, 57793-7002
Vice President: Coy A. Thompson, 20265 Superior Pl., Whitewood SD, 57793-7002
Secretary: Kathy D. Thompson, 20265 Superior Pl., Whitewood SD, 57793-7002
Treasurer:
Director:
Director:

Dated 9-27-2008

Signature of authorized officer: Kathy D. Thompson
Printed Name: Kathy D. Thompson
Title: Secretary

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
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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)

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

RECEIVED RECEIVED
SEP 23 2009 SEP 28 2009
S.D. SEC. OF STATE

Telephone # 605-269-2222
FAX # 605-269-2484
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

1. Corporate Name, Registered Agent Name and Address:



DB045970 OCT/2008
TED THOMPSON LIVESTOCK, INC.
THOMPSON, TED A.
20265 SUPERIOR PLACE
WHITEWOOD SD 57793-7002

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

20265 Superior Place Whitewood, SD 57793-7002
Street Address City State ZIP+4

same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent TED A. Thompson

same 20265 Superior Place Whitewood SD 57793-7002
Street Address (Required to be a South Dakota Address) City State ZIP+4

20265 Superior Place Whitewood SD 57793-7002
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.

[x] Ted A. Thompson 20265 Superior Pl. Whitewood SD 57793-7002
President Street Address City State ZIP+4

[x] Coy A. Thompson 20265 Superior Place Whitewood SD 57793-7002
Vice President Street Address City State ZIP+4

[x] Kathy D. Thompson 20265 Superior Place Whitewood SD 57793-7002
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

Dated 9-22-2009

[Signature] Thompson
(Signature of an authorized officer)
KATHY D. THOMPSON
(Printed Name)
Secretary
(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)

318 1101

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

RECEIVED stamp with FILE DATE 03-30-2011, RECEIPT NO 2134798, and S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB045970 OCT/2009
TED THOMPSON LIVESTOCK, INC.
THOMPSON, TED A.
20265 SUPERIOR PLACE
WHITEWOOD SD 57793-7002

MAR 30 2011
S.D. SEC. OF STATE

Telephone # 605-269-2222
FAX # 605-269-2424
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.

20265 Superior Place, Whitewood, SD, 57793-7002
Street Address City State ZIP+4

same
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Ted A. Thompson

same 20265 Superior Place, Whitewood, SD, 57793-7002
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

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.

[x] Ted A. Thompson 20265 Superior Pl., Whitewood SD, 57793-7002
President Street Address City State ZIP+4

[x] Coy A. Thompson SAME
Vice-President Street Address City State ZIP+4

[x] Kathy D. Thompson SAME
Secretary Street Address City State ZIP+4

[ ] Treasurer Street Address City State ZIP+4

[x] Kelly J. Thompson SAME
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 9-21-2010

Kathy D Thompson
(Signature of an Authorized Person)

KATHY D THOMPSON - Secretary
(Printed Name)

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

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

Please Type or Print Clearly in Ink

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

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

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

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

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

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

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

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

5. If the address has changed, its new address

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

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

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

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

Dated \_\_\_\_\_

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

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

2011

Enter Filing Year

## ANNUAL REPORT

FILE DATE 10/28/2011

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

## DOMESTIC

**FILING FEE: \$50.00** Please Type or Print Clearly In Ink  
Make check payable to SECRETARY OF STATE

RECEIPT NO 5324

1. Corporate ID and Name:

DB045970

TED THOMPSON LIVESTOCK, INC.  
20265 SUPERIOR PL  
WHITEWOOD, SD57793-7002

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

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

20265 SUPERIOR PL	WHITEWOOD	SD	57793-7002
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

4. The name of the South Dakota Registered Agent

Agent Name: TED A. THOMPSON

20265 SUPERIOR PLACE	WHITEWOOD	SD	57793-7002
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 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.

<input type="checkbox"/>	TED THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	KATHY THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KELLY THOMPSON ANDERS	20822 DALZELL RD.,	ELM SPRINGS	SD	57791
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	COY THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	KATHY THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Secretary	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.  
By signing this form you agree to have both the fee and the form processed electronically.

Dated 10/28/2011

Signature Accepted Electronically  
(Signature of an Authorized Person)

KATHY THOMPSON  
(Printed Name)

2012

Enter Filing Year

## ANNUAL REPORT

FILE 10/16/2012

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

## DOMESTIC

Please Type or Print Clearly In Ink

RECEIPT NO 69795

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

## 1. Corporate ID and Name:

DB045970  
TED THOMPSON LIVESTOCK, INC.  
20265 SUPERIOR PL  
WHITEWOOD, SD 57793-7002

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

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

20265 SUPERIOR PL	WHITEWOOD	SD	57793-7002
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

## 4. The name of the South Dakota Registered Agent

Agent Name: TED A. THOMPSON

20265 SUPERIOR PLACE	WHITEWOOD	SD	57793-7002
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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## 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.

<input type="checkbox"/>	TED A. THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	KATHY THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KELLY J. THOMPSON ANDERS	20822 DALZELL RD.,	ELM SPRINGS	SD	57791
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	COY A. THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	KATHY THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Secretary	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.  
By signing this form you agree to have both the fee and the form processed electronically.

Date 10/16/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

KATHY D THOMPSON

(Printed Name)

2013

Enter Filing Year

## ANNUAL REPORT

FILE 10/26/2013

RECEIPT NO 148925

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

## DOMESTIC

Please Type or Print Clearly In Ink

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

## 1. Corporate ID and Name:

DB045970  
TED THOMPSON LIVESTOCK, INC.  
20265 SUPERIOR PL  
WHITEWOOD, SD 57793-7002

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

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

20265 SUPERIOR PL	WHITEWOOD	SD	57793-7002
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

## 4. The name of the South Dakota Registered Agent

Agent Name: TED A. THOMPSON

20265 SUPERIOR PLACE	WHITEWOOD	SD	57793-7002
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 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.

<input type="checkbox"/>	TED A. THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KATHY D THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	KELLY J. THOMPSON ANDERS	20822 DALZELL RD.,	ELM SPRINGS	SD	57791
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TARA J THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	KATIE J THOMPSON	1109 - 5TH STREET	STURGIS	SD	57785
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	COY A THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Vice President	Street Address	City	State	ZIP+4

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Date 10/26/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

KATHY D THOMPSON

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

FILE DATE 8/25/2014

RECEIPT NO 226719

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

## DOMESTIC

Please Type or Print Clearly In Ink

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

## 1. Corporate ID and Name:

DB045970  
TED THOMPSON LIVESTOCK, INC.  
20265 SUPERIOR PL  
WHITEWOOD, SD 57793-7002

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

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

20265 SUPERIOR PL	WHITEWOOD	SD	57793-7002
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

## 4. The name of the South Dakota Registered Agent

Agent Name: TED A. THOMPSON

20265 SUPERIOR PLACE	WHITEWOOD	SD	57793-7002
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 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.

<input type="checkbox"/>	TED A. THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KATHY D THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	KELLY J. THOMPSON ANDERS	20822 DALZELL RD.,	ELM SPRINGS	SD	57791
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TARA J THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	KATIE J THOMPSON	1109 - 5TH STREET	STURGIS	SD	57785
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	COY A THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Vice President	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 08/25/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

KATHY D THOMPSON

(Printed Name)

2015

## ANNUAL REPORT

FILE DATE 9/29/2015

Enter Filing Year

## DOMESTIC

RECEIPT NO 339475

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

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

Please Type or Print Clearly In Ink

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

## 1. Corporate ID and Name:

DB045970

TED THOMPSON LIVESTOCK, INC.

Telephone # \_\_\_\_\_

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

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

20265 SUPERIOR PL WHITEWOOD SD 57793-7002

Actual Street Address or Rural Route Box Number City State ZIP+4

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

Email Address (Optional)

## 4. The name of the South Dakota Registered Agent

Agent Name: TED A. THOMPSON

20265 SUPERIOR PLACE WHITEWOOD SD 57793-7002

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

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

Email Address (Optional)

## 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.

<input type="checkbox"/>	TED A. THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	KATHY D THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	KELLY J. THOMPSON ANDERS	20822 DALZELL RD.,	ELM SPRINGS	SD	57791
	Director	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	TARA J THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
	Secretary	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	KATIE J THOMPSON	30330 SD HWY 34	PIERRE	SD	57501
Director		Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	COY A THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
Vice President		Actual Street Address	City	State	ZIP+4

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

Dated

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

Signature Accepted Electronically \_\_\_\_\_

(Signature of an Authorized Person)

KATHY D THOMPSON \_\_\_\_\_

(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically.  
A fee of up to \$40 will be assessed for returned payments.

9/29/2015 2:16:27 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 8/29/2016

RECEIPT NO 450178

## 1. Corporate ID and Name:

DB045970

Enter Corporate ID

TED THOMPSON LIVESTOCK, 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).

20265 SUPERIOR PL

WHITEWOOD

SD

57793-7002

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: TED A. THOMPSON

20265 SUPERIOR PLACE

WHITEWOOD

SD

57793-7002

Actual Street Address or Rural Route Box Number in This State

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 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"/>	TED A. THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
President		Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	KATHY D THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
Treasurer		Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	KELLY J. THOMPSON ANDERS	20822 DALZELL RD.,	ELM SPRINGS	SD	57791
Director		Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	TARA J THOMPSON	20265 SUPERIOR PL.,	WHITEWOOD	SD	57793
Secretary		Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	KATIE J THOMPSON	30330 SD HWY 34	PIERRE	SD	57501
Director		Actual Street Address	City	State	ZIP+4



COY A THOMPSON

20265 SUPERIOR PL.,

WHITEWOOD

SD

57793

Vice President

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 08/29/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

KATHY D THOMPSON

(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.

8/29/2016 10:13:54 AM