K/9503176.4081

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 3-10-95
RECEIPT NO. ______
RECEIVED MAR 10 1995 S.D. SEC. OF STATE
RECEIVED FEB 28 1995 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address

DF-[illegible] FEB [illegible]
DECKER FARMS, INC.
DECKER, TED [illegible]
RR
HURON, SD [illegible]

Telephone # 605/352-7708
FAX # ______
Federal Taxpayer I[illegible]

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 (Both officers and directors must be listed in the spaces provided).

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

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ISSUED CLASS SERIES

6. The amount of its stated capital is $ ______

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 [illegible] 19 95

By [signature]
(Signature)

Its Secretary/Treasurer
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Stephanie J. Christian, a notary public, do hereby certify that on this 24 day of February 19 95, personally appeared before me Ted Decker who, being by me first duly sworn, declared that he/~~she~~ is the Sec/Treas of Decker Farms, Inc. that he/~~she~~ signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 01/24/03

[signature: Stephanie J. Christian]
Notary Public

(Notarial Seal)

SOS CRP 410 11/94

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 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)

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 3-10-95
FILE NO.

RECEIVED RECEIVED
MAR 10 1995 FEB 28 1995
S.D. SEC. OF STATE SD. 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 Decker 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 Mr. Ted Decker
   Route 1 Box 115A, Huron, SD Zip + 4 57350
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.
   None
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 100%. (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 none % (Applies only to AUTHORIZED FARM CORPORATION)

Dated Feb 24 19 95 By [signature] (Signature)
Its Secretary/Treasurer (Title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, Stephanie J. Christian, a notary public, do hereby certify that on this 24 day of February 19 95, personally appeared before me Ted Decker who, being by me first duly sworn, declared that he/~~she~~ is the Sec/Treas of Decker Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 01/24/03

[signature] Notary Public

(Notarial Seal)

SOS CRP 410 10/92

K95803176 4880

1994

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

Penalty

FILE DATE
RECEIPT NO.

RECEIVED
MAR 10 1995
SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-015042 FEB 95
DECKER FARMS, INC.
DECKER, TED K.
RR
HURON, SD 57350

Telephone # 605/352-5470
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 (Both officers and directors must be listed in the spaces provided).

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

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	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ISSUED	CLASS	SERIES

6. The amount of its stated capital is $ _____

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 March 1, 1995

By _____
(Signature)

Its Secretary/Treasurer
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Stephanie J. Christian, a notary public, do hereby certify that on this 9th day of March 1995, personally appeared before me Ted Decker who, being by me first duly sworn, declared that he/she is the Sec/Treas of Decker Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 01/24/03

_____
Notary Public

(Notarial Seal)

SOS CRP 410 11/94

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 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)

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
MAR 10 1995
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 Decker 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 Mr. Ted Decker
   Route 1 Box 115A, Huron, SD Zip + 4 57350
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.
   None
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 100%. (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 none %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated March 9 19 95

By _____ (Signature)

Its Secretary/Treasurer (Title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, Stephanie J. Christian a notary public, do hereby certify that on this 9th day of March 19 95 personally appeared before me Ted Decker who, being by me first duly sworn, declared that he/~~she~~ is the Sec/Treas of Decker Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 01/24/03

Stephanie J Christian
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 2-1-96
RECEIPT NO. 518296

JAN 29 1996
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-015042 FEB/95
DECKER FARMS, INC.
DECKER, TED K.
RR
HURON, SD 57350

Telephone # 605/352-7708
FAX # ______
Federal Taxpayer ID [redacted]

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.

[XX] 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 January 26 19 96

By ______ (Signature)

Its ______ (Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Stephanie J. Christian a notary public, do hereby certify that on this 26th day of January 19 96, personally appeared before me Ted Decker, Jr. who, being by me first duly sworn, declared that he/XXX is the Sec/Treas. of Decker Farms, Inc. that he/XXX signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 01/24/2003

Stephanie J. Christian
Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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

9602180343 1

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. 2196

RECEIVED

JAN 29 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 Decker 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 Mr. Ted Decker,

   Route 1 Box 115A, Huron, SD Zip + 4 57350

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.

   None

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 100%
   (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 None %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated January 26 19 96

By _____ (Signature)

Its _____ (Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Stephanie J. Christian, a notary public, do hereby certify that on this 26th day of January 1996, personally appeared before me Ted Decker, Jr. who, being by me first duly sworn, declared that he/~~she~~ is the Sec/Treas of Decker Farms, Inc. that he/~~she~~ signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires [redacted]

Stephanie J. Christian
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

K/970318 6·3341

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 2·26·97
RECEIPT NO. [illegible]

RECEIVED
FEB 26 1997
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address

DF-015042 FEB/96
DECKER FARMS, INC.
DECKER, TED K.
RR 1 (BOX 115A)
HURON, SD 57350-9714

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.

[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

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 25 1997

By [signature] (Signature)
Its Sec & Treas (Title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, Stephanie J. Keyser, a notary public, do hereby certify that on this 25th day of February 1997, personally appeared before me Ted Decker, Jr. who, being by me first duly sworn, declared that he/she is the Sec/Treas of Decker Farms Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1/24/2003

Stephanie J. Keyser
Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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

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

FILE DATE 2-26-97
FILE NO. _____

RECEIVED
FEB 26 1997
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 Decker 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 Mr. Ted Decker,
   Route 1 Box 115A, Huron, SD Zip + 4 57350

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.
   None

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 100%. (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 None % (Applies only to AUTHORIZED FARM CORPORATION)

Dated Feb 25 1997

By Ted Decker Jr.
(Signature)

Its Sec/Treas
(Title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, Stephanie J. Keyser a notary public, do hereby certify that on this 25th day of February 1997 personally appeared before me Ted Decker, Jr. who, being by me first duly sworn, declared that he/~~she~~ is the Sec./Treas. of Decker Farms, Inc that he/~~she~~ signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 1/24/2003

Stephanie J Keyser
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

*K/99041962750

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 3-15-99
RECEIPT NO. 782117

RECEIVED MAR 15 1999 S.D. SEC. OF STATE
RECEIVED FEB 25 1999 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-015042 FEB/97
DECKER FARMS, INC.
DECKER, TED K.
RR 1 (BOX 115A)
HURON, SD 57350-9714

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.

[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.

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 February 24 19 99

By Betty Decker
(Signature) Betty Decker
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Ronald J. Wheeler, a notary public, do hereby certify that on this 24th day of February 19 99, personally appeared before me Betty Decker who, being by me first duly sworn, declared that he/she is the President of Decker 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 [redacted]

Notary Public

(Notarial 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)

K/99

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
MAR 15 1999
S.D. SEC. OF STATE

RECEIVED
FEB 25 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:

1 The name of the corporation is Decker 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 Ted K. Decker

RR 1 (Box 115A), Huron, South Dakota Zip + 4 57350-9714

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

N/A

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.

Sold 160 acres "SW1/4 of Section 2, Township 112, Range 61, Beadle County, South Dakota".

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
none		

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 3050. (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
~~Koos~~			
Kathleen Roelofsen	2235 Deer Rd Abilene, KS 67410	230	2nd

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

Dated February 24, 19 99

By Betty Decker
(Signature) Betty Decker

Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Ronald J. Wheeler, a notary public, do hereby certify that on this 24th day of February 19 99, personally appeared before me Betty Decker who, being by me first duly sworn, declared that he/she is the President of Decker Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires [redacted]

Notary Public

(Notarial Seal)

SOS CRP 410 10/92

*K/9984196*2749

(12-31-98)

1998

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

$50

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

FILE DATE 3-15-99
RECEIPT NO. 782117

RECEIVED
MAR 15 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DF-015042
Decker Farms, Inc.
Decker, Ted K.
RR 1 (Box 115A)
Huron, SD 57350-9714

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.

[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

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 March 12, 19 99

By Betty Decker
(Signature) Betty Decker
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Susan M. Rau, a notary public, do hereby certify that on this ____ day of March 12 19 99, personally appeared before me Betty Decker who, being by me first duly sworn, declared that he/she is the President of Decker Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 07-08-2003

Susan M. Rau
Notary Public

(Notarial Seal)

SOS CRP 6/97

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
MAR 15 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:

1. The name of the corporation is Decker 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 Ted K. Decker

   RR 1 (Box 115A), Huron, South Dakota Zip + 4 57350-9714

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

   N/A

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.

   N/A

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
none		

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 3050. (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
none			

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

Dated March 12 19 99

By Betty Decker
(Signature) Betty Decker

Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Susan M. Rau, a notary public, do hereby certify that on this 12 day of March 19 99, personally appeared before me Betty Decker who, being by me first duly sworn, declared that he/she is the President of Decker Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 07-08-2002

Susan M. Rau
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

2000

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

ANNUAL REPORT

0003202-0103
5721100

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 2-18-00
RECEIPT NO. 816033
RECEIVED
FEB 18 2000
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-015042 FEB/1999
DECKER FARMS, INC.
DECKER, TED K.
RR 1 (BOX 115A)
HURON SD 57350-9714

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.

★ ★ ★ ★

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 2003

3/21/00

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 2-18-00
FILE NO. _____

RECEIVED
FEB 18 2000
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 Decker Farm, Inc.
   The state of incorporation is South Dakota
2. The name of the registered agent in South Dakota and the registered office address is Ted K. Decker a/k/a Ted Decker, Jr. of 19711 405th Avenue Huron, South Dakota Zip + 4 57350-6204
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A
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.
   N/A
5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
N/A		

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 3,050. (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
None			

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

Dated [redacted]

By Ted Decker
(Signature)

its Secretary/Treasurer
(Title)

STATE OF South Dakota
SS
COUNTY OF Beadle

On this the 17th day of February 20 00, before me, Ronald J. Wheeler personally appeared Ted K. Decker a/k/a Ted Decker, Jr., known to me, or proved to me, to be the Secretary/Treasurer 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 09-21-03

Notary Public

(Notarial Seal)

SOS CRP 410 10/92

0108210-1786

2001

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

ANNUAL REPORT

0108210017865730761

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 8-6-01
RECEIPT NO. 1004433
RECEIVED RECEIVED
AUG 06 '01 AUG 02 '01
S.D. SEC. OF STATE SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-015042 FEB/2000
DECKER FARMS, INC.
DECKER, TED K.
RR 1 (BOX 115A)

HURON SD 57350-9714

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 general farming and ranching operation

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Betty Decker	President	19711 405th Ave.	Huron	SD	57350
Ted K. Decker	Vice President	19711 405th Ave.	Huron	SD	57350
Ted K. Decker	Secretary	same as above			
Ted K. Decker	Treasurer	same as above			

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

Director
Director

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

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
10,000	common	none	$100.00

5. NUMBER OF SHARES ACTUALLY ISSUED

	CLASS	SERIES	
3,050	common	none	$100.00

6. The amount of its stated capital is $ 305,000.00 . (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 June 22 , 2001

By (Signature)

Its Secretary and Treasurer (Title)

STATE OF South Dakota
COUNTY OF Beadle ss

On this the 22 day of June ,2001 , before me, Peggy Tschetter personally appeared Ted K. Decker , known to me, or proved to me, to be the Secretary and Treasurer 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 2-27-2004

Notary Public

(Notarial Seal)

SOS CRP 11/00

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 Decker Farms, Inc.
2. The previous street address, or a statement that there is no street address, of its registered office
   RR 1, Box 115A, Huron, South Dakota ZIP + 4 57350
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.
   19711 405th Ave, Huron, South Dakota ZIP + 4 57350
4. The name of its previous registered agent is Ted K. Decker
5. The name of its successor registered agent is * same as above

   *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 July 31, 2001

Ted Decker
(Signature)

Secretary/Treasurer
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

On this the 31 day of July, 20 01, before me, Peggy Tschetter, personally appeared Ted K. Decker, known to me, or proved to me, to be the Secretary/Treasurer 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 2-27-2004

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)

[redacted]

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

8/30/01

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
AUG 06 '01 AUG 02 '01
S.D. SEC. OF STATE 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 Decker 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 Ted K. Decker a/k/a Ted Decker, Jr. of 1711 405th Ave., Huron, SD Zip + 4 57350-6204

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A

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.

   N/A

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
N/A		

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 3,050. (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
None			

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

Dated June 22, 2001

By _____ (Signature)

its Secretary and Treasurer (Title)

STATE OF South Dakota
ss
COUNTY OF Beadle

On this the 22nd day of June 20 01, before me, Peggy Tschetter personally appeared Ted K. Decker a/k/a Ted Decker, Jr., known to me, or proved to me, to be the Secretary and Treasurer 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 [redacted]

_____
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

2002 ANNUAL REPORT

0202212.2786
2/15/02

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 2-1-02
RECEIPT NO. 106058?

RECEIVED
JAN 31 '02
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-015042 FEB/2001
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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

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

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

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

* *

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

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 January 29, 2002

By [signature]
(Signature)

Its Secy Treas
(Title)

STATE OF South Dakota
COUNTY OF Beadle ss

On this the 29th day of January 20 02, before me, Peggy Tschetter personally appeared Ted K. Decker to be the Secretary/Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same. , known to me, or proved to me,

My Commission Expires 2-27-2004

(Notarial Seal)

[signature: Peggy Tschetter]
Notary Public

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

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
NO FILING FEE

FILE DATE _____
RECEIPT NO. _____

RECEIVED
JAN 31 '02
S.D. SEC. OF STATE

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:

1. The name of the corporation is Decker 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 Ted K. Decker
   19711 405th Ave., Huron, SD 57350

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is
   N/A

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.
   N/A

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
N/A		

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 3,050. (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
None			

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

Dated Jan. , 2002.

Ted Decker Jr.
(Signature)
Vice-President and Secretary/Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Beadle

On this the ____ day of January, 20 02, before me, Peggy Tschetter, personally appeared Ted K. Decker, known to me, or proved to me, to be the Vice-President and Secretary/Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

Peggy Tschetter
(Notary Public)

2-27-2004
My Commission Expires

(Notarial Seal)

farmrep.pdf

K/0305220.2519

2003 ANNUAL REPORT

0305220.2519
5/20/03

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILE DATE 3/24/03
RECEIPT NO. 119811

RECEIVED
MAR 24 '03
S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent and Registered Address:

DF015042 FEB/2002
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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 March 21, 2003

By Decker Farms Inc
(Signature)
Its by Ted Decker Secr-Treas
(Title)

STATE OF South Dakota
COUNTY OF Beadle
ss

On this the 21st day of March 2003, before me, Peggy Tschetter personally appeared Ted Decker, known to me, or proved to me, to be the Secretary/Treasurer 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 [redacted]

Peggy Tschetter
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 47-20-109

NO FILING FEE

FILE DATE _____

RECEIVED
MAR 24 '03
S.D. SEC. OF STATE

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.

1. Corporate name and address:

DF015042 FEB/2002
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Ted K. Decker
19711 405th Ave., Huron, SD 57350

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is
N/A

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.
N/A

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
N/A		

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 3,050. (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
None			

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

Dated March 21, 2003.

Decker Farms Inc
(Signature)
by T. Decker Jr. Sec & Treas.
(Title)

STATE OF South Dakota
COUNTY OF Beadle

On this the 21st day of March, 2003, before me, Peggy Tschetter
personally appeared Ted Decker, known to me, or proved to me, to be the Secretary/Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

Peggy Tschetter
(Notary Public)

My Commi[redacted]

(Notarial Seal)

farmrep.pdf

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

03/11/2004 226 2956

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

RECEIVED
FILE DATE _____
MAR 10 04
S.D. SEC. OF STATE

1. Corporate name and address:

DF015042

DF015042 FEB/2003
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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 Ted K. Decker 19711 405th Ave., Huron, SD 57350

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A

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.

N/A

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
N/A		

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 3,050. (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
None			

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

Dated March 8, 2004.

Ted Decker
(Signature)

Secretary/Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Beadle

On this the 8th day of March, 2004, before me, Peggy Tschetter personally appeared Ted Decker, known to me, or proved to me, to be the Secretary/Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

2-27-2010
My Commission Expires

Peggy Tschetter
(Notary Public)

(Notarial Seal)

farmrep.pdf

226 2955 03/11/2004

2004 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 03/09/04
RECEIPT NO. 1299237
RECEIVED MAR 0 _ '04
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF015042
DF015042 FEB/2003
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

Telephone # ______
FAX # ______
Federal Taxpa ______

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

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

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

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

★ ★

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

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

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

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

______ Director ______
______ Director ______

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated March 8, 2004

By [signature]
(Signature)
Its Secretary/Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Beadle
ss

On this the 8th day of March ,20 04, before me, Peggy Tschetter personally appeared Ted Decker , known to me, or proved to me, to be the Secretary/Treasurer 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 [redacted]

[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

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 03/23/05
1421335
RECEIVED
MAR 23 '05
S.D. SEC. OF STATE

234 2998

1. Corporate name and address:

DF015042
DF015042 FEB/2004
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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 Ted K. Decker

19711 405th Ave., Huron, SD 57350

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

N/A

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.

N/A

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
N/A		

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 3,050. (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
None			

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

Dated March 15, 2005.

Decker Farms Inc
(Signature)

Ted Decker Jr. Sec & Treas
(Title)

234 2997 03/30/2005

2005 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 03/23/05
RECEIPT NO. 1421335

RECEIVED
MAR 23 '05
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF015042
DF015042 FEB/2004
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

Telephone # ______
FAX # ______
Federal Taxpa
FILING DATE: Due during the month th Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

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

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

★ ★

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

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

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

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

	Director	
	Director	

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated March 15, 2005

Decker Farms Inc
(Signature)

Ted Decker Sec & Treas.
(Title)

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

SOS CRP 07/04

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____

_____ ZIP + 4 _____

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____

_____ ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____ _____
(Signature)

_____
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ _____
(signature)

Revised 07/04

247 2151 04/11/2006

2006 ANNUAL REPORT

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

FILE DATE 03/23/06
RECEIPT NO. 1542635
RECEIVED
MAR 23 '06
S.D. SEC. OF STATE

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

DF015042
DF015042 FEB/2005
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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.**

☐ 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 19711 405th Ave., Huron, SD 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Betty Decker	President	19711 405th Ave.	Huron	SD	57350
Ted K. Decker	Vice President	19711 405th Ave.	Huron	SD	57350
Ted K. Decker	Secretary	" "	"	"	"
Ted K. Decker	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 to engage in any commercial enterprises, general farming and ranching operation.

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
10,000	Common	None

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
3,050	Common	None

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

Dated March 21, 2006

Signature: Ted K Decker

Ted K. Decker
Printed Name

Secretary/Treasurer
Title

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

SOS CRP 07/05

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The street address, or a statement that there is no street address, of its current registered office _____

   _____ ZIP + 4 _____

3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included._____

   _____ ZIP + 4 _____

4. The name of its current registered agent is _____

5. The name of its new registered agent is *_____

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

_____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for_____
(corporate name)

Dated _____

_____
(signature)

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

247 2152

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 03/23/06
1542635
RECEIVED
MAR 23 06
S.D. SEC. OF STATE

1. Corporate name and address:

DF0150 42
DF015042 FEB/2005
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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 Ted K. Decker

19711 405th Ave., Huron, SD 57350

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

N/A

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.

N/A

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
Betty Decker	Ann Decker	officer/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 3,050. (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
None			

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

Dated March 21, 2006.

Ted Decker Jr.
(Signature)

Secretary/Treasurer
(Title)

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

260 0442

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 03/15/07
1655824
RECEIVED
MAR 15 2007
S.D. SEC. OF STATE

1. Corporate name and address:

DF015042
DF015042 FEB/2006
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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
19711 405th Ave., Huron, SD 57350

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is
N/A

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.
N/A

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
N/A		

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 3,050. (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
None			

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

Dated March 14, 2007.

Ted Decker
(Signature)

Secretary/Treasurer
(Title)

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 03/15/07
RECEIPT NO. 1658824
RECEIVED
MAR 1 5 2007
S.D. SEC. OF STATE

260 0441

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

DF015042
DF015042 FEB/2006
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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.**

☒ 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 March 14, 2007

[signature]
Signature

Ted K. Decker
Printed Name

Secretary/Treasurer
Title

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

SOS CRP 07/05

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The street address, or a statement that there is no street address, of its current registered office _____

   _____ ZIP + 4 _____

3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____

   _____ ZIP + 4 _____

4. The name of its current registered agent is _____

5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

_____
Signature

_____
Printed Name

_____
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

_____
(signature)

2008

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: $30 Make check payable to SECRETARY OF STATE

FILE DATE 3/12/09
RECEIPT NO 1886900

RECEIVED
MAR 12 2009
S.D. SEC. OF STATE

287 1160

1. Corporate Name, Registered Agent Name and Address:

DF015042

2008

DF015042 FEB/2007
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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.

19711 405th Ave.	Huron	South Dakota	57350-6204
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Ted K. Decker

19711 405th Ave.	Huron	South Dakota	57350-6204
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.

☒	Betty Decker	19711 405th Ave	Huron	SD	57350-6204
	President	Street Address	City	State	ZIP+4
☒	Ted K. Decker	19711 405th Ave	Huron	SD	57350-6204
	Vice President	Street Address	City	State	ZIP+4
☒	Ted K. Decker	19711 405th Ave	Huron	SD	57350-6204
	Secretary	Street Address	City	State	ZIP+4
☒	Ted K. Decker	19711 405th Ave	Huron	SD	57350-6204
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated _____

Ted K Decker
(Signature of an authorized officer)

Ted K. Decker
(Printed Name)

Secretary/ Treasurer
(Title)

287 1163

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 3/12/09
RECEIPT NO _____

RECEIVED
MAR 12 2009
S.D. SEC. OF STATE

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

1. Corporate ID, Name and Address:

2009
DF015042
DF015042 FEB/2007
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

2. The name of the South Dakota Registered Agent Ted K. Decker

19711 405th Ave Huron, SD 57350-6204
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.

NONE

County	Section	Township	Acres
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	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.	3,050
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

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

NONE

Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred

Dated _____

Ted K. Decker
(Signature of an authorized officer)

Ted K. Decker
(Printed Name)

Secretary/ Treasurer
(Title)

287 1162 03/13/2009

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 3/12/09
RECEIPT NO 1886900
RECEIVED
MAR 12 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DF015042
DF015042 FEB/2007
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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.

19711 405th Ave.	Huron	South Dakota	57350-6204
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Ted K. Decker

19711 405th Ave.	Huron	South Dakota	57350-6204
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	Betty Decker	19711 405th Ave	Huron	SD	57350-6204
	President	Street Address	City	State	ZIP+4
XX	Ted K. Decker	19711 405th Ave	Huron	SD	57350-6204
	Vice President	Street Address	City	State	ZIP+4
X	Ted K. Decker	19711 405th Ave	Huron	SD	57350-6204
	Secretary	Street Address	City	State	ZIP+4
X	Ted K. Decker	19711 405th Ave	Huron	SD	57350-6204
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated _____

Ted K Decker
(Signature of an authorized officer)

Ted K. Decker
(Printed Name)

Secretary/ Treasurer
(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)

287 1161 07/17/2008

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 3/12/09
RECEIPT NO _____

RECEIVED
MAR 12 2009
S.D. SEC. OF STATE

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

1. Corporate ID, Name and Address:

2008

2008

DF015042

DF015042 FEB/2007
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

2. The name of the South Dakota Registered Agent Ted K. Decker

19711 405th Ave Huron, SD 57350-6204
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.

NONE

County	Section	Township	Acres
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	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.	3,050
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

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

NONE

Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred

Dated _____

Ted K Decker
(Signature of an authorized officer)

Ted K. Decker
(Printed Name)

Secretary/ Treasurer
(Title)

306 2576

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 05/28/10
RECEIPT NO RECEIVED 20355505
MAY 28 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DF015042
DF015042 FEB/2009
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

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.

19711 405th Ave.	Huron	SD	57350-6024
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Keith Decker

40406 197th St.	Huron	SD	57350
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.

☒	Betty Decker	19711 405th Ave.	Huron	SD	57350-6204
	President	Street Address	City	State	ZIP+4
☒	Ted K. Decker	19711 405th Ave.	Huron	SD	57350-6204
	Vice President	Street Address	City	State	ZIP+4
☐	Keith Decker	40406 197th St.	Huron	SD	57350
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated 5/24/10

Keith Decker
(Signature of an authorized officer)

Keith Decker
(Printed Name)

Secretary
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity Decker Farms, Inc.

2. The name of the registered agent on file Ted K. Decker

~~The name of the successor registered agent Keith Decker~~

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

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

19711 405th Ave.	Huron	SD	57350-6204
Street Address (Required)	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

40406 197th St.	Huron	SD	57350
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 5/24/10

Keith Decker
(Signature of an authorized officer)

Keith Decker
(Printed Name)

Secretary
(Title)

Statementofchangeentity July2008

306 2577

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 05/28/10
RECEIPT NO
RECEIVED
MAY 28 2010
S.D. SEC. OF STATE

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

1. Corporate ID, Name and Address:

DF015042
DF015042 FEB/2009
DECKER FARMS, INC.
DECKER, TED K.
19711 405TH AVE
HURON SD 57350-6204

2. The name of the South Dakota Registered Agent Keith Decker

4046 197th St.	Huron	SD	57350
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.

NONE

County	Section	Township	Acres
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	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.	3,050
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	%

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

NONE

Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred

Dated 5/24/10

Keith Decker
(Signature of an authorized officer)

Keith Decker
(Printed Name)

Secretary
(Title)

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 4/4/2011
RECEIPT NO 9145276
RECEIVED
APR 04 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DF015042
DF015042 FEB/2010
DECKER FARMS, INC.
DECKER, KEITH
40406 197TH ST
HURON SD 57350-8103

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.

Street Address	City	State	ZIP+4
40406 197th St.	Huron	SD	57350
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Keith Decker

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

	Street Address	City	State	ZIP+4
☑ President: Betty Decker	19711 405th Ave.	Huron	SD	57350
☐ Vice President:				
☑ Secretary: Keith Decker	40406 197th St.	Huron	SD	57350
☐ Treasurer:				
☐ Director:				
☐ Director:				

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

Dated 3/30/11

Betty Decker
(Signature of an Authorized Person)

Betty Decker
(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)

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 4/4/2011
RECEIPT NO 2145276
RECEIVED
APR 0 4 2011
S.D. SEC. OF STATE

319 3318

1. Corporate ID, Name and Address:

DF015042
DF015042 FEB/2010
DECKER FARMS, INC.
DECKER, KEITH
40406 197TH ST
HURON SD 57350-8103

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

2. The name of the South Dakota Registered Agent Keith Decker

40406 197th St. | Huron | SD | 57350-8103
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
	none.		
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	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)	3050
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

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

Name	Address	City	State	Zip	Shares
	none				
Name	Address	City	State	Zip	Shares
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 3/30/11

(Signature of an Authorized Person)

Betty Decker
(Printed Name)

corporationfarmreport January 2011

2012 Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 04/09/2012

RECEIPT NO 35062

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:
DF015042
DECKER FARMS, INC.
40406 197TH ST
HURON, SD 57350-8103

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

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

Street Address	City	State	ZIP+4
40406 197TH ST	HURON	SD	57350-8103
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KEITH DECKER

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
40406 197TH ST	HURON	SD	57350-8103
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	BETTY DECKER	19711 405TH AVE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
	KANDIS HENDERSON	314 ELY CIRCLE	CARROLL	IA	51401
	Vice President	Street Address	City	State	ZIP+4
X	KEITH DECKER	40406 197TH ST	HURON	SD	57350-8103
	Secretary	Street Address	City	State	ZIP+4
	KIM LEIF	1608 ARNOLD PALMER LANE	ELK POINT	SD	57025
	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.

County	Section	Township	Acres

7. Please complete the appropriate section:

Family Farm Corporation	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)	3,050.00
Authorized Farm Corporation	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 04/09/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

KEITH DECKER
(Printed Name)

4/9/2012 10:24:44PM

2013 Enter Filing Year

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

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

FILE 2/26/2013
RECEIPT NO 97350

1. Corporate Name and Address:
DF015042
DECKER FARMS, INC.
19711 405TH AVE
HURON, SD 57350-6204

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

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

19711 405TH AVE	HURON	SD	57350-6204
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KEITH DECKER

40406 197TH ST	HURON	SD	57350-8103
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	BETTY DECKER	19711 405TH AVE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
	KANDIS HENDERSON	314 ELY CIRCLE	CARROLL	IA	51401
	Vice President	Street Address	City	State	ZIP+4
X	KEITH DECKER	40406 197TH ST	HURON	SD	57350-8103
	Secretary	Street Address	City	State	ZIP+4
	KIM LEIF	1608 ARNOLD PALMER LANE	ELK POINT	SD	57025
	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:

Family Farm Corporation	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)	3050
Authorized Farm	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 02/26/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

KEITH DECKER

(Printed Name)

2/26/2013 8:41:44 PM

2014 Enter Filing Year

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

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

FILE 1/25/2014
RECEIPT NO 171796

1. Corporate Name and Address:
DF015042
DECKER FARMS, INC.
40406 197TH ST
HURON, SD 57350-8103

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

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

40406 197TH ST	HURON	SD	57350-8103
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KEITH DECKER

40406 197TH ST	HURON	SD	57350-8103
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	THEODORE KEITH DECKER	40401 197TH ST	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
X	BETTY JEAN DECKER	1703 ARNOLD PALMER LANE	ELK POINT	SD	57025
	President	Street Address	City	State	ZIP+4
	KIMBERLY ANN LEIF	1608 ARNOLD PALMER LANE	ELK POINT	SD	57025
	Treasurer	Street Address	City	State	ZIP+4
	KANDIS KAYE HENDERSON	314 ELY CIRCLE	CARROLL	IA	51401
	Vice President	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:

Family Farm Corporation	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)	3050
Authorized Farm	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
BETTY J DECKER	1703 ARNOLD PALMER LANE	ELK POINT	SD	57025	1670

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 01/25/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

THEODORE KEITH DECKER

(Printed Name)

1/25/2014 3:49:35 PM

2015 Enter Filing Year

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

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

FILE DATE 2/23/2015

RECEIPT NO 276179

1. Corporate Name and Address:
DF015042
DECKER FARMS, INC.
40406 197TH ST
HURON, SD 57350-8103

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

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

40406 197TH ST	HURON	SD	57350-8103
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: KEITH DECKER

40406 197TH ST	HURON	SD	57350-8103
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	THEODORE KEITH DECKER	40401 197TH ST	HURON	SD	57350
	Secretary	Street Address	City	State	ZIP+4
	BETTY JEAN DECKER	1703 ARNOLD PALMER LANE	ELK POINT	SD	57025
	President	Street Address	City	State	ZIP+4
	KIMBERLY ANN LEIF	1608 ARNOLD PALMER LANE	ELK POINT	SD	57025
	Treasurer	Street Address	City	State	ZIP+4
	KANDIS KAYE HENDERSON	314 ELY CIRCLE	CARROLL	IA	51401
	Vice President	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:

Family Farm Corporation	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)	3050
Authorized Farm Corporation	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 02/23/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

THEODORE K DECKER

(Printed Name)

2/23/2015 9:31:11 PM

2016

Enter Filing Year

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

ANNUAL FARM REPORT

Corporation

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

FILE DATE 1/24/2016

RECEIPT NO 374130

1. Corporate ID and Name:

DF015042
Enter Corporate ID

DECKER 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).

40406 197TH ST	HURON	SD	57350-8103
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: KEITH DECKER

40406 197TH ST	HURON	SD	57350-8103
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 servers as a director. South Dakota Law requires at least one director.

X	THEODORE KEITH DECKER	40401 197TH ST	HURON	SD	57350
	Secretary	Actual Street Address	City	State	ZIP+4
	BETTY JEAN DECKER	1703 ARNOLD PALMER LANE	ELK POINT	SD	57025
	President	Actual Street Address	City	State	ZIP+4
	KIMBERLY ANN LEIF	1608 ARNOLD PALMER LANE	ELK POINT	SD	57025
	Treasurer	Actual Street Address	City	State	ZIP+4
	KANDIS KAYE HENDERSON	314 ELY CIRCLE	CARROLL	IA	51401
	Vice President	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:

Family Farm Corporation	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)	3050
Authorized Farm Corporation	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 01/24/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

THEODORE K DECKER

(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.

1/24/2016 9:17:07 PM