

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

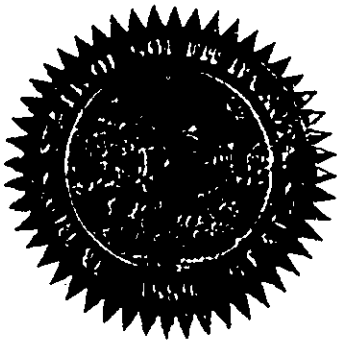
CERTIFICATE OF INCORPORATION

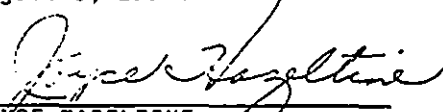
BUSINESS CORPORATION

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of SELBY DEVELOPMENT, INC. duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issued this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation of SELBY DEVELOPMENT, INC.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this August 8, 1994.




JOYCE HAZELTINE
Secretary of State

9 4 0 0 2 6 3 0 1 9 4

Filed for 877 day of Aug 1994
Secretary of State

ARTICLES OF INCORPORATION
OF
SELBY DEVELOPMENT, INC.

RECEIVED
AUG 08 1994
Secretary of State

KNOW ALL MEN BY THESE PRESENTS:

That I, Wendel G. Mead, being a person of the age of 18 years or more, do hereby declare that I desire to form a body corporate and politic, under and by virtue of the statutes and laws of the State of South Dakota, and I do hereby certify and declare as follows:

FIRST

The name of this corporation shall be: "SELBY DEVELOPMENT, INC."

SECOND

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

THIRD

The place where the principal business of this corporation shall be transacted shall be at 5800 Lincoln Avenue, Selby, Walworth County, State of South Dakota.

FOURTH

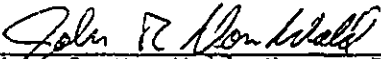
The term for which this corporation shall exist shall be perpetual.

FIFTH

The number of directors of this corporation shall be five (5) and the names and addresses of such persons who are to serve

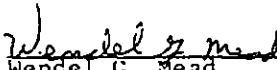
9 4 0 3 2 6 5 0 1 9 4

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at said county, the day and year last above written.



John R. Von Wald, Notary Public
Walworth County, South Dakota
My Commission Expires: Sept. 2, 2001

STATE OF SOUTH DAKOTA)
) SS.
COUNTY OF WALWORTH)

Wendel G. Mead, of Selby, South Dakota 57472, being duly sworn, deposes and says: That he is the person described in and who signed the foregoing Articles of Incorporation as incorporator therein, that he has read said Articles and knows the contents thereof; that the incorporator intends, in good faith, to form a corporation for the purposes of promotion of the lawful business as set forth in said Articles, and not for the purpose of enabling any corporation or corporations to avoid the provisions of Chapter 37-1 of the South Dakota Codified Laws, and laws amendatory and supplemental thereto, relating to unlawful trusts and combinations.


Wendel G. Mead

Subscribed and sworn to before me this 5th day of August, 1994.


John R. Von Wald, Notary Public
Walworth County, South Dakota
My Commission Expires: Sept. 2, 2001

9 4 0 0 2 6 5 0 1 9 4

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Wendel G. Mead, of 5800 Lincoln Avenue, Selby, South Dakota 57472, do hereby consent to act as the registered agent for SELBY DEVELOPMENT, INC., a South Dakota corporation.

Dated this 5th day of August, 1994.

Wendel G. Mead
Wendel G. Mead

Subscribed and sworn to before me this 5th day of August, 1994.

John R. Von Wald
John R. Von Wald, Notary Public
Walworth County, South Dakota
My Commission Expires: 9-2-2001

RECEIVED

AUG 08 1994

Secretary of State

Receipt No.: 483141

9 4 0 3 2 5 5 0 1 9 4

File Number: DB034691

ART OF INC

For

SELBY DEVELOPMENT, INC.

File at the request of:

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

STATE OF SOUTH DAKOTA

SS.

OFFICE OF THE SECRETARY OF STATE

Filed in the office of Secretary of State on

Date August 8, 1994

Joyce Hazeltine
Secretary of State

Fee Recieved \$200 400 @ \$5.000.

SOS CRP 491 10/93

1995

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

ANNUAL

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 7-26-95
RECEIPT NO. 480239
1995

1. Corporate Name, Registered Agent and Registered Address:

DB-034691 AUG 00
SELBY DEVELOPMENT, INC.
MEAD, WENDL G.
5800 LINCOLN AVENUE
SELBY, SD 57472-2011

Telephone # 605-649-7600
FAX # 605-649-6228
Federal Taxpayer ID # 46-0433313

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 primarily the construction and operation of a motel near Selby, 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
<u>Vance Masteller</u>	Director	<u>Auditor, Box 14</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Scott Simon</u>	President	<u>Director, Box 131</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Ralph Thorstenson</u>	Vice President	<u>Director, 3910 Overholzer Ave.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Marcella Thorstenson</u>	Secretary	<u>Director, Box 7</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Kenneth Thorstenson</u>	Treasurer	<u>Director, 2911 Audubon Ave.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>

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

NUMBER OF SHARES CAN ISSUE 400 CLASS common SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$5,000.00 per share

5. NUMBER OF SHARES ISSUED 0 CLASS common SERIES

6. The amount of its stated capital is \$ 250,000.00

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 July 21 1995

By Scott Simon
(Signature)
its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF WALSH ss

I, Patricia Grove, a notary public, do hereby certify that on this 21st day of July 1995, personally appeared before me Scott Simon who, being by me first duly sworn, declared that he/she is the President of Selby Development, Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires November 30, 1997
Notary Public, Patricia Grove

(Notarial Seal)

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

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

File Date: _____
Receipt No. _____

FILING FEE: \$5 In addition to annual report fee

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

- The name of the corporation is Selby Development, Inc.
- The previous street address, or a statement that there is no street address, of its registered office 5800 Lincoln Avenue, Selby, SD ZIP + 4 57472
- The street address, or a statement that there is no street address, to which the registered office is to be changed is 4303 Fourth Avenue, P. O. Box 155, Selby, South Dakota ZIP + 4 57472-0155
- The name of its previous registered agent is Donald G. Giese
- The name of its successor registered agent is John R. Von Wald
* The Consent of Registered Agent below must be completed by the new agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- 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 July 22 19 95

Scott Simmons
(signature)
President
(title)

STATE OF SOUTH DAKOTA
COUNTY OF GALLATI ss

I, Patricia Giese, a notary public, do hereby certify that on this 21st day of July 19 95, personally appeared before me Scott Simmons who, being by me first duly sworn, declared that he/she is the President of Selby Development, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires November 20, 1997

Patricia Giese
Notary Public, Patricia Giese

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT	
I, <u>John R. Von Wald</u> (name of registered agent)	hereby give my consent to serve as the
registered agent for <u>Selby Development, Inc.</u> (corporate name)	
Dated <u>July</u> 19 <u>95</u>	<u>John R. Von Wald</u> (signature)

Receipt No. 480239

File No. DB034691

STATE OF SOUTH DAKOTA

SS.

OFFICE OF THE SECRETARY OF STATE

Statement of Change

For

SELBY DEVELOPMENT, INC.

File at the request of:

SELBY DEVELOPMENT INC
PO BOX 155
SELBY SD 57472

Filed in the office of Secretary of State on

Date



JOYCE HAZELTINE

Secretary of State

Fee Recieved \$5

SOS CRP 491 10/93

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 8-29-96
RECEIPT NO. RECEIVED

AUG 29 1996

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DB-034691 AUG/95
SELBY DEVELOPMENT, INC.
VON WALD, JOHN R.
4303 FOURTH AVE
PO BOX 155
SELBY, SD 57472-0155

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 generally, economic development and primarily the construction and operation of a motel near Selby, South Dakota

3 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Gary Fahrni</u>	President	<u>Box 61</u>	<u>Selby</u>	<u>SD</u>	<u>57472-0061</u>
<u>Ralph Thorstenson</u>	Vice President	<u>3910 Overholser Ave.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Marcella Thorstenson</u>	Secretary	<u>HC 1, Box 7</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Kenneth Thorstenson</u>	Treasurer	<u>2901 Overholser Ave.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>

SD law requires at least one director.

Do the above listed officers serve also as directors? YES X NO ____ If no, list directors below.

Director _____
Director _____

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

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
400 COMMON \$5,000.00 per share

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES
50 COMMON

6. The amount of its stated capital is \$ 250,000.00 (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 August 28, 1996

SELBY DEVELOPMENT, INC.
By Gary Fahrni
(Signature) Gary Fahrni
Its President

STATE OF SOUTH DAKOTA
COUNTY OF WALWORTH SS

I, John D. Vonwald, a notary public, do hereby certify that on this 28th day of August, 1996, personally appeared before me Gary Fahrni who, being by me first duly sworn, declared that he is the President of Selby Development, Inc.

that he ~~has~~ signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires Sept 2, 2001
John D. Vonwald
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 Selby Development, Inc.
2. The previous street address, or a statement that there is no street address, of its registered office 4303 Fourth Avenue, P.O. Box 155, Selby, South Dakota ZIP + 4 57472-0155
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. 2302 4th Avenue, P.O. Box 61, Selby, South Dakota ZIP + 4 57472
4. The name of its previous registered agent is John R. Von Wald
5. The name of its successor registered agent is Gary Fahrni
* 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 August 28 19 96

Gary L. Fahrni
(signature) Gary Fahrni
President
(title)

STATE OF SOUTH DAKOTA
COUNTY OF WALWORTH ss

I, John R. Von Wald, a notary public, do hereby certify that on this 28th day of August 19 96, personally appeared before me Gary Fahrni who, being by me first duly sworn, declared that he ~~was~~ is the President of Selby Development, Inc., that he ~~has~~ signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Sept 2, 2001

John R. Von Wald
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Gary Fahrni, hereby give my consent to serve as the
(name of registered agent)
registered agent for Selby Development, Inc.
(corporate name)

Dated August 28 19 96

Gary L. Fahrni
(signature)

1997

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57531-5077
605-773-4845
FAX (605) 773-4550

9708188.0789
ANNUAL REPORT 97

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 8-11-97
RECEIPT NO. 645574

RECEIVED

AUG 11 1997

S.D. SEC. STATE

1. Corporate Name, Registered Agent and Registered Address:

DE 021002
SELBY DEVELOPMENT, INC.
FAHRNI, GARY
2302 4TH AVENUE
PO BOX 61
SELBY, SD 57472-0061

Telephone # _____
FAX # _____
Federal Taxpayer IC _____
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 Aug 1 19 97

By Gary L Fahrni
(Signature)
President - Selby Devel. Inc
(Title)

STATE OF South Dakota
COUNTY OF Lawrence

I, John R. Donwald, a notary public, do hereby certify that on this 1st day of August 19 97 personally appeared before me Gary L Fahrni who, being by me first duly sworn, declared that he/she is the President of Selby Development Inc

that he/she signed the foregoing document as officer of the corporation, and the statements herein contain true
My Commission Expires Sept 2, 2001
John R. Donwald
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
606-773-4846

**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)

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

ANNUAL REPORT
 DOMESTIC
 PLEASE TYPE OR USE BLOCK LETTERS

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

FILE DATE 9/13/99
 RECEIPT NO. 823926
RECEIVED
 SEP 13 1999

1. Corporate Name, Registered Agent and Registered Address

DB034691 8/98
 SELBY DEVELOPMENT, INC.
 FAHRNT, GARY
 2302 4TH AVENUE
 PO BOX 61
 SELBY SD 57472-0061

Telephone # (605) 1649-7177 OF STATE
 FAX # 5000
 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 Motel - Lodging - Campground

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CTTY	STATE	ZIP
<u>Norman Thorstenson</u>	<u>President</u>	<u>30627-124th St.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Trent Thorstenson</u>	<u>Vice President</u>	<u>Box 2</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Marcella Thorstenson</u>	<u>Secretary</u>	<u>30627-124th St.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Ralph Thorstenson</u>	<u>Treasurer</u>	<u>3910 Overholzer - Selby,</u>	<u>SD</u>	<u>57472</u>	

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____
 Director _____

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

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
400 shares - Common - \$5,000.00 / share

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES
50 shares - common -

6. The amount of its stated capital is \$ 250,000.00 (Money received for issued shares)

X 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 9.9, 1999

STATE OF South Dakota
 COUNTY OF Wakarusa

Norman Thorstenson
 (Signature)

 (Title)

I, RG Thorstenson, a notary public, do hereby certify that on this 9th day of Sept, 1999, personally appeared before me Norman Thorstenson who, being by me first duly sworn, declared that he/she is the pres of Selby Development Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

31 Jul 2003
 My Commission Expires

[Signature]
 (Notary Public)

(Notarial Seal)

dbor.pdf

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, SD 57501-5070
605-773-4845

STATEMENT OF CHANGE OF
REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH
FILING FEE: \$10/8/99

RECEIVED
SEP 18 1999
S.D. SEC. OF STATE

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

- The name of the corporation is Selby Development Inc.
- The previous street address, or a statement that there is no street address, of its registered office 2302 - 4th Ave. - Selby, SD ZIP + 4 57722-0001
- The street address, or a statement that there is no street address, to which the registered office is to be changed is Hwy 12483 (Box 425) Selby, SD ZIP + 4 57722-0425
- The name of its previous registered agent is Gary Fahrni
- The name of its successor registered agent is Norman Thorstenson
 - The Consent of Registered Agent below must be completed by the new agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- This change has been authorized by resolution duly adopted by the board of directors.

X 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.

Date 9-9 19 99

Norman Thorstenson
(Signature)
Pres
(Title)

STATE OF South Dakota
COUNTY OF Walworth ss

I, Rob Dwanter, a notary public, do hereby certify that on this 9th day of Sept 19 99, personally appeared before me Norman Thorstenson who, being by me first duly sworn, declared that he/she is the President of Selby Development Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 3/01/2003

Rob Dwanter
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT	
I, <u>Norman Thorstenson</u>	hereby give my consent to serve as the
(name of registered agent)	
registered agent for <u>Selby Development Inc.</u>	
(corporate name)	
Dated <u>9-9</u> 19 <u>99</u>	<u>Norman Thorstenson</u>
	(signature of registered agent)

1999

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

99101990097

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 9-13-99
RECEIPT NO 523906

RECEIVED

SEP 13 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-034691 AUG/97
SELBY DEVELOPMENT, INC.
FAHRNI, GARY
2302 4TH AVENUE
PO BOX 61
SELBY, SD 57472-0061

Telephone # (605) 649-7979
FAX # Same
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 9-10 19 99 By Norman Thornton
(Signature)
President
(Title)

STATE OF South Dakota ss
COUNTY OF Walworth
I, N.B. Thornton, a notary public, do hereby certify that on this 10th day of Sept 19 99, personally appeared before me Norman Thornton who, being by me first duly sworn, declared that he is the President of Selby Development the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 31 Jul 2003
N.B. Thornton
Notary Public

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

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

File Date _____
Receipt No. _____

FILING FEE: \$10 in addition to annual report fee

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

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____ 19 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____ 19 _____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, SD 57501-5070
605-773-4845

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION

RECEIVED

DEC 27 1999

Pursuant to the provisions of SDCL 47-2-9, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is Selby Development, Inc.

2. The following amendment of the Articles of Incorporation was adopted by the shareholders of the corporation on October 28, 19 99, in the manner prescribed by the South Dakota Corporation Acts:
OR

No shares have been issued and the following amendment was adopted by the Board of Directors on _____, 19____.

SIXTH

The amount of capital stock of this corporation shall be Two Million Dollars (\$2,000,000.00) divided into two thousand shares of common stock of the par value of \$1,000.00 per share. The corporation will not commence business until consideration of the value of at least \$1,000.00 has been received for the issuance of shares.

Filed this 27th day of Dec 1999
[Signature]
SECRETARY OF STATE

3. The number of shares of the corporation outstanding at the time of such amendment was 50; and the number of shares entitled to vote thereon was 50.

4. The designation and number of outstanding shares of each class entitled to vote thereon as a class were as follows:

Class: Common Number of shares: 50

5. The number of shares voted for such amendment was 28

The number of shares voted against such amendment was 5

The number of shares of each class entitled to vote thereon as a class voted for and against such amendment was:

Class: Common Number of shares:
For: 28 Against 5

6. The manner, if not set forth in such amendment, in which any exchange, reclassification or cancellation of issued shares provided for in the amendment shall be effected, is as follows:

7. The manner in which such amendment effects a change in the amount of stated capital, and a statement expressed in dollars, of the amount of stated capital as changed by such amendment.

The amended article will change the par value of the stock from \$5,000 per share to \$1,000 per share.

To be signed in the presence of a notary public by either the chairman of the board of directors, or by the president or any other officer.

Dated December 24, 1999.

Norman Thorstenson
(Signature) Norman Thorstenson

President
(Title)

State of South Dakota
County of Walworth

On this 24th day of December, 1999, before me John R. Von Wald personally appeared Norman Thorstenson, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed same.

Notarial Seal

September 2, 2001
My Commission Expires:

John R. Von Wald
Notary Public, John R. Von Wald

FILING FEE: \$20

1. Please list EXACT corporate name in number one.
2. Complete signatures and titles of the officers signing for the corporation.
3. Complete notary verification.

An ORIGINAL and ONE EXACT COPY of the Articles of Amendment must be submitted

SOS CRP 455 09/90

UNIVERSITY

0002299.0478
2/9/00

Receipt Number: 844520 + 71
File Number DB-034691

AMENDMENT

For

SELBY DEVELOPMENT, INC.

Filed at the request of:

VON WALD LAW OFFICES
BOX 155
SELBY SD 57472

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: Monday, December 27, 1999


Secretary of State

Fee Received: \$20 plus \$50 for change in capital

2000

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 9-29-00
0090265 0523
10/31/00
RECEIVED
SEP 29 '00

1. Corporate Name, Registered Agent and Registered Address:

DB-034691 Aug-99
SELBY DEVELOPMENT, INC.
THORSTENSON, NORMAN
HWYS 12 & 83
BOX 425
SELBY SD 57472-0425

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.

S.D. SEC. OF STATE

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

If ALL of the information including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report 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 generally, economic development and primarily the construction and operation of a motel near Selby, South Dakota.

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Norman Thorstenson	President	30627 124th Street	Selby	SD	57472
Trent Thorstenson	Vice President	Box 2	Selby	SD	57472
Marcella Thorstenson	Secretary	30627 124th Street	Selby	SD	57472
Kenneth Thorstenson	Treasurer	2901 Overholser Ave.	Selby	SD	57472

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, per value of shares, shares without par value, and series, if any, within a class:
NUMBER OF SHARES CAN ISSUE (authorized) 2000 CLASS COMMON SERIES _____ PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
\$1,000.00 per share

5. NUMBER OF SHARES ACTUALLY ISSUED 200 CLASS COMMON SERIES _____
6. The amount of its stated capital is \$ 400,000.00 (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 September 27, 2000
By Norman Thorstenson
(Signature) Norman Thorstenson
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF WALWORTH ss

On this the 27th day of September, 2000, before me, Patricia Giese,
personally appeared Norman Thorstenson, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 11/20/2003
Patricia Giese
Notary Public

(Notarial Seal)

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

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

File Date _____

Receipt No. _____

FILING FEE: \$10 in addition to annual report fee

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

1. The name of the corporation is _____
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 may be signed by the chairman of the board of directors, by its president, or by another of its officer.

Dated _____

(Signature)

President

(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)

2001

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 9-17-01
RECEIPT NO. 1015326

RECEIVED

SEP 17 '01

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-034691 AUG/2000
SELBY DEVELOPMENT, INC.
THORSTENSON, NORMAN
HWYS 12 & 83
BOX 425
SELBY SD 57472-0425

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 9-14-01

By Norman Thorstenson
(Signature)

Its Pres.
(Title)

STATE OF South Dakota ss

COUNTY OF Walworth

On this the 14 day of September, 2001, before me, D. L. Buehler

personally appeared Norman Thorstenson, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 06.30.2003

D. L. Buehler
Notary Public

(Notarial Seal)

SOS CRP 11/00

01102103496

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)

2002

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 8-21-02 RECEIPT NO. 1129567 RECEIVED

1. Corporate Name, Registered Agent and Registered Address:



DB-034691 AUG/2001 SELBY DEVELOPMENT, INC. THORSTENSON, NORMAN HWYS 12 & 83 BOX 425 SELBY SD 57472-0425

Telephone # S.D. SEC. OF STATE FAX # Federal Taxpayer ID FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

*** ATTENTION - FILING INSTRUCTIONS ***

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

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

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

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Norman Thorstenson (President), Trent Thorstenson (Vice President), Marcella Thorstenson (Secretary), and Keren Thorstenson (Treasurer).

SD law requires at least one director.

Do the above listed officers serve also as directors? YES [X] NO

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 \$ 400,000.00 (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 8-19-02 By Norman Thorstenson (Signature) Its President (Title)

STATE OF South Dakota COUNTY OF Walworth ss

On this 19th day of August, 2002, before me, D. J. Gustafson, personally appeared Norman Thorstenson, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires [Redacted] Notary Public D. J. Gustafson

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

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) _____

223 1480 10/21/2003

2003

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED 9/3/03
RECEIPT NO. 124431
SEP 03 '03
S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:



DB-034691
DB-034691 AUG/2002
SELBY DEVELOPMENT, INC.
THORSTENSON, NORMAN
HWYS 12 & 83
BOX 425
SELBY SD 57472-0425

Telephone # 605-649-7979
FAX # _____
Federal Tax: _____
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 8-28-03

By Norman Thorstenson
(Signature)
Its President
(Title)

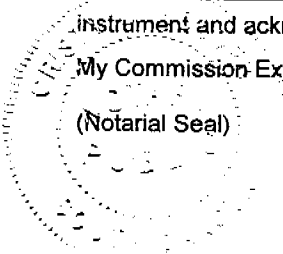
STATE OF SD
COUNTY OF Walworth ss

On this 28 day of August, 20 03, before me, Norman Thorstenson

personally appeared _____, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 9-11-06

Christy L. Hildner
Notary Public



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

SOS CRP 07/03

**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.

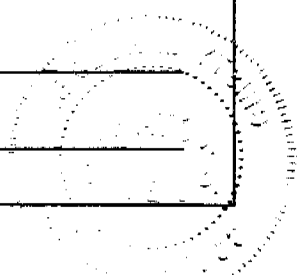
My Commission Expires _____ Notary Public _____

(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) _____



**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)

241 0345 09/08/2005

2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 08/22/05
 RECEIPT NO. 1971047
 RECEIVED
 AUG 22 2005
 S.D. SEC. OF STATE

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



DB034691
 DB034691 AUG/2004
 SELBY DEVELOPMENT, INC.
 THORSTENSON, NORMAN
 HWYS 12 & 83
 BOX 425
 SELBY SD 57472-0425

Telephone # 605-649-7979
 FAX # 605-649-7979

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 5000 Hwy 12 & 83 Selby, SD

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Norman Thorstenson</u>	President	<u>30627-124th St</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Trent Thorstenson</u>	Vice President	<u>Box 2</u>	<u>Selby</u>	<u>SD</u>	<u>57472-0002</u>
<u>Marcella Thorstenson</u>	Secretary	<u>30627-124th St</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Kenneth Thorstenson</u>	Treasurer	<u>2901 Overholser Ave</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>

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

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 _____

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>2000</u>	<u>Common</u>	

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
<u>200</u>	<u>Common</u>	

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

Dated 8-14-05

 Signature Trent M. Thorstenson

Trent Thorstenson
 Printed Name

Vice President
 Title

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

File Date _____
Receipt No. _____

FILING FEE: \$10 In addition to annual report fee

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

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

ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____

ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
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)

265 3178 08/15/2007

2007

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

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



DB034691
DB034691 AUG/2006
SELBY DEVELOPMENT, INC.
THORSTENSON, NORMAN
HWYS 12 & 83
BOX 425
SELBY SD 57472-0425

Telephone # (605) 649-7979
FAX # (605) 649-7979

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

FILE DATE 8/8/07
RECEIPT NO. 1703455
RECEIVED
AUG 08 2007
S.D. SEC. OF STATE

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

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

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

2. The address of the principal office Hwy 12 & 83, Box 425, Selby SD 57472

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Norman Thorstenson</u>	President	<u>30627-124th ST.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Trent Thorstenson</u>	Vice President	<u>Box 2</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Marcella Thorstenson</u>	Secretary	<u>30627-124th ST.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
<u>Cheryl Bunde Biel</u>	Treasurer	<u>8310 E. Yonder ST.</u>	<u>Java</u>	<u>SD</u>	<u>57452</u>

SD law requires at least one director.

Do the above listed officers serve also as directors? YES NO If no, list directors below.

Director _____
Director _____

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

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES
2000 Common

6. NUMBER OF ISSUED SHARES CLASS SERIES

200 Common

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

Dated 7-26-07

Trent M. Thorstenson
Signature

Trent Thorstenson
Printed Name

Vice President
Title

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

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 03/09/09
RECEIPT NO 1946799

RECEIVED
RECEIVED
MAR 09 2009 SEP 26 2008
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB034691 AUG/2007
SELBY DEVELOPMENT, INC.
THORSTENSON, NORMAN
HWYS 12 & 83
BOX 425
SELBY SD 57472-0425

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.

30627-124th St Selby SD 57472
Street Address City State ZIP+4
PO Box 425 Selby SD 57472-0425
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Norman Thorstenson

30627-124th St Selby SD 57472
Street Address (Required to be a South Dakota Address) City State ZIP+4
P.O. Box 425 Selby SD 57472-0425
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

President Norman Thorstenson, 30627-124th St Selby SD 57472
Vice President Trent Thorstenson, 3422 Main St, Apt #9 Selby SD 57472-0002
Secretary Marcella Thorstenson, 30627-124th St Selby SD 57472
Treasurer Cheryl Biel, 8310 Yonder St Jara SD 57452
Director Gary Fahrni, 2302-4th Ave Selby SD 57472
Director

Dated 9/18/08

Signature of an authorized officer: Norman Thorstenson
(Printed Name): Norman Thorstenson
(Title): Pres

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

911 Change
of Address

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

30627-124 th St.	Selby	SD	57472
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4

PO Box 425			
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 3-5-09

Trent N. Thorstenson
(Signature of an authorized officer)

Trent N. Thorstenson
(Printed Name)

Vice President
(Title)

2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 08/24/09
RECEIPT NO 1943175
RECEIVED
AUG 24 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB034691 AUG/2008
SELBY DEVELOPMENT, INC.
THORSTENSON, NORMAN
PO BOX 425
SELBY SD 57472-0425

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.

30627-124th St. Selby SD 57472
Street Address City State ZIP+4
PO Box 425 Selby SD 57472-0425
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Norman Thorstenson

30627-124th St. Selby SD 57472
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 425 Selby SD 57472-0425
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.

- Norman Thorstenson 30627-124th St. Selby SD 57472 President Street Address City State ZIP+4
Trent Thorstenson 3422 Main St, #9 Selby SD 57472-0002 Vice President Street Address City State ZIP+4
Marcella Thorstenson 30627-124th St. Selby SD 57472 Secretary Street Address City State ZIP+4
Cheryl Biel 8310 Yonder St. Java SD 57452 Treasurer Street Address City State ZIP+4
Gary Fahrni 2302-4th Ave. Selby SD 57472 Director Street Address City State ZIP+4

Dated 8/12/09

Norman Thorstenson
(Signature of an authorized officer)
Norman Thorstenson
(Printed Name)
President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

3221432 07/25/2011

2010

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	<u>05/18/11</u>
RECEIPT NO	<u>2158298</u>
RECEIVED	
APR 25 2011	
S.D. SEC. OF STATE	

1. Corporate Name, Registered Agent Name and Address:

RECEIVED
MAY 18 2011
S.D. SEC. OF STATE



DB034691
DB034691 AUG/2009
SELBY DEVELOPMENT, INC.
THORSTENSON, NORMAN
PO BOX 425
SELBY SD 57472-0425

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:

<u>5000 Hwy 12 + 83</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
Street Address	City	State	ZIP+4
<u>(same) ↑</u>			
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Norman Thorstenson

<u>5000 Hwy 12 + 83</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>5000 Hwy 12 + 83</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	<u>Norman Thorstenson, 30627 - 124th St.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
	President Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Trent N. Thorstenson, 3422 Main St., Apt #9</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
	Vice President Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Marcella Thorstenson, 30627 - 124th St.</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
	Secretary Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Cheryl Biel, 8310 Yonder St. E.</u>	<u>Java</u>	<u>SD</u>	<u>57452</u>
	Treasurer Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	<u>Gary Fahrni, 2302-4th Ave</u>	<u>Selby</u>	<u>SD</u>	<u>57472</u>
	Director Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director Street Address	City	State	ZIP+4

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

Dated 4-19-11

Trent N. Thorstenson
(Signature of an Authorized Person)

Trent N. Thorstenson
(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 Selby Development, Inc.

2. The name of the registered agent on file Norman Thorstenson

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

30627 124th St. Selby SD 57472
Street Address (Required) City State ZIP+4

P.O. Box 425 _____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

5000 Hwy 12 + 83 Selby SD 57472
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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 5-10-11

Trent N. Thorstenson
(Signature of an Authorized Person)

Trent N. Thorstenson
(Printed Name)

324 0117 08/02/2011

2011

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 8-1-11
RECEIPT NO 2173070
RECEIVED
AUG 01 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB034691 08/01/2010
SELBY DEVELOPMENT, INC.
THORSTENSON, NORMAN
5000 HWY 12 & 83
SELBY SD -57472

Telephone #

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.

5000 Hwy 12 + 83 Selby SD 57472
Street Address City State ZIP+4
5000 Hwy 12 + 83 Selby SD 57472
Mailing Address City State ZIP+4
N/A
Email Address

4. The name of the South Dakota Registered Agent Norman Thorstenson

5000 Hwy 12 + 83 Selby SD 57472
Street Address or Rural Route Box Number in This State and City State ZIP+4
5000 Hwy 12 + 83 Selby SD 57472
Mailing Address in This State, if Different from Street Address City State ZIP+4
NA
Email Address

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

- Norman Thorstenson 30627-124th St. Selby SD 57472
President Street Address City State ZIP+4
Trent N. Thorstenson 3422 Main St. Apt. #9 Selby SD 57472
Vice President Street Address City State ZIP+4
Marcella Thorstenson 30627-124th St Selby SD 57472
Secretary Street Address City State ZIP+4
Cheeryl Biel 8310 Yonder St. E Java SD 57452
Treasurer Street Address City State ZIP+4
Gary Fahani 2302-4th Ave Selby SD 57472
Director Street Address City State ZIP+4

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

Dated 7-25-11
Email 7-25-11

Trent N. Thorstenson
(Signature of an Authorized Person)
Trent N. Thorstenson
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

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

4. The address of the agent currently on file for this entity (Old Registered Agent Address)

Street Address (Required) City State ZIP+4

Mailing Address City State ZIP+4

5. If the address has changed, list the new registered agent address

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

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

Email Address _____

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

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

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

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

FILE 7/27/2012

RECEIPT NO 54476

1. Corporate ID and Name:

DB034691
SELBY DEVELOPMENT, INC.
5000 HWY 12 & 83
SELBY, SD 57472-

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

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

5000 HWY 12 & 83	SELBY	SD	57472-
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: NORMAN THORSTENSON

5000 HWY 12 & 83	SELBY	SD	57472-
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input type="checkbox"/>	NORMAN THORSTENSON	30627 124TH ST.	SELBY	SD	57472
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TRENT N. THORSTENSON	3422 MAIN ST. APT. 9	SELBY	SD	57472
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARCELLA THORSTENSON	30627 124TH ST.	SELBY	SD	57472
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	DAVID ORR	702 4TH ST. SE APT. 23	LAKE PRESTON	SD	57249
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GARY FAHRNI	2302 4TH AVE.	SELBY	SD	57472
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Date 07/27/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

TRENT N. THORSTENSON

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

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

FILE 6/26/2013

RECEIPT NO 125437

1. Corporate ID and Name:

DB034691
SELBY DEVELOPMENT, INC.
5000 HWY 12 & 83
SELBY, SD 57472-

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

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

5000 HWY 12 & 83	SELBY	SD	57472-
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: NORMAN THORSTENSON

5000 HWY 12 & 83	SELBY	SD	57472-
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input type="checkbox"/>	NORMAN THORSTENSON	30627 124TH ST.	SELBY	SD	57472
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TRENT N. THORSTENSON	3422 MAIN ST. APT. 9	SELBY	SD	57472
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARCELLA THORSTENSON	30627 124TH ST.	SELBY	SD	57472
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	DAVID ORR	702 4TH ST. SE APT. 23	LAKE PRESTON	SD	57249
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GARY FAHRNI	2302 4TH AVE.	SELBY	SD	57472
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Date 06/26/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

LAUREL L. BERENS

(Printed Name)

2014

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ANNUAL REPORT

FILE DATE 6/11/2014

RECEIPT NO 208366

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

DOMESTIC

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB034691
SELBY DEVELOPMENT, INC.
5000 HWY 12 & 83
SELBY, SD 57472-

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

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

5000 HWY 12 & 83	SELBY	SD	57472-
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: NORMAN THORSTENSON

5000 HWY 12 & 83	SELBY	SD	57472-
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input type="checkbox"/>	NORMAN THORSTENSON	30627 124TH ST.	SELBY	SD	57472
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TRENT N. THORSTENSON	3422 MAIN ST. APT. 9	SELBY	SD	57472
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	ANGELA THORSTENSON	2002 HWY 12 & 83	SELBY	SD	57472
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DANNY COONROD	230 SOUTHFORK DRIVE	WEATHERFORD	TX	76087
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TONE THORSTENSON	230 SOUTHFORK DRIVE	WEATHFORD	TX	76087
	Director	Street Address	City	State	ZIP+4

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

Dated 06/11/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

LAUREL L BERENS

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 7/22/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 321315

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

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

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB034691

SELBY DEVELOPMENT, INC.

Telephone # _____

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

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

5000 HWY 12 & 83

SELBY

SD

57472-

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name:

NORMAN THORSTENSON

5000 HWY 12 & 83

SELBY

SD

57472-

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

Email Address (Optional)

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

<input type="checkbox"/>	NORMAN THORSTENSON	30627 124TH ST.	SELBY	SD	57472
	President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	TRENT N. THORSTENSON	3422 MAIN ST. APT. 9	SELBY	SD	57472
	Vice President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	ANGELA THORSTENSON	2002 HWY 12 & 83	SELBY	SD	57472
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DANNY COONROD	230 SOUTHFORK DRIVE	WEATHERFORD	TX	76087
	Director	Actual Street Address	City	State	ZIP+4



TONE THORSTENSON

230 SOUTHFORK DRIVE

WEATHFORD

TX

76087

Director

Actual Street Address

City

State

ZIP+4



Treasurer

Actual Street Address

City

State

ZIP+4

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

Dated 07/22/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email _____

LAUREL L BERENS

(Optional)

(Printed Name)

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A fee of up to \$40 will be assessed for returned payments.

7/22/2015 12:57:15 PM

2016

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

ANNUAL REPORT
 DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 6/29/2016

RECEIPT NO 431194

1. Corporate ID and Name:

DB034691

Enter Corporate ID

SELBY DEVELOPMENT, 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).

5000 HWY 12 & 83	SELBY	SD	57472-
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: NORMAN THORSTENSON

5000 HWY 12 & 83	SELBY	SD	57472-
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

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

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

<input type="checkbox"/>	NORMAN THORSTENSON	30627 124TH ST.	SELBY	SD	57472
	President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	TRENT N. THORSTENSON	3422 MAIN ST. APT. 9	SELBY	SD	57472
	Vice President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	ANGELA THORSTENSON	2002 HWY 12 & 83	SELBY	SD	57472
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	DANNY COONROD	230 SOUTHFORK DRIVE	WEATHERFORD	TX	76087
	Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	TONE THORSTENSON	230 SOUTHFORK DRIVE	WEATHFORD	TX	76087
	Director	Actual Street Address	City	State	ZIP+4



Treasurer

Actual Street Address

City

State

ZIP+4

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

LAUREL L BERENS

(Printed Name)

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

6/29/2016 2:34:37 PM