

Receipt Number: 1747976

File Number **DL015475**



ARTICLES_OF_ORGANIZATION

For

MASTELLER FARMS, LLC

Filed at the request of:

JOHN R VON WALD
VON WALD LAW OFFICES
PO BOX 155
SELBY SD 57472

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

Filed in the office of the Secretary of State on: **Friday, January 04, 2008**



Secretary of State

Fee Received: \$125.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

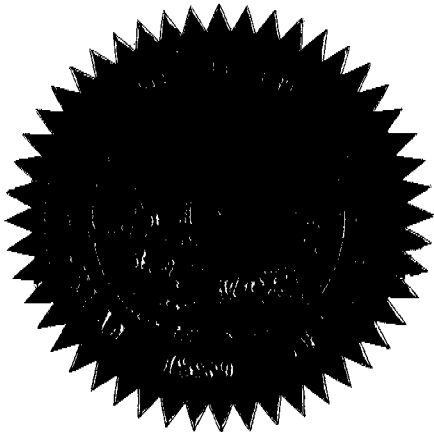
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL015475

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **MASTELLER FARMS, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this January 4, 2008.



Chris Nelson

**Chris Nelson
Secretary of State**

355 5143

RECEIVED
JAN 04 2008
S.D. SEC. OF STATE

Filed this 4th day of Jan, 2008
Chris Nelson
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
OF
MASTELLER FARMS, LLC

KNOW ALL MEN BY THESE PRESENTS:

That I, William T. Masteller, being a person of the age of 18 years or more, do hereby declare that I desire to form a domestic limited liability company, under and by virtue of the statutes and laws of the State of South Dakota, and I do hereby certify and declare as follows:

FIRST

The name of this domestic limited liability company is: "Masteller Farms, LLC".

SECOND

The term for which this limited liability company shall exist shall be perpetual.

THIRD

The address of the initial designated office is 30348 135th Street, Selby, Walworth County, State of South Dakota.

FOURTH

The name and street address of the initial agent for service of process is as follows:

<u>NAME</u>	<u>ADDRESS</u>
William T. Masteller	30348 135 th Street Selby, SD 57472

FIFTH

The name and address of said organizer is as follows:

PL 15475

355 5144

NAME

ADDRESS

William T. Masteller

30348 135th Street
Selby, SD 57472

SIXTH

Masteller Farms, LLC will be a member-managed company. The name and address of the initial member-manager is:

NAME

ADDRESS

William T. Masteller


30348 135th Street
Selby, SD 57472

SEVENTH

The private property of the members of this limited liability company shall not be liable for debts and obligations of the limited liability company.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 3 day of January, 2008.

SIGNATURE



William T. Masteller

TITLE

Organizer/Member


355 5145

RECEIVED
JAN 04 2008
S.D. SEC. OF STATE

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

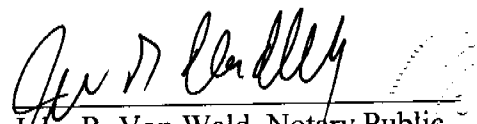
I, William T. Masteller, of 30348 135th Street, Selby, South Dakota 57472, do hereby consent to act as the registered agent for Masteller Farms, LLC, a South Dakota limited liability corporation.

Dated this 3 day of January, 2008.



William T. Masteller

Subscribed and sworn to before me this 3 day of January, 2008.



John R. Von Wald, Notary Public
Walworth County, South Dakota
My Commission Expires: 9-2-2013

2009

ANNUAL REPORT
DOMESTIC L.L.C.

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

Please Type or Print Clearly in Ink

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

FILE DATE 03/04/09
RECEIPT NO 1885939
RECEIVED
MAR 04 2009
S.D. SEC. OF STATE

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



DL015475
DL015475 JAN/0000
MASTELLER FARMS, LLC
MASTELLER, WILLIAM T
30348 135TH STREET
SELBY SD 57472-5708

Telephone # 605-644-1008
FAX # 605-644-7688
FILING DATE: Due during the month
the Certificate of Organization was
issued, and delinquent after the last
day of the following month.

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

30348 135th St Selby SD 57472
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

William Masteller

~~30348 135th St Selby SD 57472~~
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

William Masteller 30348 135th St Selby SD 57472
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 12/21/08

William Masteller
(Signature of an Authorized Manager or Member)

William Masteller
(Printed Name)

owner/manager
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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 REPORT DOMESTIC L.L.C.

Please Type or Print Clearly In Ink

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

FILE DATE 03/12/10
RECEIPT NO 2008738
RECEIVED
MAR 12 2010
S.D. SEC. OF STATE

Telephone # 605-644-1008
FAX # _____
FILING DATE: Due during the month
the Certificate of Organization was
issued, and delinquent after the last
day of the following month.

1. L.L.C. ID and Name:
masteller Farms

DL015475

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

30348 135th St Selby SD 57472
Street Address City State ZIP+4

same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Masteller Farms William Masteller

30348 135th St Selby SD 57472
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

William Masteller 30348 135th St Selby SD 57472
Manager Street Address City State ZIP+4

T. Hany Masteller 30348 135th St Selby
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 3-11-10

[Signature]
(Signature of an Authorized Manager or Member)
William Masteller
(Printed Name)
President
(Title)

303 0602

[Faint, illegible text, possibly bleed-through from the reverse side of the page]

2011

Enter Filing Year

ANNUAL REPORT

FILE DATE 11/22/2011

RECEIPT NO 8055

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

DOMESTIC LLC

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

1. L.L.C. ID and Name:
DL015475
MASTELLER FARMS, LLC
30348 135TH ST
SELBY, SD57472-5708

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

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

30348 135TH ST SELBY SD 57472-5708
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM T MASTELLER

30348 135TH STREET SELBY SD 57472-5708
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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

WILLIAM MASTELLAR 30348 135TH ST SELBY SD 57472
Manager Street Address City State ZIP+4

JIFFERY MASTELLAR 30348 135TH ST SELBY SD 57472
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

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

Dated 11/22/2011

Signature Accepted Electronically
(Signature of an Authorized Person)

WILLIAM MASTELLAR
(Printed Name)

2011

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 11/17/11
 RECEIPT NO 8055

RECEIVED
NOV 22 2011
 S.D. SEC. OF STATE

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



DL015475
DL015475 JAN/2010
MASTELLER FARMS, LLC
MASTELLER, WILLIAM T
30348 135TH STREET
SELBY SD 57472-5708

Telephone # 605-845-6560
 FAX # _____

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

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

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

30348 135th St Selby SD 57472
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent William Masteller

30348 135th St Selby SD 57472
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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

<u>William Masteller</u>	<u>same as above</u>			
Manager	Street Address	City	State	ZIP+4
<u>J. Henry Masteller</u>	<u>11</u>			
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

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

Dated 11/17/11

[Signature]
(Signature of an Authorized Person)
William Masteller
(Printed Name)

325 3458

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	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
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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 REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 12/10/2012

RECEIPT NO 79478

1. L.L.C. ID and Name:

DL015475
MASTELLER FARMS, LLC
30348 135TH ST
SELBY, SD 57472-5708

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

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

30348 135TH ST	SELBY	SD	57472-5708
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM T MASTELLER

30348 135TH STREET	SELBY	SD	57472-5708
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input type="checkbox"/>	WILLIAM MASTELLAR	30348 135TH ST	SELBY	SD	57472
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TIFFANY MASTELLAR	30348 135TH ST	SELBY	SD	57472
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	Street Address	City	State	ZIP+4

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

Date 12/10/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM THOMAS MASTELLER

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 11/26/2013

RECEIPT NO 155082

1. L.L.C. ID and Name:

DL015475
MASTELLER FARMS, LLC
30348 135TH ST
SELBY, SD 57472-5708

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

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

30348 135TH ST	SELBY	SD	57472-5708
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM T MASTELLER

30348 135TH STREET	SELBY	SD	57472-5708
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input type="checkbox"/>	WILLIAM MASTELLAR	30348 135TH ST	SELBY	SD	57472
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TIFFANY MASTELLAR	30348 135TH ST	SELBY	SD	57472
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	Street Address	City	State	ZIP+4

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

Date 11/26/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM THOMAS MASTELLER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 1/3/2014

RECEIPT NO 165265

1. L.L.C. ID and Name:

DL015475
MASTELLER FARMS, LLC
30348 135TH ST
SELBY, SD 57472-5708

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

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

30348 135TH ST	SELBY	SD	57472-5708
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM T MASTELLER

30348 135TH STREET	SELBY	SD	57472-5708
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input type="checkbox"/>	WILLIAM MASTELLAR	30348 135TH ST	SELBY	SD	57472
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TIFFANY MASTELLAR	30348 135TH ST	SELBY	SD	57472
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	Street Address	City	State	ZIP+4

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

Date 01/03/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM T MASTELLER

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 12/16/2014

RECEIPT NO 254398

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:

DL015475
MASTELLER FARMS, LLC
30348 135TH ST
SELBY, SD 57472-5708

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

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

30348 135TH ST	SELBY	SD	57472-5708
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM T MASTELLER

30348 135TH STREET	SELBY	SD	57472-5708
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input type="checkbox"/> WILLIAM MASTELLAR	30348 135TH ST	SELBY	SD	57472
Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/> TIFFANY MASTELLAR	30348 135TH ST	SELBY	SD	57472
Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>				
Manager	Street Address	City	State	ZIP+4

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

Dated 12/16/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM MASTELLER

(Printed Name)

2016

ANNUAL REPORT

FILE DATE 12/28/2015

Enter Filing Year

DOMESTIC LLC

RECEIPT NO 363701

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

SDCL 47-34A-211

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:

DL015475

MASTELLER FARMS, LLC

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

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

30348 135TH ST SELBY SD 57472-5708

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: WILLIAM T MASTELLER

30348 135TH STREET SELBY SD 57472-5708

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 addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

WILLIAM MASTELLAR 30348 135TH ST SELBY SD 57472
Manager Actual Street Address City State ZIP+4

TIFFANY MASTELLAR 30348 135TH ST SELBY SD 57472
Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

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

Dated 12/28/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM MASTELLER

(Printed Name)

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