

# 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 NOLT FARMS, 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 issued this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation of NOLT FARMS, INC.



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 January 21, 1994.

JOYCE HAZELTINE  
Secretary of State

Filed this 21st day of Jan 1994

9 4 2 1 . 3 1 0 .

RECEIVED

JAN 27 1994

Secretary of State

ARTICLES OF INCORPORATION

OF

NOLT FARMS, INC.

SECRETARY OF STATE

\* \* \* \* \*

KNOW ALL MEN BY THESE PRESENTS:

That BRIAN E. ROBBENNOLT, being a person over the age of 18 years or more, and being a resident of the State of South Dakota, does hereby declare that he desires to form a body corporate and politic, under and by virtue of the Statutes and laws of the State of South Dakota, and he does hereby certify and declare as follows:

FIRST:

The name of this Corporation shall be NOLT FARMS, INC.

SECOND:

The purpose for which this Corporation is formed is to engage in the business of cultivation and improvement of farms and agricultural land, the raising and improving of livestock, and to do any or all things necessary or incidental to the business of the Corporation; to borrow money, and to make and issue notes, bonds, debentures, obligations and evidences of indebtedness of all kinds, whether secured by mortgage, pledge or otherwise, without limit as to amounts and to secure the same by mortgage, pledge or otherwise, and generally to make and perform agreements and contracts of every kind and description; to the same extent as natural persons might or could do, to purchase or otherwise acquire, and to hold, own, maintain, work, develop, sell, lease, exchange, hire, convey, mortgage, or otherwise dispose of and deal in lands and leaseholds, and any interest, estate and right in real property and any personal or mixed property, and any franchises, rights, licenses, or privileges necessary, convenient or appropriate for any of the purposes herein expressed; to do everything necessary and proper for the accomplishment of any of its purposes, or the attainment of any of the objects, or for the furtherance of any of the powers hereinbefore set forth, either alone or in association with other corporations, firms or individuals and to do every act or acts, thing or things, incidental to growing out of or connected with the aforesaid business or powers, or any part or parts thereof; provided, the same is not inconsistent with the laws under which this Corporation is organized.



THIRD:

The place where the principal business of this Corporation shall be transacted, shall be HCR 2, Box 4, Gettysburg, Potter County, South Dakota 57442.

FOURTH:

The term for which this Corporation shall exist shall be perpetual.

FIFTH:

The number of directors of this Corporation shall be three (3) and the names and addresses of such persons who are to serve until the election of their successors, are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Brian E. Robbennolt	HCR 2, Box 4 Gettysburg, South Dakota 57442
Edward W. Robbennolt	907 E. Garfield Gettysburg, South Dakota 57442
Judith R. Robbennolt	907 E. Garfield Gettysburg, South Dakota 57442

SIXTH:

The amount of capital stock of this Corporation shall be One Million Dollars (\$1,000,000.00) divided into ten thousand shares of common stock of the par value of One Hundred Dollars (\$100.00) per share. 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.

SEVENTH:

The address of the initial registered office of the Corporation is: HCR 2, Box 4, Gettysburg, Potter County, South Dakota 57442; and the name of the initial registered agent of the Corporation upon whom any process, notice or demand required or permitted by law to be served upon the Corporation may be served, is, Brian E. Robbennolt, HCR 2, Box 4, Gettysburg, South Dakota 57442, that the place where the principal function of the Corporation shall be carried out is: Gettysburg, South Dakota. ✓



9 4 3 1 1 3 2 0 0 7 4

Receipt No: 2015

File Number: DB033954

ART OF INC

For

NOLT FARMS, INC.

File at the request of:

HOUCK LAW OFFICE  
PAUL HOUCK  
PO BOX 203  
GETTYSBURG SD 57442

STATE OF SOUTH DAKOTA

SS.

OFFICE OF THE SECRETARY OF STATE

Filed in the office of Secretary of State on

Date January 21, 1994

**Joyce Hazeltine**  
Secretary of State

Fee Recieved \$100 10,000 @ \$100.

SOS CRF 491 10/93

# State of South Dakota



OFFICE OF THE SECRETARY OF STATE

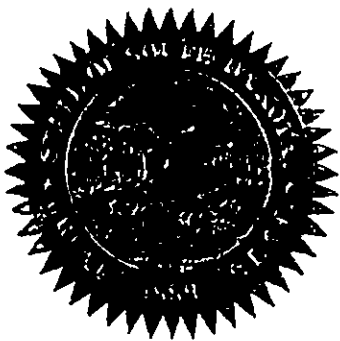
FARM

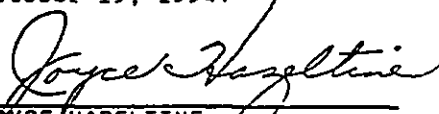
## CERTIFICATE OF AUTHORIZATION

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the report of NOLT FARMS, INC. required by SDCL 47-9A-16 and 47-9A-17 of the Family Farm Act of 1974 has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issued this Farm Certificate of Authorization to NOLT FARMS, INC.

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 19, 1994.



  
JOYCE HAZELTINE  
Secretary of State

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845

9 4 1 1 2 5 3 0 3 0 0  
QUALIFICATION  
FOR FAMILY FARM CORPORATION  
AND AUTHORIZED FARM CORPORATION

RECEIVED

No Filing Fee

OCT 19 1994

Pursuant to the provisions of the Family Farm Act of 1974, SDCL 47-9A the following report is filed in order to qualify to engage in farming as defined under the terms of said Act.

1. The name of the corporation is NOLT FARMS, INC. DF033954  
2. The state of its incorporation is SOUTH DAKOTA  
3. The address of the registered office and the name of the registered agent in South Dakota is HR 2 Box 4;  
GETTYSBURG, SD BRIAN E. ROBBENNOLT Zip+4 57442-9206  
4. If a foreign corporation, the address of its principal office or registered office in its state of incorporation is \_\_\_\_\_  
Zip+4 \_\_\_\_\_

5. List the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation and used for the growing of crops or the keeping or feeding of poultry or livestock:

W 1/4 SECTION 26-117-76 POTTER COUNTY 216 ACRES  
S 1/4 SECTION 28-117-76 POTTER COUNTY 156 ACRES  
NE 1/4 SECTION 33-117-76 POTTER COUNTY 80 ACRES

6. The names and addresses of the officers and the board of directors: (Both officers and directors are to be listed even though they may be the same.)

President BRIAN E. ROBBENNOLT HR 2 Box 4; GETTYSBURG SD  
Vice President EDWARD W. ROBBENNOLT 907 E. GARFIELD; GETTYSBURG, SD  
Secretary RENA J. ROBBENNOLT HR 2 Box 4; GETTYSBURG, SD  
Treasurer RENA J. ROBBENNOLT HR 2 Box 4; GETTYSBURG, SD  
Director BRIAN E. ROBBENNOLT HR 2 Box 4; GETTYSBURG, SD  
Director RENA J. ROBBENNOLT HR 2 Box 4; GETTYSBURG, SD  
Director EDWARD W. ROBBENNOLT 907 E. GARFIELD; GETTYSBURG, SD

7. Please check which applies to this corporation.

FAMILY FARM CORPORATION  AUTHORIZED FARM CORPORATION \_\_\_\_\_

- (A) Applies to a FAMILY FARM CORPORATION. (SDCL 47-9A-14) The number of shares owned by person(s) residing on the farm or actively engaged in farming, or their relatives within the third degree of kindred, or who has resided on or has actively operated the farm is TEN. Degree of kindred is defined as the number of generations with each generation being a degree (SDCL 29-1-10).

OR

The number of shares owned by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is \_\_\_\_\_

- (B) Applies only to AUTHORIZED FARM CORPORATION. (SDCL 47-9A-15) The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_ % (Must not exceed 20% of its gross receipts).



9 4 1 1 2 5 0 0 0 0

Receipt Number: \_\_\_\_\_

File Number: DF033954

FARM QUALIFICATION  
For  
NOLT FARMS, INC.

File at the request of:  
BRIAN E ROBBENOLT  
HCR 2 BOX 4  
GETTYSBURG SD 57442-9706

STATE OF SOUTH DAKOTA  
OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on  
October 19, 1994

Joyce Hazeltine  
Secretary of State

Fee Recieved

SOS CRP 491 10/93

1995

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 1-31-95  
RECEIPT NO. 447147  
RECEIVED  
JAN 31 1995  
SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-033954 JAN-00  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
HCR 2 BOX 4  
GETTYSBURG, SD 57442-9706

Telephone # (605) 765-2349  
FAX # \_\_\_\_\_  
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 Farming

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP-4
<u>Brian E. Robbennolt</u>	Director	<u>HCR 2 Box 4</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>
<u>Edward W. Robbennolt</u>	Director	<u>HCR 2 Box 4</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>
<u>Brian E. Robbennolt</u>	President	<u>HCR 2 Box 4</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>
<u>Edward W. Robbennolt</u>	Vice President	<u>907 E Garfield</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>
<u>Rena T. Robbennolt</u>	Secretary	<u>HCR 2 Box 4</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>
<u>Rena T. Robbennolt</u>	Treasurer	<u>HCR 2 Box 4</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>

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 10000 SHARES CLASS Common SERIES \_\_\_\_\_ PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$10.00

5. NUMBER OF SHARES ISSUED 10 SHARES CLASS Common SERIES \_\_\_\_\_

6. The amount of its stated capital is \$ 1000

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 Jan 9 19 95

By Brian E. Robbennolt  
(Signature)  
Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Pottaw ss

I, Paul R Houck, a notary public, do hereby certify that on this 9th day of January 19 95 personally appeared before me Brian E Robbennolt who, being by me first duly sworn, declared that he she is the President of Nolt Farms Inc.

that he she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Dec 22, 2002

Paul R Houck  
Notary Public

(Notarial Seal)

SOS CRP 410 11/94

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-6077  
605-773-4845

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

File Date: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

**FILING FEE: \$6** 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 street address, or a statement that there is no street address, to which the registered office is to be changed is \_\_\_\_\_  
\_\_\_\_\_ 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

<b><u>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</u></b>	
I, _____, hereby give my consent to serve as the	
(name of registered agent)	
registered agent for _____	
(corporate name)	
Dated _____ 19 _____	
_____ (signature)	

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 1-31-95  
FILE NO. \_\_\_\_\_  
RECEIVED \_\_\_\_\_  
JAN 31 1995  
SECRETARY OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Woit Farms Inc  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Brian E Rabbenolt  
HERD, Box 4, Gettysburg, SD Zip + 4 57442
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

4 List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

\_\_\_\_\_

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_% (Applies only to AUTHORIZED FARM CORPORATION)

Dated January 9 1995

Brian E Rabbenolt  
(Signature)  
Its PRESIDENT  
(Title)

STATE OF South Dakota  
COUNTY OF Butter ss

I, Paul R. Houck, a notary public, do hereby certify that on this 9th day of January 1995 personally appeared before me Brian E Rabbenolt who, being by me first duly sworn, declared that he/she is the President of Woit Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires Dec 22 2002

Paul R Houck  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1996

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 2-22-96  
RECEIPT NO. 523599  
**RECEIVED**  
FEB 22 1996

1. Corporate Name, Registered Agent and Registered Address:

DF-033954 JAN/95  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
HCR 2 BOX 4  
GETTYSBURG, SD 57442-9/U6

Telephone # (605) 763-2337  
FAX # \_\_\_\_\_  
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 Feb 21 1996

By Brian E. Robbenolt  
(Signature)

Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Butte ss

I, Paul R. Houck, a notary public, do hereby certify that on this 21st day of February 1996, personally appeared before me Brian Robbenolt who, being by me first duly sworn, declared that he/she is the President of Nolt Farms, Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Dec 22 2002

Paul R. Houck  
Notary Public

(Notarial Seal)

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: \$5** 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ \*\*

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ that he/she signed the foregoing document as officer of the  
corporation, and the statements therein contained are true.

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 \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 7-22-96  
FILE NO. \_\_\_\_\_

RECEIVED

FEB 22 1996

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Dalt Farms Inc

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Pran E Rubbenolt

MCB 2 Box 4 Coalingburg South Dakota Zip - 4 57742-9706

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated Feb 21 1996

By Pran E Rubbenolt  
(Signature)  
Its PRESIDENT  
(Title)

STATE OF South Dakota  
COUNTY OF Pierre ss

I, Paul R Hinck, a notary public, do hereby certify that on this 21st day of February 1996, personally appeared before me Pran E Rubbenolt who, being by me first duly sworn, declared that he/she is the President of Dalt Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires Dec 22 2002

Paul R Hinck  
Notary Public

1997

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 1-22-97  
RECEIPT NO. 22312

1 Corporate Name, Registered Agent and Registered Address

DR-033954  
NOLT FARMS, INC.  
ROBBENOLT, BRIAN E.  
HCR 2 BOX 4  
GETTYSBURG, SD 57442-9706  
JAN/96

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

FAX # \_\_\_\_\_

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 actively engaged in South Dakota \_\_\_\_\_

3 The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
_____	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 January 20, 1997

By Brian E. Robbenolt  
Signature  
Its President  
Title

STATE OF South Dakota  
COUNTY OF Butte

I, Robert R. Krosch, a notary public, do hereby certify that on this 21st day of January, 1997, personally appeared before me Brian E. Robbenolt, who, being by me first duly sworn, declared that (s)he is the President of Nolt Farms, Inc.

that (s)he signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires Dec 30 2002  
Robert R. Krosch  
Notary Public

Notarial Seal

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: \$5 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ personally appeared before me \_\_\_\_\_ who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

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 \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

FILE DATE 1-22-97  
FILE NO 675477

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

Pursuant to the provisions of SDCL 47-9A the undersigned corporation hereby submits the following corporate farming annual report

- The name of the corporation is Walt Farms Inc.  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Brian E. Robbenolt  
HR 2, Box 4, Gettysburg, SD Zip + 4 57442-9706
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation  
\_\_\_\_\_  
\_\_\_\_\_

- 5 List only the changes of the names or addresses of the officers and directors
- | NAME | REPLACED | AS OFFICER OR DIRECTOR |
|------|----------|------------------------|
|------|----------|------------------------|

- 6 The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10  
(Degree of kindred is defined as number of generations with each generation being a degree) #6 applies only to FAMILY FARM CORPORATIONS

- 7 List changes only of names, address and number of shares owned by shareholders
- | NAME | ADDRESS | NUMBER OF SHARES | DEGREE OF KINDRED |
|------|---------|------------------|-------------------|
|------|---------|------------------|-------------------|

- 8 The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_% (Applies only to AUTHORIZED FARM CORPORATION)

Dated Jan 21 19 97

By Brian E. Robbenolt  
(Signature)

Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Potter ss

I, Paul R. Houck, a notary public, do hereby certify that on this 21st day of January 19 97 personally appeared before me Brian E. Robbenolt who, being by me first duly sworn, declared that he/she is the President of Walt Farms, Inc. that he/she signed the foregoing document

as officer of the corporation, and the statements therein contained are true  
My Commission Expires Dec. 22, 2002

Paul R. Houck  
Notary Public

1

1



SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5070  
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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ that he/she signed the foregoing document as officer of the  
corporation, and the statements therein contained are true.

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 \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE \_\_\_\_\_  
FILE NO. \_\_\_\_\_

RECEIVED  
FEB 02 1998  
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is NOLT FARMS, INC.  
The state of incorporation is SOUTH DAKOTA
- The name of the registered agent in South Dakota and the registered office address is BRIAN ROBBENOLT,  
HCR 2 Box 4, GETTYSBURG SD Zip + 4 57442
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
\_\_\_\_\_  
\_\_\_\_\_

- List only the changes of the names or addresses of the officers and directors.  
NAME REPLACED AS OFFICER OR DIRECTOR  
\_\_\_\_\_  
\_\_\_\_\_

- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 12  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- List changes only of names, address and number of shares owned by shareholders  
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED  
\_\_\_\_\_  
\_\_\_\_\_

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 29 JANUARY 19 98

By Brian Robbenolt  
(Signature)  
Its PRESIDENT  
(Title)

STATE OF South Dakota  
COUNTY OF Potter ss

I, Paul R. Houck a notary public, do hereby certify that on this 29th day of January 1998, personally appeared before me Brian Robbenolt who, being by me first duly sworn, declared that he/she is the President of Nolt Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires Notary Public - Potter County, SD  
My Commission Expires: Dec. 22, 2002

Paul R Houck  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1999

RETURN TO  
SECRETARY OF STATE  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
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 1-11-99  
RECEIPT NO. 767271

RECEIVED  
RECEIVED  
JAN 11 1999  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-033954 JAN/98  
NOLT FARMS, INC.  
ROBBENOLT, BRIAN E.  
HCR 2 BOX 4  
GETTYSBURG, SD 57442-9706

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
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 December 17 19 98

By Brian Robbenolt  
(Signature)

Its President  
(Title)

STATE OF S. Dakota ss  
COUNTY OF Butler

I, Sharon Eleanor, a notary public, do hereby certify that on this 17 day of Dec 1998.

personally appeared before me Brian Robbenolt, being by me first duly sworn, declared that he/she is the President of Nolt Farms, Inc. the corporation

named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Aug 30, 2001

Sharon Eleanor  
Notary Public

(Notatal Seal)

SOS CRP 6/98

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 \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ that he/she signed the foregoing document as officer of  
the corporation, and the statements therein contained are true.

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 \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE \_\_\_\_\_  
FILE NO. \_\_\_\_\_

RECEIVED  
RECEIVED  
JAN 11 1998  
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is ABLE FARMS, INC.  
The state of incorporation is SOUTH DAKOTA
- The name of the registered agent in South Dakota and the registered office address is BRIAN ROBBENWALT,  
HR 2 BOX 4, GETTYSBURG SD Zip + 4 57447
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
E 36-117-77 POTTER COUNTY, SOUTH DAKOTA

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated DECEMBER 17 19 98  
By Brian Robbenwalt  
(Signature)  
His PRESIDENT  
(Title)

STATE OF S. Dak.  
COUNTY OF POTTER ss  
I, Sharleen Eliason, a notary public, do hereby certify that on this 17 day of Dec 19 98,  
personally appeared before me Brian Robbenwalt, who, being by me first duly sworn, declared that he/she  
is the PRESIDENT of ABLE FARMS, INC. that he/she signed the foregoing document  
as officer of the corporation, and the statements therein contained are true  
My Commission Expires Aug 30, 2001  
Sharleen Eliason  
Notary Public

(Notarial Seal)

2000

RETURN TO  
SECRETARY OF STATE  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
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 1-2-00  
RECEIPT NO. 852678

RECEIVED

DEC 20 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-033954  
NGLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
HCR 2 BOX 4  
GETTYSEURG SD 57442-9706

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
Federal Taxpayer If \_\_\_\_\_  
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 Dec 16, 1999

By Brian E. Robbennolt  
(Signature)

Its PRESIDENT  
(Title)

STATE OF South Dakota ss  
COUNTY OF Butter

On this the 16th day of December, 1999, before me, Paul R. Horck  
personally appeared Brian E. Robbennolt, 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 Dec 22 2002

Paul R. Horck  
Notary Public

(Notarial Seal)

SOS CRP 11/99

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
505-773-4845

**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) \_\_\_\_\_

\* K / 0000

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL FARM REPORT 0568

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 12-00  
FILE NO. 862678

RECEIVED

DEC 20 1999

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is WOLT Farms Inc  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Brian E Robbenolt  
HR 2 Box 4, Crottyburg, SD Zip+4 57412
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
\_\_\_\_\_  
\_\_\_\_\_

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10 (Total)  
(Degree of kindred is defined as number of generations with each generation being a degree). #8 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated Dec 16 19 99

By Brian E Robbenolt  
(Signature)  
Its PRESIDENT  
(Title)

STATE OF South Dakota  
COUNTY OF Patterson ss

I, Paul R Houck a notary public, do hereby certify that on this 16th day of December 19 99, personally appeared before me Brian E Robbenolt who, being by me first duly sworn, declared that he/she is the President of WOLT Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Dec 22 2002

Paul R Houck  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92



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)

RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE _____
FILE NO. _____
0101205 3224 1/9/00 RECEIVED
DEC 14 00
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A the undersigned corporation hereby submits the following corporate farming annual report

- The name of the corporation is Walt Farms, Inc  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Brian E. Robbenolt  
HER #2, Box 4, Gettysburg SD Zip + 4 57442-9704
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
\_\_\_\_\_  
\_\_\_\_\_

- List only the changes of the names or addresses of the officers and directors  
NAME REPLACED AS OFFICER OR DIRECTOR  
\_\_\_\_\_  
\_\_\_\_\_

- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- List changes only of names, address and number of shares owned by shareholders  
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED  
\_\_\_\_\_  
\_\_\_\_\_

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 12-11-2000  
STATE OF South Dakota ss  
COUNTY OF Potter  
By Brian Robbenolt (Signature)  
its PRESIDENT (Title)

On this the 11th day of December, 2000, before me, Paul R. Houck  
personally appeared Brian Robbenolt, 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 Dec. 22 2002  
Paul R. Houck  
Notary Public

(Notarial Seal)

\* K 0 2 0 2 2 1 2 3 2 2 2 5 \*

2002

RETURN TO  
SECRETARY OF STATE  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
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 1-15-02  
RECEIPT NO. 1057858

RECEIVED

JAN 15 '02

1. Corporate Name, Registered Agent and Registered Address:

DF-033954 JAN/2001  
NOLT FARMS, INC.  
ROBBENOLT, BRIAN E.  
HCR 2 BOX 4  
GETTYSBURG SD 57442-9706

Telephone # \_\_\_\_\_ S.D. SEC. OF STATE  
FAX # \_\_\_\_\_

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 Farming

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Brian E. Robbenolt</u>	President	<u>11425 307th Av.</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>
<u>Edward W. Robbenolt</u>	Vice President	<u>907 E Garfield</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>
<u>Pena J. Robbenolt</u>	Secretary	<u>11425 307th Av.</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>
<u>Rena J. Robbenolt</u>	Treasurer	<u>11425 307th Av.</u>	<u>Gettysburg</u>	<u>SD</u>	<u>57442</u>

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) 10,000 CLASS Common SERIES \_\_\_\_\_ PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$ 100.00

5. NUMBER OF SHARES ACTUALLY ISSUED 10 CLASS Common SERIES \_\_\_\_\_

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 Jan 11 2002

By Brian E. Robbenolt  
(Signature)

Its PRESIDENT  
(Title)

STATE OF South Dakota  
COUNTY OF Potter ss

On this the 11th day of January 2002, before me, Paul R Houck, known to me, or proved to me, personally appeared Brian E. Robbenolt, 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 Dec. 22 2002

Paul R Houck  
Notary Public

(Notarial Seal)

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 Molt Farms Inc
2. The previous street address, or a statement that there is no street address, of its registered office  
HCR 2, Box 4, Gettysburg, South Dakota ZIP + 4 57442-9704
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. Molt Farms Inc, Brian E Robbennolt  
16425 307th Av Gettysburg South Dakota ZIP + 4 57442-9704
4. The name of its previous registered agent is Brian E Robbennolt
5. The name of its successor registered agent is Brian E Robbennolt  
\*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 Jan 11, 2002

Brian E Robbennolt  
(Signature)  
PRESIDENT  
(Title)

STATE OF South Dakota ss  
COUNTY OF Pittler

On this the 11th day of January, 2002, before me, Paul R. Houck  
personally appeared Brian E. Robbennolt, 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 Dec 22, 2002

Paul R. Houck  
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Brian E. Robbennolt, hereby give my consent to serve as the  
(name of registered agent)

registered agent for Molt Farms Inc  
(corporate name)

Dated January 11, 2002

Brian E. Robbennolt  
(Signature)

\* K S O N D A N A \*

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

**ANNUAL FARM REPORT**  
PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

FILE DATE \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_  
**RECEIVED**  
**JAN 15 '02**

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

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Root Farms Inc.  
The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Brian E. Rabbennolt  
16425 307th Av. Gettysburg SD 57442

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
\_\_\_\_\_  
\_\_\_\_\_

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>Brian E. Rabbennolt</u>	<u>16425 307th Av. Gettysburg SD 57442</u>	
<u>Rena J. Rabbennolt</u>	<u>16425 307th Av. Gettysburg SD 57442</u>	

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10 (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_ %  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated Jan 11, 2002

STATE OF South Dakota  
COUNTY OF Halter

Brian E. Rabbennolt  
(Signature)  
PRESIDENT  
(Title)

On this the 11th day of January, 2002, before me, Paul R. Hoguek  
personally appeared Brian E. Rabbennolt 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 December 22, 2002

Paul R. Hoguek  
(Notary Public)

(Notarial Seal)

2003 ANNUAL REPORT

2003

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

6303219.3305 3/20/03

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

FILE DATE 2-19-03 RECEIPT NO. 1182588 RECEIVED

FEB 19 '03

1. Corporate Name, Registered Agent and Registered Address:



DF-033954 JAN/2002 NOLT FARMS, INC. ROBENNOLT, BRIAN E. 16425 307TH AVE GETTYSBURG SD 57442-8711

Telephone # S.D. SEC. OF STATE

FAX #

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.

[X] 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:

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for 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 2-17-03

By [Signature] (Signature) Its President (Title)

STATE OF South Dakota COUNTY OF Potter ss

On this the 17th day of February 2003, before me, Paul R Houck personally appeared Brian E Robinnolt, 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 November 22 2008

[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)



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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE ~~RECEIVED~~

DEC 31 '03

S.D. SEC. OF STATE

1. Corporate name and address:



\* D F 0 3 3 9 5 4 \*  
DF033954 JAN/2003  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
16425 307TH AVE  
GETTYSBURG SD 57442-8711

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is SOUTH DAKOTA

3. The name of the registered agent in South Dakota and the registered office address is BRIAN E. ROBBENNOLT,  
16425 307TH AVE, GETTYSBURG SD 57442-8711.

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_ %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 12/29/03

STATE OF South Dakota

COUNTY OF Potter

Brian E. Robbennolt  
(Signature)

PRESIDENT

(Title)

On this the 29th day of December, 2003, before me, Paul R. Houck

personally appeared Brian E. Robbennolt, known to me, or proved to me,

to be the President of the corporation that is described in and that executed the within

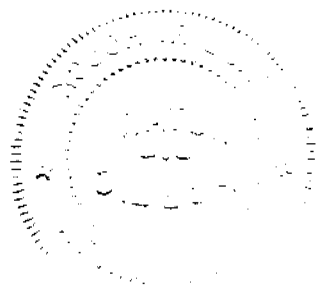
instrument and acknowledged to me that such corporation executed the same.

December 22, 2008  
My Commission Expires

Paul R. Houck  
(Notary Public)

(Notarial Seal)

225 0733



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 01/02/04
RECEIPT NO. RECEIVED
7200150
DEC 31 '03
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DF033954 JAN/2003
NOLT FARMS, INC.
ROBBENOLT, BRIAN E.
16425 307TH AVE
GETTYSBURG SD 57442-8711

Telephone #
FAX #
Federal Taxps
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:

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for 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.

Table for listing directors with columns for NAME and OFFICE.

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:

Table with columns: 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 12/29/03

By [Signature]
(Title) PRESIDENT

STATE OF South Dakota
COUNTY OF Potter ss

On this the 29th day of December, 2003, before me, [Notary Signature], personally appeared Brian E. Robbennolt, 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 Dec. 22, 2008

[Notary Signature]
Notary Public

(Notarial Seal)

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

SOS CRP 07/03

**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.

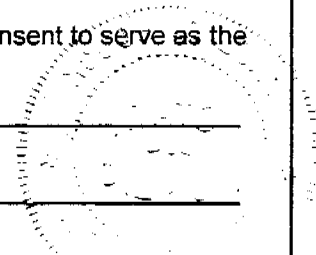
My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(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)



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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 01/21/05

140/290 RECEIVED

JAN 21 2005

S.D. SEC. OF STATE

1. Corporate name and address:



\* D F 0 3 3 9 5 4 \*  
DF033954 JAN/2004  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
16425 307TH AVE  
GETTYSBURG SD 57442-8711

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is SOUTH DAKOTA

3. The name of the registered agent in South Dakota and the registered office address is BRIAN E. ROBBENNOLT  
16425 307TH AVE, GETTYSBURG SD 57442-8711

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_ %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-20-05

Brian E. Robbennolt  
(Signature)

PRESIDENT  
(Title)

233 0787





**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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 02/24/06

RECEIVED  
FEB 24 06

RECEIVED

FEB 14 2006

S.D. SEC. OF STATE

S.D. SEC. OF STATE

246 2331

1. Corporate name and address:



\* D F O 3 3 9 5 4 \*  
DFO33954 JAN/2005  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
16425 307TH AVE  
GETTYSBURG SD 57442-8711

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is SOUTH DAKOTA

3. The name of the registered agent in South Dakota and the registered office address is BRIAN E. ROBBENNOLT,  
16425 307TH AVE, GETTYSBURG SD 57442-8711.

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME REPLACED AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

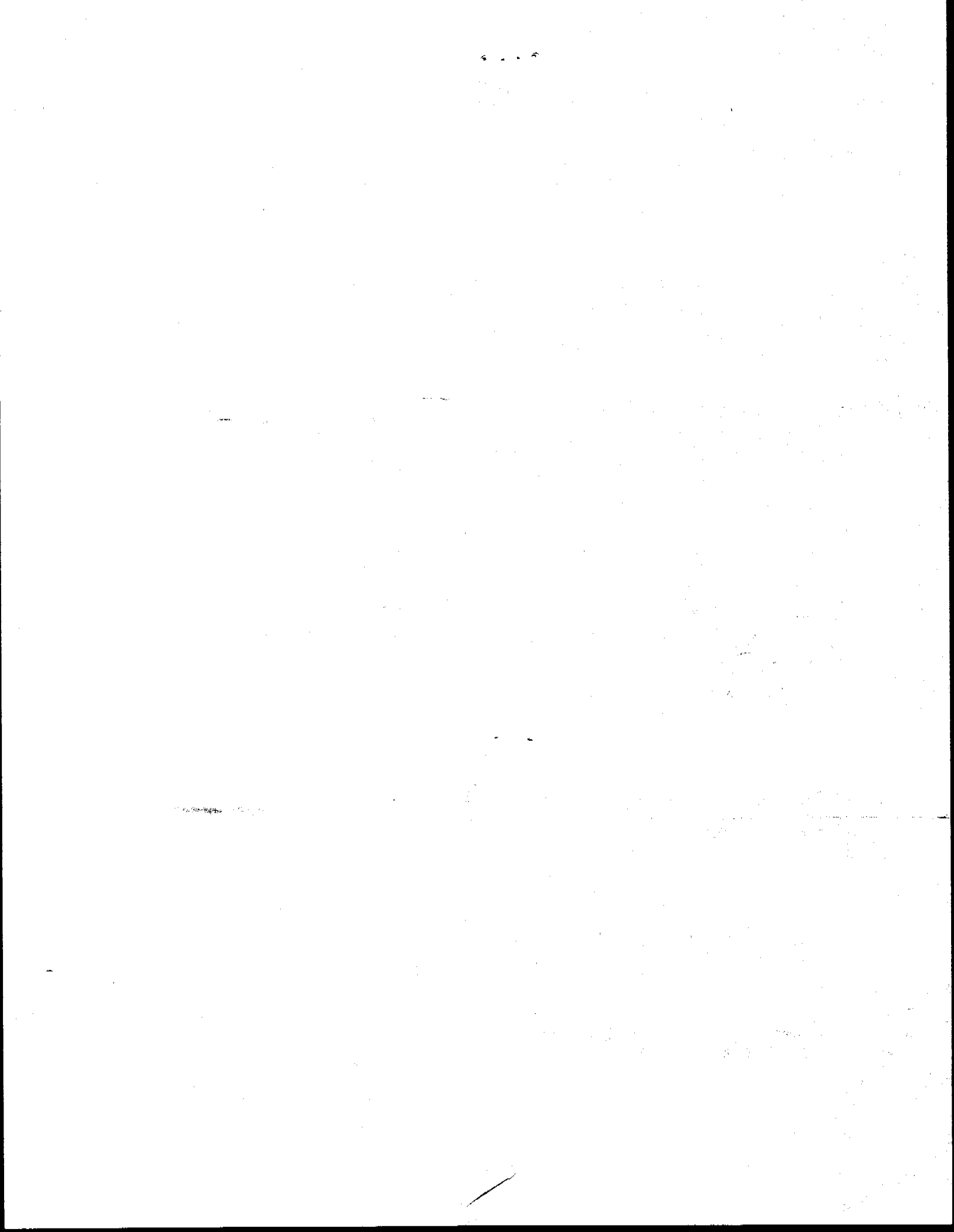
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_ %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 2-10-06

Brian Robbennolt  
(Signature)

PRESIDENT  
(Title)



2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED FILE DATE 02/24/06
RECEIPT NO. 153370
FEB 24 10
RECEIVED
S.D. SEC. OF STATE
FEB 16 10

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



DF033954 JAN/2005
NOLT FARMS, INC.
ROBBENNOLT, BRIAN E.
16425 307TH AVE
GETTYSBURG SD 57442-8711

Telephone #
FAX #

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.

[X] 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 16425 307th AVE, GETTYSBURG SD 57442

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Brian E. Robbennolt (President), Edward W. Robbennolt (Vice President), and Rena J. Robbennolt (Secretary/Treasurer).

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 FARMING

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

Table with columns: NUMBER OF AUTHORIZED SHARES, CLASS, SERIES. Row: 10,000, Common.

Table with columns: NUMBER OF ISSUED SHARES, CLASS, SERIES. Row: 10, COMMON.

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

Dated 2-10-06

Signature (Handwritten: Brian Robbennolt)

Printed Name BRIAN ROBBENNOLT

Title PRESIDENT

**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)

257 0902 01/08/2007

# 2007

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

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



\* D F O 3 3 9 5 4 \*  
DF033954 JAN/2006  
NOLT FARMS, INC.  
ROBBENOLT, BRIAN E.  
16425 307TH AVE  
GETTYSBURG SD 57442-8711

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

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

FILE DATE 01/04/07  
RECEIPT NO. 13042  
**RECEIVED**  
**JAN 04 2007**  
**S.D. SEC. OF STATE**

\*\*\* **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 \_\_\_\_\_

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

6. NUMBER OF ISSUED SHARES	CLASS	SERIES
----------------------------	-------	--------

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

Dated 2 JAN 2007

Brian Robbenolt  
Signature

BRIAN ROBBENOLT  
Printed Name

PRESIDENT  
Title

**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)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 01/04/07

RECEIVED

JAN 04 2007

S.D. SEC. OF STATE

1. Corporate name and address:



\* D F 0 3 3 9 5 4 \*  
DF033954 JAN/2006  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
16425 307TH AVE  
GETTYSBURG SD 57442-8711

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is SOUTH DAKOTA

3. The name of the registered agent in South Dakota and the registered office address is BRIAN E. ROBBENNOLT.

16425 307TH AVE, GETTYSBURG SD 57442-8711.

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

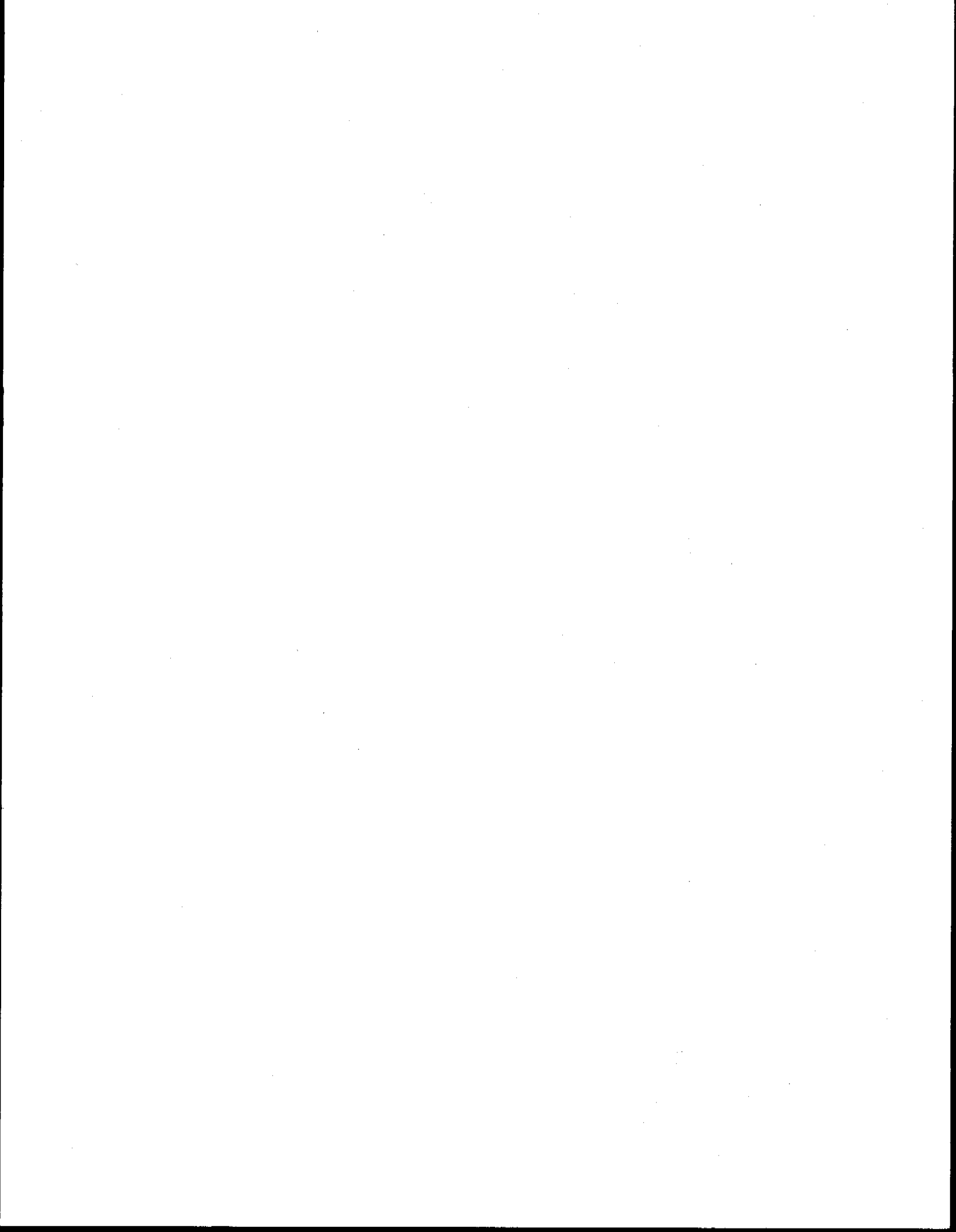
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 2-JAN-2007

Brian Robbennolt  
(Signature)

PRESIDENT  
(Title)

257 0903





**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 NOLT FARMS, INC.
2. The street address, or a statement that there is no street address, of its current registered office \_\_\_\_\_  
16425 307<sup>TH</sup> AVE, GETTYSBURG SD ZIP + 4 57442
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. \_\_\_\_\_  
203 S BROADWAY ST, GETTYSBURG SD ZIP + 4 57442
4. The name of its current registered agent is BRIAN E ROBBENNOLT
5. The name of its new registered agent is \* BRIAN E ROBBENNOLT

**\*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 JAN. 8, 2008

Brian Robbennolt  
Signature

BRIAN ROBBENNOLT  
Printed Name

PRESIDENT  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, BRIAN E. ROBBENNOLT, hereby give my consent to serve as the  
(name of registered agent)

registered agent for NOLT FARMS, INC.  
(corporate name)

Dated JAN. 8, 2008

Brian Robbennolt  
(signature)

271 3210 01/31/2008

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 01/10/08  
1755005

RECEIVED

JAN 10 2008

S.D. SEC. OF STATE

1. Corporate name and address:



\* D F 0 3 3 9 5 4 \*  
DF033954 JAN/2007  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
16425 307TH AVE  
GETTYSBURG SD 57442-8711

FILING DATE: Due during the month the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is SOUTH DAKOTA
3. The name of the registered agent in South Dakota and the registered office address is BRIAN E. ROBBENNOLT  
203 S BROADWAY ST, GETTYSBURG SD 57442
4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>BRIAN E. ROBBENNOLT</u>	<u>203 S BROADWAY ST</u>	<u>GETTYSBURG SD 57442</u>
<u>RENA J. ROBBENNOLT</u>	<u>203 S BROADWAY ST</u>	<u>GETTYSBURG SD 57442</u>

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is \_\_\_\_\_%.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated JAN 8, 2008

Brian Robbennolt  
(Signature)

PRESIDENT  
(Title)

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

5300 S. DICKINSON DRIVE

CHICAGO, ILLINOIS 60637

TEL: 773-936-3700

FAX: 773-936-3700

WWW.PHYSICS.UCHICAGO.EDU

PHYSICS 435

CLASSICAL MECHANICS

LECTURE 1

REVIEW OF MECHANICS

1.1. Kinematics

1.2. Dynamics

1.3. Energy

1.4. Angular momentum

1.5. Oscillations

1.6. Relativity

286 1316 02/19/2009

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: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 1/29/09
RECEIPT NO RECEIVED
1879120
JAN 29 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF033954 JAN/2008
NOLT FARMS, INC.
ROBBENNOLT, BRIAN E.
203 S BROADWAY ST
GETTYSBURG SD 57442-8711

Telephone #
FAX #
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.

203 S. BROADWAY ST GETTYSBURG SD 57442
Street Address City State ZIP+4
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent BRIAN E. ROBBENNOLT

203 S. BROADWAY ST GETTYSBURG SD 57442
Street Address (Required to be a South Dakota Address) City State ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. The names and business addresses of its 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.

- List of officers and directors including Brian E. Robbennolt (President), Edward W. Robbennolt (Vice President), and Rena J. Robbennolt (Secretary and Treasurer).

Dated 28 JAN 2009

Signature of an authorized officer: Brian Robbennolt
(Printed Name)
(President)

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)

286 1317 02/19/2009

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

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink  
No Filing Fee

FILE DATE	<u>1/29/09</u>
RECEIPT NO	_____
<b>RECEIVED</b>	
<b>JAN 29 2009</b>	
<b>S.D. SEC. OF STATE</b>	

1. Corporate ID, Name and Address:



\* D F 0 3 3 9 5 4 \*  
DF033954 JAN/2008  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
203 S BROADWAY ST  
GETTYSBURG SD 57442-8711

Telephone #	_____
FAX #	_____
FILING DATE:	To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent BRIAN E. ROBBENNOLT

203 S BROADWAY ST GETTYSBURG SD 57442  
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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

4. Please complete the appropriate section:

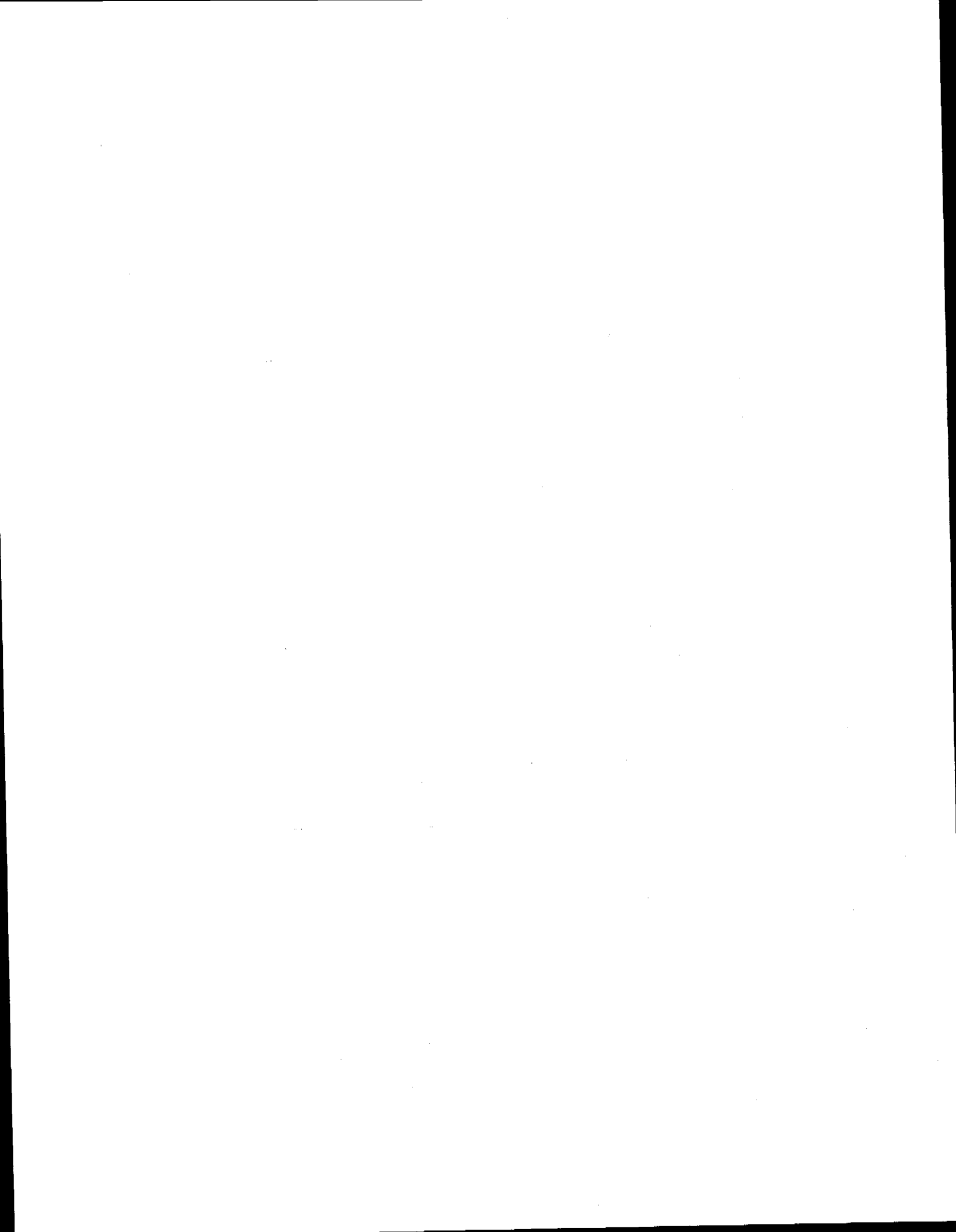
<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>10</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>1</u> %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred

Dated 28 JAN 2009

Brian Robbennolt  
(Signature of an authorized officer)  
BRIAN ROBBENNOLT  
(Printed Name)  
PRESIDENT  
(Title)



286 1316 02/19/2009

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: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 1/29/09
RECEIPT NO RECEIVED
1879120
JAN 29 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF033954 JAN/2008
NOLT FARMS, INC.
ROBBENNOLT, BRIAN E.
203 S BROADWAY ST
GETTYSBURG SD 57442-8711

Telephone #
FAX #
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.

203 S. BROADWAY ST GETTYSBURG SD 57442
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent BRIAN E. ROBBENNOLT

203 S. BROADWAY ST GETTYSBURG SD 57442
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

4. The names and business addresses of its 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] BRIAN E. ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442
President Street Address City State ZIP+4

[X] EDWARD W. ROBBENNOLT 907 E GARFIELD AVE GETTYSBURG SD 57442
Vice President Street Address City State ZIP+4

[X] RENA J. ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442
Secretary Street Address City State ZIP+4

[X] RENA J. ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442
Treasurer Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

Dated 28 JAN 2009

[Signature]
(Signature of an authorized officer)

BRIAN ROBBENNOLT
(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)

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

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink  
 No Filing Fee

FILE DATE 01/29/10  
 RECEIPT NO \_\_\_\_\_  
**RECEIVED**  
**JAN 29 2010**  
**S.D. SEC. OF STATE**

Telephone # \_\_\_\_\_  
 FAX # \_\_\_\_\_  
 FILING DATE: To be filed with the Annual Report.

301 1308

1. Corporate ID, Name and Address:



\* D F O 3 3 9 5 4 \*  
 DF033954 JAN/2009  
 NOLT FARMS, INC.  
 ROBBENNOLT, BRIAN E.  
 203 S BROADWAY ST  
 GETTYSBURG SD 57442-8711

2. The name of the South Dakota Registered Agent BRIAN E. ROBBENNOLT  
203 S BROADWAY ST. GETTYSBURG SD 57442  
 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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

4. Please complete the appropriate section:

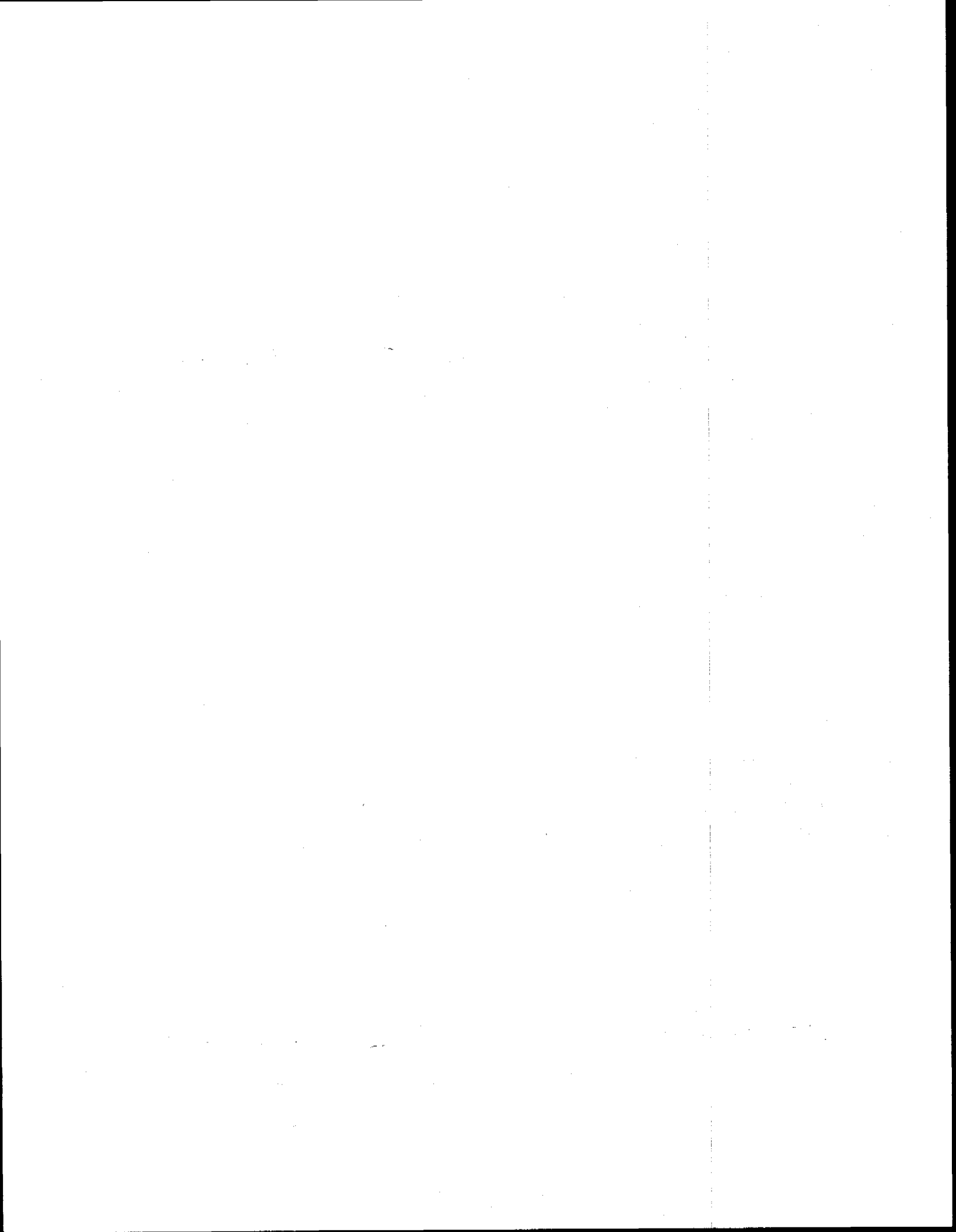
<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>10</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>1</u> %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred

Dated 28 JAN 2010

Brian Robbennolt  
 (Signature of an authorized officer)  
BRIAN ROBBENNOLT  
 (Printed Name)  
PRESIDENT  
 (Title)



301 1307 02/09/2010

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 01/29/10
RECEIPT NO 19941386
RECEIVED
JAN 29 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF033954 JAN/2009
NOLT FARMS, INC.
ROBBENNOLT, BRIAN E.
203 S BROADWAY ST
GETTYSBURG SD 57442-8711

Telephone #
FAX #
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.

203 S. BROADWAY ST. GETTYSBURG SD
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent BRIAN E. ROBBENNOLT

203 S. BROADWAY ST. GETTYSBURG SD 57442
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

4. The names and business addresses of its 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] BRIAN E ROBBENNOLT 203 S BROADWAY ST. GETTYSBURG SD 57442
President Street Address City State ZIP+4

[X] EDWARD W ROBBENNOLT 907 E GARFIELD AVE. GETTYSBURG SD 57442
Vice President Street Address City State ZIP+4

[X] BENA J ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442
Secretary Street Address City State ZIP+4

[X] BENA J ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442
Treasurer Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

Dated 28 JAN 2010

[Signature]
(Signature of an authorized officer)

BRIAN ROBBENNOLT
(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
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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
--	------	-------	-------

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)

316 1092 03/17/2011

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

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink  
No Filing Fee

FILE DATE 02/02/11  
RECEIVED  
**RECEIVED**  
FEB 02 2011  
S.D. SEC. OF STATE

1. Corporate ID, Name and Address:



\* D F 0 3 3 9 5 4 \*  
DF033954 JAN/2010  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
203 S BROADWAY ST  
GETTYSBURG SD 57442-8711

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
FILING DATE: To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent

BRIAN E. ROBBENNOLT

203 S BROADWAY ST GETTYSBURG SD 57442  
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

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>10</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>1</u> %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

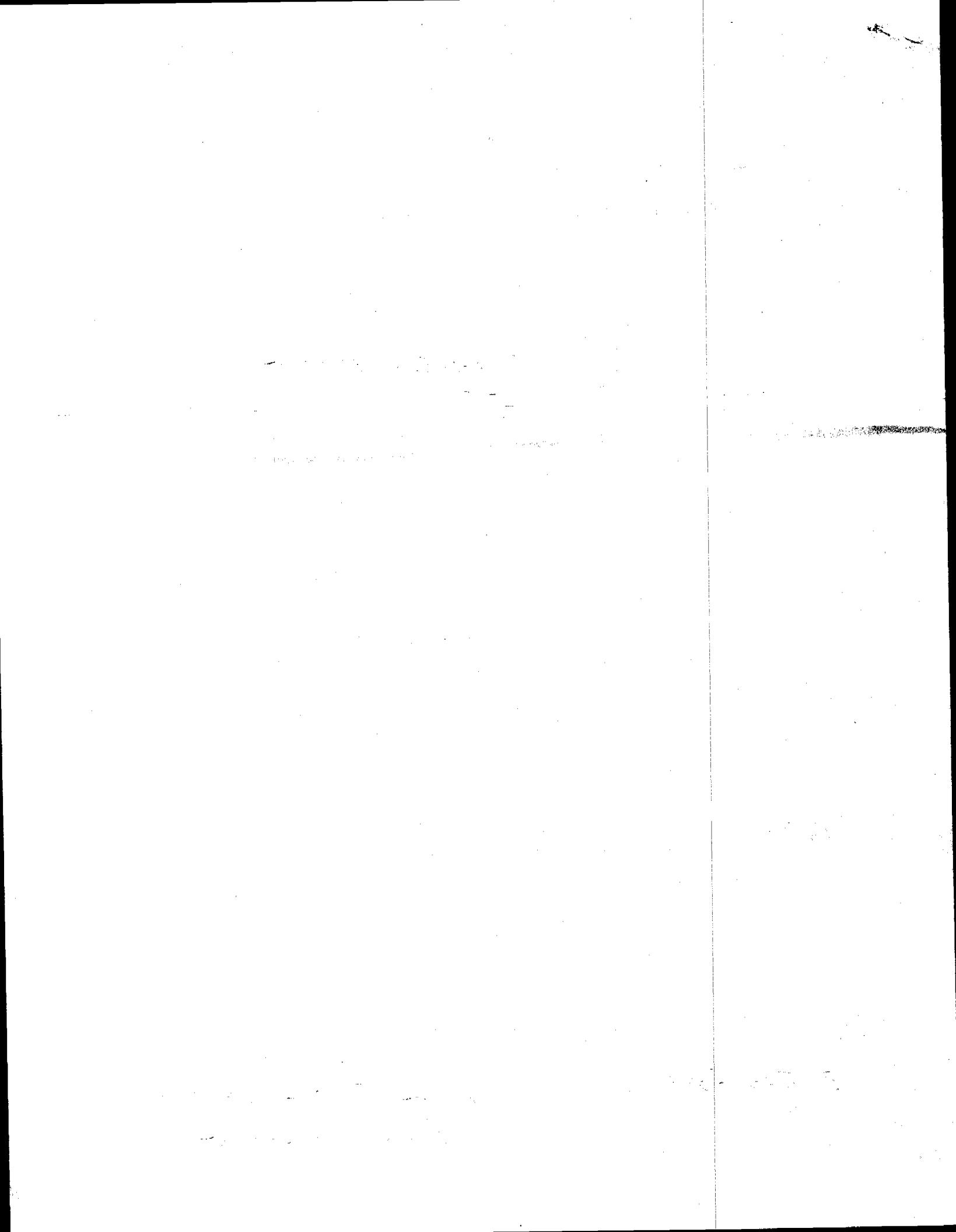
Name	Address	City	State	Zip	Shares

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

Dated 31 JAN 2011

Brian E. Robbennolt  
(Signature of an Authorized Person)

BRIAN ROBBENNOLT  
(Printed Name)



316 1091 03/17/2011

2011

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** Make check payable to SECRETARY OF STATE

FILE DATE 02/02/11  
 RECEIPT NO 2119123  
**RECEIVED**  
**FEB 02 2011**  
**S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



\* D F O 3 3 9 5 4 \*  
DF033954 JAN/2010  
NOLT FARMS, INC.  
ROBBENNOLT, BRIAN E.  
203 S BROADWAY ST  
GETTYSBURG SD 57442-8711

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
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.

203 S BROADWAY ST GETTYSBURG SD 57442  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent BRIAN E. ROBBENNOLT

203 S BROADWAY ST GETTYSBURG SD 57442  
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

5. The names and business addresses of its 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.

BRIAN E. ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442  
President Street Address City State ZIP+4

EDWARD W. ROBBENNOLT 907 E GARFIELD AVE GETTYSBURG SD 57442  
Vice President Street Address City State ZIP+4

RENA J. ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442  
Secretary Street Address City State ZIP+4

RENA J. ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442  
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 31 JAN 2011

Brian Robbennolt  
(Signature of an Authorized Person)

BRIAN ROBBENNOLT  
(Printed Name)

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

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

Please Type or Print Clearly in Ink

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

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

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

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

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

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

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

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

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

5. If the address has changed, its new address

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

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

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

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

Dated \_\_\_\_\_

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

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

2012

Enter Filing Year

## ANNUAL FARM REPORT

FILE DATE 02/14/2012

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

## Corporation

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

RECEIPT NO 23392

## 1. Corporate Name and Address:

DF033954  
NOLT FARMS, INC.  
203 S BROADWAY ST  
GETTYSBURG, SD 57442-1503

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

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

203 S BROADWAY ST	GETTYSBURG	SD	57442-1503
Street Address	City	State	ZIP+4

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

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

Agent Name: BRIAN E. ROBBENNOLT

203 S BROADWAY ST	GETTYSBURG	SD	57442-8711
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

## 5. The names and business addresses of its 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.

<input checked="" type="checkbox"/>	BRIAN E ROBBENNOLT	203 S BROADWAY ST	GETTYSBURG	SD	57442
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	EDWARD W ROBBENNOLT	907 E GARFIELD	GETTYSBURG	SD	57442
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RENA J ROBBENNOLT	203 S BROADWAY ST	GETTYSBURG	SD	57442
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RENA J ROBBENNOLT	203 S BRAODWAY ST	GETTYSBURG	SD	57442
	Treasurer	Street Address	City	State	ZIP+4

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Tow nship	Acres
--------	---------	-----------	-------

## 7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	10.00
<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

## 8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares	DOK
------	----------------	------	-------	-------	--------	-----

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 02/14/2012Signature Accepted Electronically  
(Signature of an Authorized Person)BRIAN E ROBBENNOLT  
(Printed Name)

2013

Enter Filing Year

## ANNUAL FARM REPORT

FILE 2/26/2013

RECEIPT NO 97184

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

## Corporation

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF033954  
NOLT FARMS, INC.  
203 S BROADWAY ST  
GETTYSBURG, SD 57442-1503

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

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

203 S BROADWAY ST	GETTYSBURG	SD	57442-1503
Street Address	City	State	ZIP+4

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

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

Agent Name: BRIAN E. ROBBENNOLT

203 S BROADWAY ST	GETTYSBURG	SD	57442-8711
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

## 5. The names and business addresses of its 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.

<input checked="" type="checkbox"/>	BRIAN E ROBBENNOLT	203 S BROADWAY ST	GETTYSBURG	SD	57442
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	EDWARD W ROBBENNOLT	907 E GARFIELD	GETTYSBURG	SD	57442
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RENA J ROBBENNOLT	203 S BROADWAY ST	GETTYSBURG	SD	57442
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RENA J ROBBENNOLT	203 S BRAODWAY ST	GETTYSBURG	SD	57442
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	10
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
------	----------------	------	-------	-------	--------

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

Signature Accepted Electronically

(Signature of an Authorized Person)

**BRIAN E ROBBENNOLT**

(Printed Name)

2014

Enter Filing Year

## ANNUAL FARM REPORT

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

## Corporation

Please Type or Print Clearly In Ink

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

FILE 1/6/2014

RECEIPT NO 166133

## 1. Corporate Name and Address:

DF033954  
NOLT FARMS, INC.  
203 S BROADWAY ST  
GETTYSBURG, SD 57442-1503

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

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

203 S BROADWAY ST	GETTYSBURG	SD	57442-1503
Street Address	City	State	ZIP+4

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

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

Agent Name: BRIAN E. ROBBENNOLT

203 S BROADWAY ST	GETTYSBURG	SD	57442-8711
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

## 5. The names and business addresses of its 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.

<input checked="" type="checkbox"/>	BRIAN E ROBBENNOLT	203 S BROADWAY ST	GETTYSBURG	SD	57442
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	EDWARD W ROBBENNOLT	212 N OAK ST	GETTYSBURG	SD	57442
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RENA J ROBBENNOLT	203 S BROADWAY ST	GETTYSBURG	SD	57442
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RENA J ROBBENNOLT	203 S BRAODWAY ST	GETTYSBURG	SD	57442
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

## 6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	10
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
------	----------------	------	-------	-------	--------

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

Signature Accepted Electronically

(Signature of an Authorized Person)

**BRIAN E ROBBENNOLT**

(Printed Name)

2015 Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 1/29/2015

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

Corporation

Please Type or Print Clearly In Ink

RECEIPT NO 267472

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

1. Corporate Name and Address:

DF033954
NOLT FARMS, INC.
203 S BROADWAY ST
GETTYSBURG, SD 57442-1503

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

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

203 S BROADWAY ST GETTYSBURG SD 57442-1503
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BRIAN E. ROBBENNOLT

203 S BROADWAY ST GETTYSBURG SD 57442-8711
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer servers as a director. South Dakota Law requires at least one director.

[X] BRIAN E ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442
President Street Address City State ZIP+4

[X] EDWARD W ROBBENNOLT 212 N OAK ST GETTYSBURG SD 57442
Vice President Street Address City State ZIP+4

[X] RENA J ROBBENNOLT 203 S BROADWAY ST GETTYSBURG SD 57442
Secretary Street Address City State ZIP+4

[X] RENA J ROBBENNOLT 203 S BRAODWAY ST GETTYSBURG SD 57442
Treasurer Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	10
<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
------	----------------	------	-------	-------	--------

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

Dated 01/29/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

**BRIAN E ROBBENNOLT**

(Printed Name)

2016

## ANNUAL FARM REPORT

FILE DATE 2/8/2016

Enter Filing Year

## Corporation

RECEIPT NO 381074

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:

DF033954

Enter Corporate ID

NOLT FARMS, 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).

203 S BROADWAY ST

GETTYSBURG

SD

57442-1503

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:

BRIAN E. ROBBENNOLT

203 S BROADWAY ST

GETTYSBURG

SD

57442-8711

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. 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.

<input checked="" type="checkbox"/>	BRIAN E ROBBENNOLT	203 S BROADWAY ST	GETTYSBURG	SD	57442
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	EDWARD W ROBBENNOLT	212 N OAK ST	GETTYSBURG	SD	57442
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	RENA J ROBBENNOLT	203 S BROADWAY ST	GETTYSBURG	SD	57442
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	RENA J ROBBENNOLT	203 S BRAODWAY ST	GETTYSBURG	SD	57442
	Treasurer	Actual Street Address	City	State	ZIP+4

Director Actual Street Address City State ZIP+4

Director Actual Street Address City State ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	10
<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Actual Street Address	City	State	ZIP+4	Shares
------	-----------------------	------	-------	-------	--------

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

**BRIAN E ROBBENNOLT**

(Printed Name)