

1994

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

94041721410

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 4-13-94
RECEIPT NO. 387842
RECEIVED

APR 13 1994

1. Corporate Name, Registered Agent and Registered Address:

DF-023253
HUFFMAN (DAVID) FARM ENTERPRISES,
HUFFMAN, DAVID M.
BOX 217
SELBY, SD 57472-0217

Telephone # 605-649-7075

FAX # _____

Federal Taxpayer ID # _____

FILING DATE: Due during the month the
Certificate of Incorporation was issued,
and delinquent 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 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. (Both officers and directors must be listed in the spaces provided).

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

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

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
_____	_____	_____	_____

5. NUMBER OF SHARES ISSUED _____ CLASS _____ SERIES _____

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

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

Dated April 12 19 94

By David Huffman
(Signature)
Its Secretary
(Title)

STATE OF South Dakota
COUNTY OF Walworth ss

I, Rob Thurston, a notary public, do hereby certify that on this 12 day of APR 1994, personally appeared before me David Huffman who, being by me first duly sworn, declared that he/she is the Secretary of Huffman (David) Farm Enterprises Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 20 July 1997

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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

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

File Date: _____

Receipt No.: _____

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

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

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

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

9 4 0 4 1 7 2 : : 1 3
ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED

APR 13 1994

Secretary of State

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

1. The name of the corporation is David Huffman Farm Enterprises, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is _____

David Huffman, PO Box 217, Sully, SD 57172-0217 Zip + 4 _____

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

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

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

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

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

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

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

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

Dated April 12 19 94

By David Huffman
(Signature)
Its Secretary
(Title)

STATE OF South Dakota
COUNTY OF Wilmont ss

I, R.G. Theisen, a notary public, do hereby certify that on this 12th day of April 19 94 personally appeared before me David Huffman who, being by me first duly sworn, declared that he/she is the Sec. & Treas. of David Huffman Farm Enterprises, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true
My Commission Expires July 97

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 410 10/82

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

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

File Date: _____
Receipt No. _____

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

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

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP - 4 _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ ZIP - 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 4-27-95
FILE NO. _____
RECEIVED
APR 27 1995
S.D. SEC. OF STATE

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

- The name of the corporation is David Huffman Farm Enterprises, Inc.
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is _____
David Huffman, PO Box 217, Selby, SD 57472-0217 Zip + 4 _____
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation

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

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

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

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 2 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated April 25 19 95

By Tanya Huffman
(Signature)
Its Secretary-Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Walworth ss

I, D. L. Gustafson, a notary public, do hereby certify that on this 25th day of April 1995, personally appeared before me Tanya Huffman who, being by me first duly sworn, declared that he/she is the Secretary-Treasurer of David Huffman Farm Ent. Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 6 25 95

D. L. Gustafson
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1996

RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4850

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

RECEIVED
JUN 10 1996

FILE DATE 6-10-96
RECEIPT NO. 550246

RECEIVED
\$50

MAY 2 1996

1. Corporate Name, Registered Agent and Registered Address:

DF 023253
HUFFMAN (DAVID) FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY, SD 57472-0217

MAR/95

Telephone # 605-649-7075

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 below is true, 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 May 23, 19 96

By [Signature]
(Signature)
its Secretary/Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Walworth

I, D.L. Gustafson, a notary public, do hereby certify that on this 23rd day of May, 1996, personally appeared before me Tanya Huffman who, being by me first duly sworn, declared that he/she is the Sec. Treas. of Huffman (David) Farm Enterprises, Inc.

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

My Commission Expires 06-25-2003

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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

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

File Date: _____
Receipt No.: _____

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

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

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ **

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 6-10-96
FILE NO. 550246

RECEIVED
JUN 10 1996

S.D. SEC. OF STATE

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

1. The name of the corporation is David Huffman Farm Enterprises, Inc.
The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is _____
David Huffman, PO Box 217, Selby, SD 57472-0217 Zip + 4 _____

3. If a foreign corporation, the address of its principal office, its registered office in this state, and its business office in this state are _____

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

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

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 261
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 2 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated May 23 19 96

By Tanya Huffman
(Signature)
Its Secretary-Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Walworth ss

I, D.L. Gustafson, a notary public, do hereby certify that on this 23rd day of May 19 96, personally appeared before me Tanya Huffman who, being by me first duly sworn, declared that he/she is the Secretary-Treasurer of David Huffman Farm Enterprises, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 06-23-2003

D.L. Gustafson
Notary Public

110888

1997
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 4-11-97
RECEIPT NO. 613825

RECEIVED RECEIVED

APR 11 1997

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

DE-023233
RUFFMAN (DAVID) FARM ENTERPRISES,
RUFFMAN, DAVID M.
BOX 217
SELBY, SD 57472-0217

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 3:31 1997

By David Ruffman
(Signature)
Secretary-Treasurer
Its _____
(Title)

STATE OF South Dakota
COUNTY OF Wink ss

I, D.J. Gustafson a notary public, do hereby certify that on this 31st day of March 1997, personally appeared before me Tanya Ruffman who, being by me first duly sworn, declared that he/she is the Sec. Treas or Ruffman (David) Farm Enterprises that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 04 25 2003
D.J. Gustafson
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4846

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

File Date: _____

Receipt No. _____

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

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

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

3785187. E88
578797

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 4-11-97
FILE NO. 618875
RECEIVED
APR 11 1997

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

- 1. The name of the corporation is David Huffman Farm Enterprises, Inc.
The state of incorporation is South Dakota
- 2. The name of the registered agent in South Dakota and the registered office address is David Huffman, PO Box 217, Selby, SD 57472-0217 Zip + 4 _____
- 3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
 Add: NW4 2-122-75 160.93 Acres, SW4 34-123-75 160.00 Acres, SE4 34-123-75 160.00 Acres
all Walworth County .SD

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 261
 (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 2%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated March 31, 19 97

By Tanya Huffman
 (Signature)
 Its Secretary-Treasurer
 (Title)

STATE OF South Dakota
 COUNTY OF Walworth ss

I, D.L. Gustafson, a notary public, do hereby certify that on this 31st day of March 19 97, personally appeared before me Tanya Huffman who, being by me first duly sworn, declared that he/she is the Secretary/Treasurer of David Huffman Farm Ent. Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 06-25-2003

D.L. Gustafson
 Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1998

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 4-30-98
RECEIPT NO. 209553
RECEIVED
APR 30 1998

1. Corporate Name, Registered Agent and Registered Address

DF-023253 MAR/97
HUFFMAN (DAVID) FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY, SD 57472-0217

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 4-29 19 98

By Tanya Huffman
(Signature)
Secretary-Treasurer
Its _____
(Title)

STATE OF South Dakota
COUNTY OF Walter ss

I, D. L. Bushbain, a notary public, do hereby certify that on this 29 day of April 19 98, personally appeared before me Tanya Huffman who, being by me first duly sworn, declared that he/she is the Sec-Treas of Huffman (David) Farm Enterprises, Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 06-25-2003

D. L. Bushbain
Notary Public

(Notarial Seal)

SOS CRP 6/97

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

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

File Date: _____
Receipt No.: _____

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

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(corporate name)

Dated _____ 19 _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 1-30-98
FILE NO. _____

RECEIVED
APR 30 1998
STATE OF SOUTH DAKOTA

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

1. The name of the corporation is David Huffman Farm Enterprises, Inc

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is David Huffman, PO Box 217, Selby, SD 57472-0217 Zip + 4 _____

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

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

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

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

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 25. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

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

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 2%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated April 28 19 98

By [Signature]
(Signature)
is Secretary-Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Walworth ss

I, D. L. Gustafson, a notary public, do hereby certify that on this 28 day of April 19 98, personally appeared before me Tanya Huffman who, being by me first duly sworn, declared that her/she is the Secretary-Treasurer of David Huffman Farm Ent. Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 06-25-2003

[Signature]
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____ 19 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____ 19 _____

(signature)

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

APR 26 1999
ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED

APR 26 1999

S.D. SEC. OF STATE

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

1. The name of the corporation is David Huffman Farm Ent Inc
SD

The state of incorporation is _____

2. The name of the registered agent in South Dakota and the registered office address is _____
David Huffman, PO Box 217, Selby, SD 57472-0217 Zip + 4 _____

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

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

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

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 261
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 2%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated April 22 19 99

By David Huffman
(Signature)
Its Secretary-Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Wolfe ss

I, Robert Thompson, a notary public, do hereby certify that on this 22 day of April 1999, personally appeared before me Tanya Huffman who, being by me first duly sworn, declared that he/she is the Sec - Treas of David Huffman Farm Ent Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 31 Jul 2003

Robert Thompson
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

2000

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$30 APPLIES TO ALL LATE FILINGS

FILE DATE 4-15-00
RECEIPT NO. 877156

RECEIVED RECEIVED

APR 10 '00 APR 03 '00

S.D. SEC. OF STATE RECEIVED
S.D. SEC. OF STATE RECEIVED

1. Corporate Name, Registered Agent and Registered Address:

DF-023253 MAR/1999
HUFFMAN (DAVID) FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

Telephone # _____

FAX # _____

Federal Taxpayer ID _____

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

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

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

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

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

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

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

SD law requires at least one director.

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated March 31, 2000

By Jayna Huffman
(Signature)

Its Sec-Treas
(Title)

STATE OF South Dakota ss
COUNTY OF Walworth

On this the 31 day of MARCH, 2000, before me, R.G. THOMPSON,
personally appeared Jayna Huffman, known to me, or proved to me,
to be the Sec/Treas 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 31 Jul 2003

Notary Public

(Notarial Seal)

SOS CRP 11/99

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____ (Signature) _____

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____ Notary Public _____

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ (signature) _____

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

0005202.2214
ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 4-17-00
RECEIVED NO. _____
APR 18 2000
S.D. SEC. OF STATE
RECEIVED APR 10 2000
S.D. SEC. OF STATE
S.D. SEC. OF STATE

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

- The name of the corporation is David Huffman Farm Enterprises, Inc
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is _____
David Huffman, POBox 217, Selby, SD 57472-0217 Zip + 4 _____
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
Add: SE 1/4 of 12-122-76 W of the 5th PM 160 acres Walworth County

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 210.
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

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

Dated March 31 192000
By James Huffman
(Signature)
Its Sec-Treas
(Title)

STATE OF South Dakota
COUNTY OF Walworth ss
I, Ron Hostenen, a notary public, do hereby certify that on this 31st day of MARCH 192000,
personally appeared before me Laura Huffman who, being by me first duly sworn, declared that he (she)
is the Sec-Treas of David Huffman Farm Enterprises, Inc that he (she) signed the foregoing document
as officer of the corporation, and the statements therein contained are true.
My Commission Expires 31 Jul 2003
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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 4-2-01
RECEIPT NO. 910502
RECEIVED
APR 2 '01
S.D. SEC. OF STAT.

1. Corporate Name, Registered Agent and Registered Address:

DF-023253 MAR/2000
HUFFMAN (DAVID) FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217

SELBY SD 57472-0217

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.

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

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

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

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:
NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated March 30, 2000
By [Signature]
(Signature)
Its Sec-Treas
(Title)

STATE OF South Dakota
COUNTY OF DeWitt ss
On this the 30 day of MARCH 2001, before me, [Signature]
personally appeared Tanya Huffman, known to me, or proved to me,
to be the Sec-Treas 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 31 Jul 2003
Notary Public

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ SS
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED

APR 2 '01

S.D. SEC. OF STATE

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

1. The name of the corporation is David Huffman Farm Enterprises, Inc

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is _____

David Huffman, PO Box 217, Selby, SD 57472-0217 Zip + 4 _____

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

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

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

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

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 261
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

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

B. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 2%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated March 30, 2000

STATE OF South Dakota SS
COUNTY OF Wakarusa

By David Huffman
(Signature)
SEC-TRBB
As _____
(Title)

On this the 30 day of March, 2001, before me, Rob Thorstensen
personally appeared David Huffman, known to me, or proved to me,
to be the Sec-Treas 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 31 Jul 2003

Rob Thorstensen
Notary Public

(Notarial Seal)

2002

ANNUAL REPORT

020721501695
1/8/02

FILE DATE 5/31/02
RECEIPT NO. 110548
RECEIVED

HW 31 '02

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

1. Corporate Name, Registered Agent and Registered Address:



DF-023253 MAR/2001
HUFFMAN (DAVID) FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

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

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

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

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

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

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 May 29, 2002
By [Signature]
(Signature)
Its SECRETARY
(Title)

STATE OF South Dakota ss
COUNTY OF Walworth

On this the 29th day of May 2002, before me, D. L. Gustafson personally appeared Tanya Huffman, known to me, or proved to me, to be the Secretary-Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 06/30/2003
(Notarial Seal) [Signature]
Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845 FAX: (605) 773-4560

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the _____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(signature)

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

ANNUAL FARM REPORT 1695
7/8/02

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED

MAY 31 '02

S.D. SEC. OF STATE

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

1. The name of the corporation is David Huffman Farm Enterprises, Inc

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is _____

David Huffman, PO Box 217, Selby, SD 57472-0217 Zip + 4 _____

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

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

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

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

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

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

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

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 2%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated May 29, 2002

By [Signature]
(Signature)

STATE OF South Dakota ss

its Sec-Treas
(Title)

COUNTY OF Walworth

On this the 29th day of May, 2002, before me, D. L. Gustafson

personally appeared Tanya Huffman, known to me, or proved to me, to be the Secretary-Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 06/30/2003

[Signature]
Notary Public

(Notarial Seal)

2003

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3/31/03 RECEIPT NO. 1202441

RECEIVED

MAR 31 '03

1. Corporate Name, Registered Agent and Registered Address:



DF-023253 MAR/2002 HUFFMAN (DAVID) FARM ENTERPRISES, INC. HUFFMAN, DAVID M. BOX 217 SELBY SD 57472-0217

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

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

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

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

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

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

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

SD law requires at least one director.

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

Director Director

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated March 28, 2003

By [Signature] (Signature) ITS Sec-Treas (Title)

STATE OF South Dakota COUNTY OF Walworth ss

On this the 28th day of March 20 03, before me, D.L. Gustafson personally appeared Tanya Huffman, known to me, or proved to me, to be the Secretary-Treasurer of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 06/30/2003

[Signature] Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077 PHONE: 605-773-4845 FAX (605) 773-4550 www.state.sd.us/sos/sos.htm

SOS CRP 11/01

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLOCK LETTERS
File.) pursuant to the provisions of SD 47-19A

NO FILING FEE

FILE DATE _____

RECEIVED

MAR 31 03

1. Corporate name and address:



DF-023253 MAR/2002

HUFFMAN (DAVID) FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is
David Huffman, PO Box 217, Selby, SD 57472

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

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

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

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

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

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

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

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 2 %
(Applies only to AUTHORIZED FARM CORPORATION)

Dated March 28, 2003

STATE OF South Dakota

COUNTY OF Walworth

(Signature)

David Huffman
Sec-Treas

(Title)

On this the 28th day of March, 2003 before me, D.L. Gustafson

personally appeared David Huffman, known to me, or proved to me,

to be the Secretary-Treasure of the corporation that is described in and that executed the within

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

06/30/2003
My Commission Expires

(Notarial Seal)

D.L. Gustafson
(Notary Public)

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public
(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

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

ANNUAL FARM REPORT

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

NO FILING FEE

RECEIVED
FILE DATE

APR 01 04

S.D. SEC. of STATE

227 1135 04/23/2004

1. Corporate name and address:



* D F 0 7 3 7 5 3 *
DF023253 MAR/2003
HUFFMAN (DAVID) FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is David Huffman, PO Box 217, Selby, SD 57472

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

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

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

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

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

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

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

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 2 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated March 31 2004

Tanya Huffman
(Signature)
Sec. Treas

STATE OF South Dakota

COUNTY OF Waliworth

(Title)
Reg. Trustee

On this the 31 day of MARCH, 2004, before me, _____ personally appeared Tanya Huffman, known to me, or proved to me, to be the Sec. Treas. of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

31 Jul 2009
My Commission Expires

[Signature]
(Notary Public)

(Notarial Seal)



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

File Date _____

Receipt No. _____

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

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

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

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

ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

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

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

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

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 03/30/05

RECEIVED

MAR 30 '05

S.D. SEC. of STATE

1. Corporate name and address:



* D F O 2 3 2 5 3 *
DF023253 MAR/2004
HUFFMAN (DAVID) FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is _____

David Huffman, POBox 217, Selby, SD 57472

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

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

Added SE 1/4 of Sec 5, SE1/4 of Sec 6, all of section 7, SW1/4 and E 1/4NW1/4 of Sec 8 all in Township 122, Range 75, Walworth County, SD

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

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

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

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

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

Dated March 29, 2005

David Huffman
(Signature)

Sec-Treas
(Title)

235 1466

100
100
100



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

ANNUAL FARM REPORT

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

FILE DATE 06/12/06

RECEIVED RECEIVED

NO FILING FEE

RECEIVED

MAY 31 '06

MAY 03 '06

JUN 12 '06

S.D. SEC. of STATE

S.D. SEC. of STATE

S.D. SEC. OF STATE

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

1. Corporate name and address:



DF023253 MAR/2005

DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

2. The state of incorporation is SD

3. The name of the registered agent in South Dakota and the registered office address is _____

David Huffman PO Box 217 Selby SD 57472

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

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

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 261. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

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

Dated 4-26-06

Janja Huffman
(Signature)

Sec. Treas

(Title)

250 1850

2000

1000

2000

3000

250 1849 06/30/2006

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED FILE DATE 06/12/06
RECEIPT NO. 1568403
RECEIVED
SD. SEC. OF STATE JUN 12 '06

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



* D F 0 2 3 2 5 3 *
DF023253 MAR/2005
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

S.D. SEC. OF STATE Telephone # _____
FAX # _____

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

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

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

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

2. The address of the principal office PO Box 217 Selby 3607 2nd Ave Selby SD 57472

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
David M Huffman	President	3607 2nd Ave	Selby	SD	57472
Jack Huffman	Vice President	320 Tower St	"	"	
Tanya L Huffman	Secretary	3607 2nd Ave	Selby	SD	57472
"	Treasurer	"	"	"	

SD law requires at least one director.

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

Director _____
Director _____

4. Provide a brief description of the nature of the business Farming / Ranching

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
10,000 10,000	C	

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
261	C	

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

Dated 4-26-06

Tanya Huffman
Signature

Tanya Huffman
Printed Name

Secretary - Treasurer
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)

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE

3/29/07

RECEIVED

MAR 29 2007

S.D. SEC. OF STATE

1. Corporate name and address:



* D F O 2 3 2 5 3 *
DF023253 MAR/2006

DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

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

2. The state of incorporation is SD

3. The name of the registered agent in South Dakota and the registered office address is _____

David Huffman, PO Box 217, Selby SD 57472

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

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

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 261. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

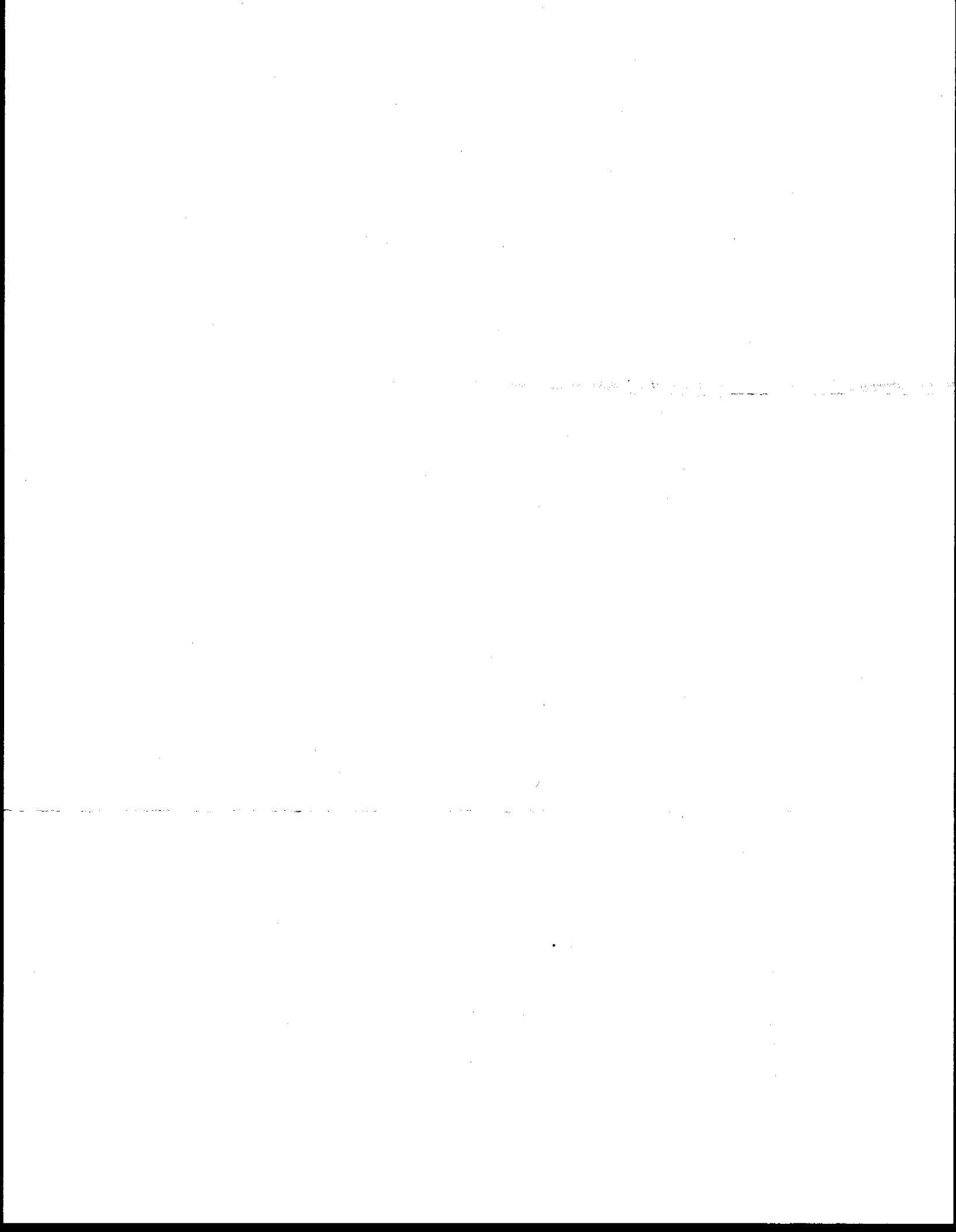
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 3-27-07

David Huffman
(Signature)

Secretary - Treasurer
(Title)

260 2580



**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)

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 04/02/08
RECEIPT NO. 1183152
RECEIVED
APR 02 2008
S.D. SEC. OF STATE

275 0673

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



DF023253 MAR/2007
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

Telephone # _____
FAX # _____

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

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

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

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

2. The address of the principal office PO Box 217, 3607 2nd Ave, Selby SD 57472

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
David M Huffman	President	3607 2nd Ave	Selby	SD	57472
Nathan D Huffman	Vice President	13745 312th Ave	Selby	SD	57472
Tanya L Huffman	Secretary	3607 2nd Ave	Selby	SD	57472
" "	Treasurer	" "	" "	" "	" "

SD law requires at least one director.

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

Director _____
Director _____

4. Provide a brief description of the nature of the business Farming / Ranching

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
1000	C	

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
261	C	

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

Dated March 29, 2008

Tanya Huffman
Signature

Tanya Huffman
Printed Name

Secretary - Treasurer
Title

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

File Date _____
Receipt No. _____

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

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

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

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 04/02/08

RECEIVED

APR 02 2008

S.D. SEC. OF STATE

275 0674

1. Corporate name and address:



* D F O 2 3 2 5 3 *
DF023253 MAR/2007
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

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

2. The state of incorporation is SD

3. The name of the registered agent in South Dakota and the registered office address is _____

David Huffman, PO Box 217, Selby SD 57472

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

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

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 261. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

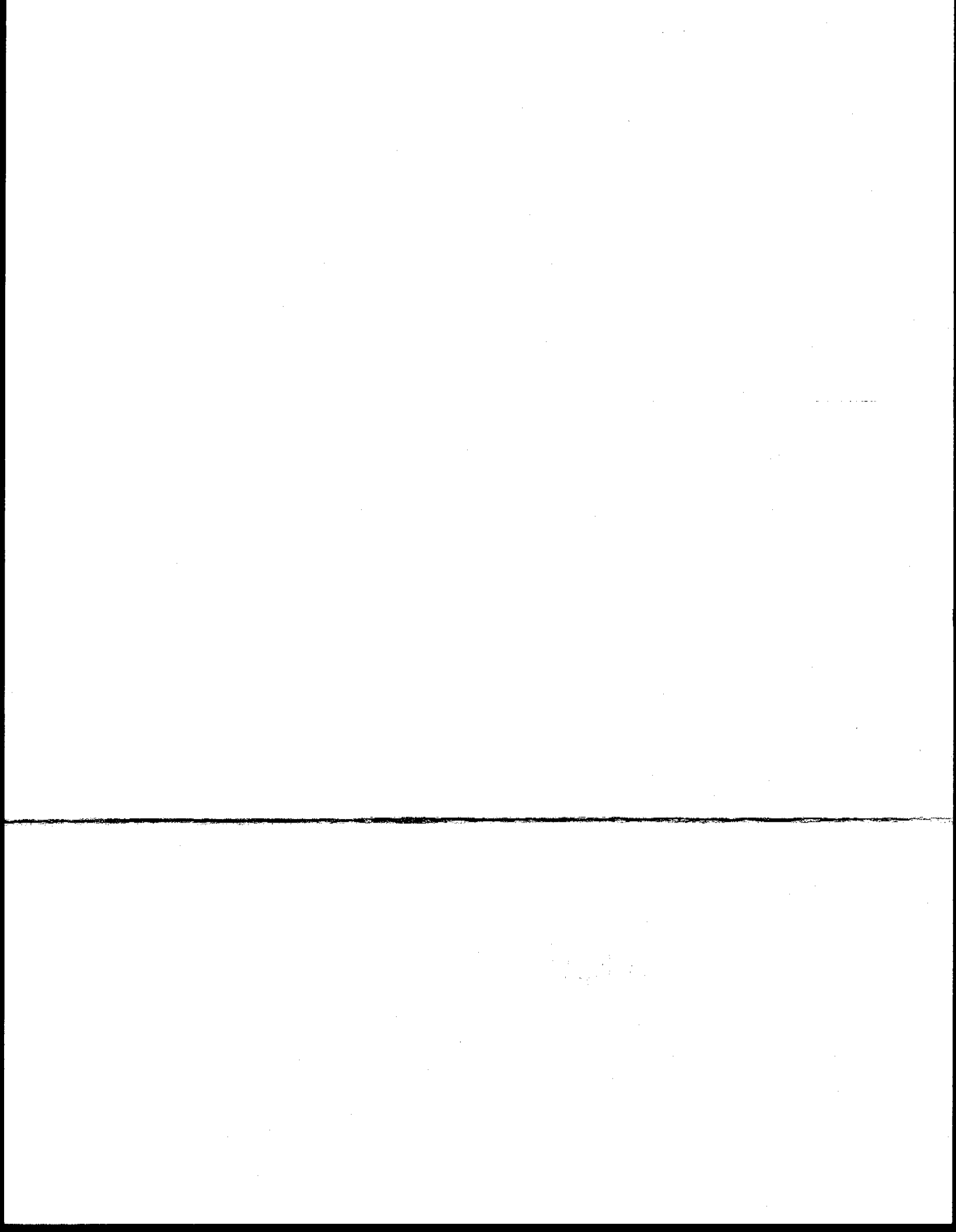
DEGREE OF KINDRED

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

Dated March 29, 2008

David Huffman
(Signature)

Secretary - Treasurer
(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: \$30 Make check payable to SECRETARY OF STATE

RECEIVED

FILE DATE 06/04/09
RECEIPT NO 1920419

JUN 04 2009
S.D. SEC. OF STATE
RECEIVED

RECEIVED
APR 01 2009

APR 30 2009

S.D. SEC. OF STATE

S.D. SEC. OF STATE
RECEIVED

MAY 27 2009

S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent Name and Address:



DF023253 MAR/2008
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

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

3607 2nd Ave Selby SD 57472
Street Address City State ZIP+4
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

David Huffman

SE Address Same
Street Address (Required to be a South Dakota Address) City State ZIP+4
3607 2nd Ave Selby SD 57472
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4
* Street Address = 3607 2nd Ave SELBY SD 57472

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.

David Huffman 3607 2nd Ave Selby SD 57472
President Street Address City State ZIP+4
Nathan D Huffman 13745 312th Ave Selby SD 57472
Vice President Street Address City State ZIP+4
Tanya L Huffman 3607 2nd Ave Selby SD 57472
Secretary Street Address City State ZIP+4
David M Huffman See above
Treasurer Street Address City State ZIP+4
Director Street Address City State ZIP+4
Tanya L Huffman
Director Street Address City State ZIP+4

Dated March 29, 2009

Tanya Huffman
(Signature of an authorized officer)
Tanya Huffman
(Printed Name)
Sec - Treas
(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)

2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to SECRETARY OF STATE

RECEIVED JUN 04 2009 S.D. SEC. OF STATE RECEIVED APR 01 2009 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF023253 MAR/2008
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

RECEIVED MAY 27 2009 S.D. SEC. OF STATE
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.

3607 2nd Ave Selby SD 57472
Street Address City State ZIP+4
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent David Huffman

SE Address Same
Street Address (Required to be a South Dakota Address) City State ZIP+4
3607 2nd Ave Selby SD 57472
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4
* Street Address = 3607 2nd Ave SELBY SD 57472

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.

David Huffman 3607 2nd Ave Selby SD 57472
President Street Address City State ZIP+4
Nathan D Huffman 13745 312th Ave Selby SD 57472
Vice President Street Address City State ZIP+4
Tanya L Huffman 3607 2nd Ave Selby SD 57472
Secretary Street Address City State ZIP+4
David M Huffman See above
Treasurer Street Address City State ZIP+4
Tanya L Huffman
Director Street Address City State ZIP+4
Tanya L Huffman
Director Street Address City State ZIP+4

Dated March 29, 2009

Tanya Huffman
(Signature of an authorized officer)
Tanya Huffman
(Printed Name)
Sec - Treas
(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)

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly in Ink

No Filing Fee

RECEIVED

APR 30 2009

S.D. SEC. OF STATE

RECEIVED

MAY 27 2009

S.D. SEC. OF STATE

FILE DATE 06/04/09

RECEIPT NO _____

RECEIVED

JUN 04 2009

S.D. SEC. OF STATE

S.D. SEC. OF STATE

Telephone # _____

FAX # _____

FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:



* D F 0 2 3 2 5 3 *
DF023253 MAR/2008
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
BOX 217
SELBY SD 57472-0217

2. The name of the South Dakota Registered Agent David Huffman

3607 2nd Ave Selby SD 57472
Street Address (Required to be a South Dakota Address) City State ZIP+4

~~Selby~~ PO BOX 217 Selby SD 57472
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>261</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

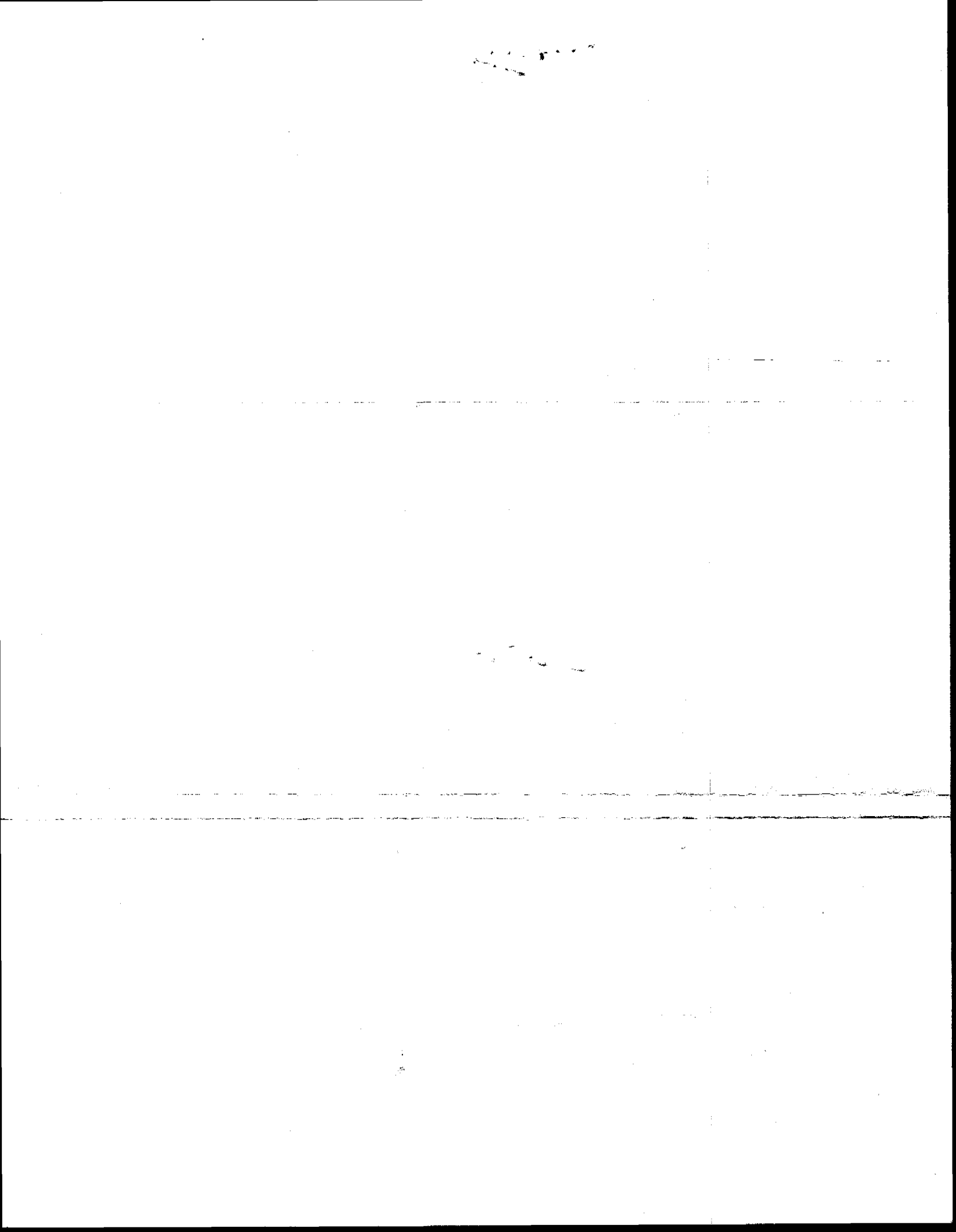
5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred

Dated 3-29-2009

Tanya Huffman
(Signature of an authorized officer)
Tanya Huffman
(Printed Name)
Secretary - Treasurer
(Title)

292 0021



310 0011 08/31/2010

2010

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly In Ink

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

FILE DATE 08/30/10
RECEIPT NO 2062205
RECEIVED
AUG 30 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF023253 MAR/2009
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
PO BOX 217
SELBY SD 57472-0217

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.

3607 2nd Ave Selby SD 57472-0217
Street Address City State ZIP+4
PO Box 217 Selby SD 57472-0217
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

David Huffman
3607 2nd Ave Selby SD 57472
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 217 Selby SD 57472
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.

David M Huffman 3607 2nd Ave Selby SD 57472-0217
President Street Address City State ZIP+4
Tanya L Huffman 3607 2nd Ave Selby SD 57472-0217
Secretary Street Address City State ZIP+4
Nathan D Huffman 13745 312th Ave Selby SD 57472
Director Street Address City State ZIP+4

Dated Aug 26, 2010

Tanya L Huffman
(Signature of an authorized officer)
Tanya L Huffman
(Printed Name)
Sec-Treas
(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)

310 0012 08/31/2010

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

ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink
No Filing Fee

FILE DATE	<u>08/30/10</u>
RECEIVED	
AUG 30 2010	
S.D. SEC. OF STATE	

1. Corporate ID, Name and Address:



DF023253 MAR/2009
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
PO BOX 217
SELBY SD 57472-0217

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

2. The name of the South Dakota Registered Agent David M Huffman

3607 2nd Ave Selby SD 57472-0217
 Street Address (Required to be a South Dakota Address) City State ZIP+4

PO BOX 217 Selby SD 57472-0217
 Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>261</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>30</u> %

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

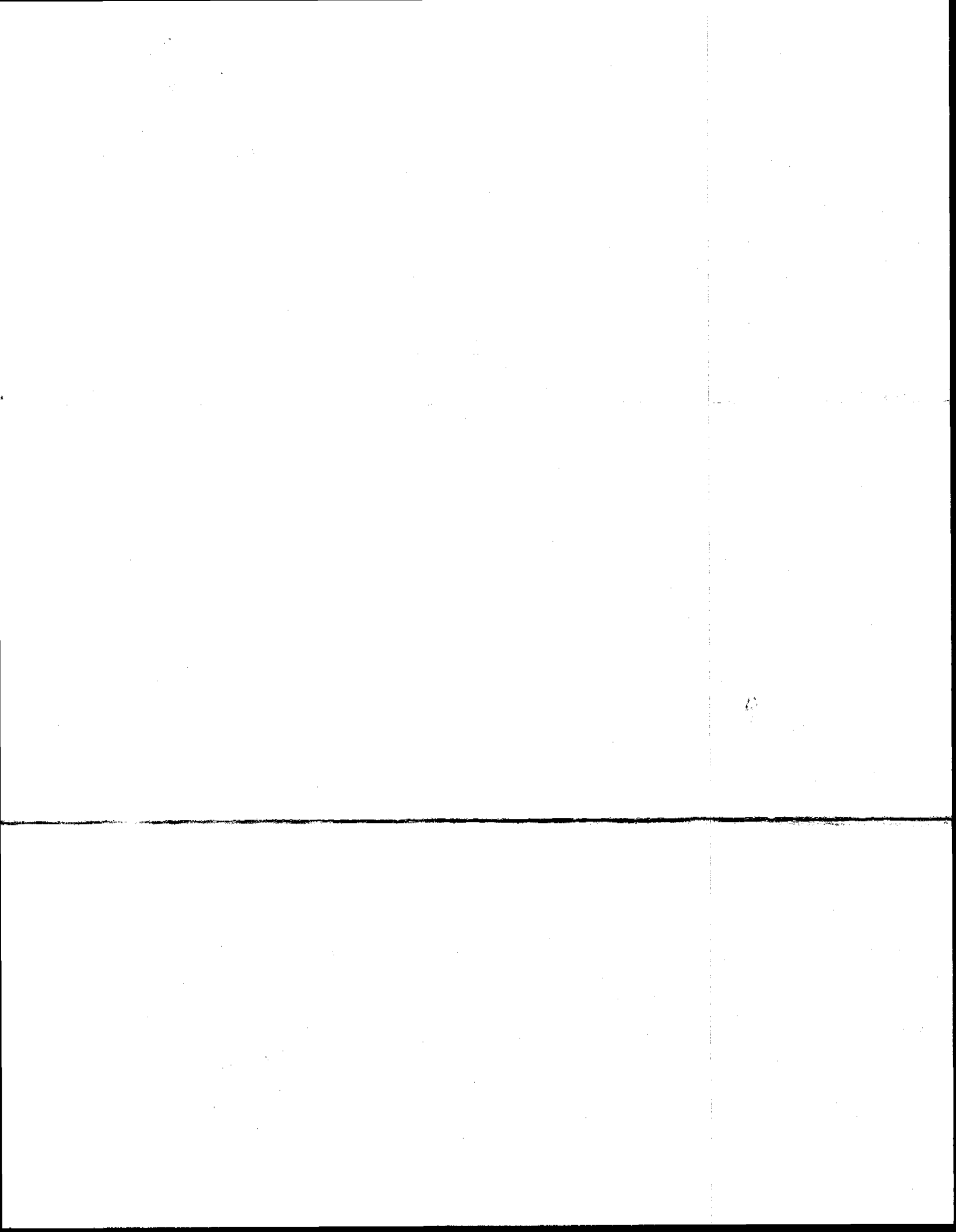
Name	Address	City	State	Zip	Shares	Kindred

Dated Aug 26, 2010

Tanya L Huffman
 (Signature of an authorized officer)

Tanya L Huffman
 (Printed Name)

Sec - Treas
 (Title)



321 1151 06/29/2011

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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE	_____
RECEIPT NO	2158351
RECEIVED	
MAY 27 2011	
S.D. SEC. OF STATE	
Telephone #	_____
FAX #	_____
FILING DATE: To be filed with the Annual Report.	

1. Corporate ID, Name and Address:



* D F 0 2 3 2 5 3 *
DF023253 MAR/2010
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
PO BOX 217
SELBY SD 57472-0217

2. The name of the South Dakota Registered Agent

David M Huffman

<u>3607 2nd Ave</u>	<u>Selby</u>	<u>SD</u>	<u>57472-0217</u>
<small>Street Address or Rural Route Box Number in This State and</small>	<small>City</small>	<small>State</small>	<small>ZIP+4</small>
<u>PO Box 217</u>	<u>Selby</u>	<u>SD</u>	<u>57472-0217</u>
<small>Mailing Address in This State, if Different from Street Address</small>	<small>City</small>	<small>State</small>	<small>ZIP+4</small>

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

County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>261</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>30</u> %

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

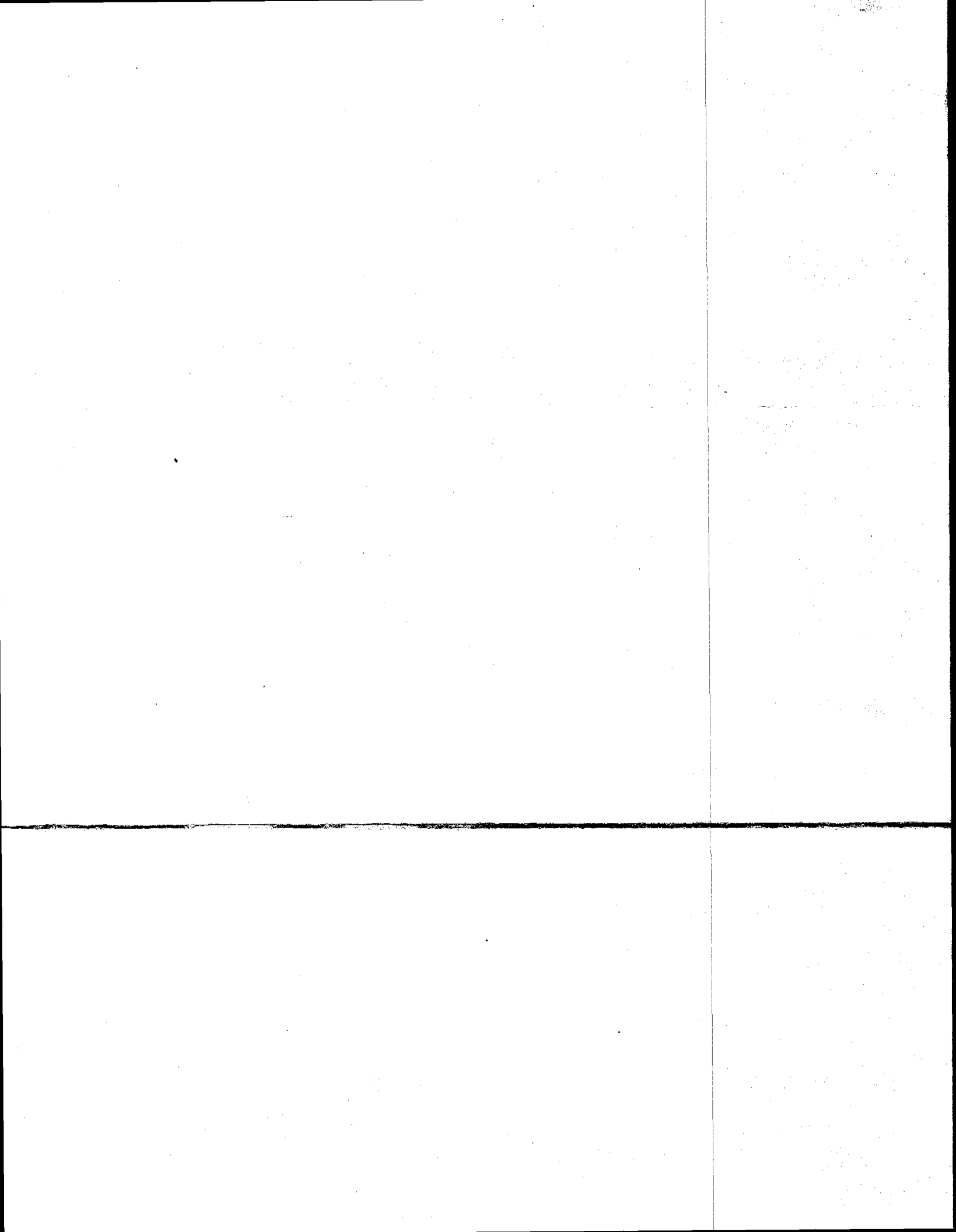
Name	Address	City	State	Zip	Shares

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

Dated 5/24/11

Tanya Huffman
(Signature of an Authorized Person)

Tanya Huffman
(Printed Name)



2011

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

ANNUAL REPORT
DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 05-27-11
RECEIVED 2188351
RECEIVED
MAY 27 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF023253
DF023253 MAR/2010
DAVID HUFFMAN FARM ENTERPRISES, INC.
HUFFMAN, DAVID M.
PO BOX 217
SELBY SD 57472-0217

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:

3607 2nd Ave Selby SD 57472
Street Address City State ZIP+4
PO Box 217 Selby SD 57472
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent David M Huffman

3607 2nd Ave Selby SD 57472-0217
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO Box 217 Selby SD 57472-0217
Mailing Address in This State, if Different from Street Address City State ZIP+4

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

David M Huffman 3607 2nd Ave Selby SD 57472-0217
President Street Address City State ZIP+4

Vice President Street Address City State ZIP+4
 Tanya L Huffman Same _____
Secretary Street Address City State ZIP+4

Treasurer Street Address City State ZIP+4
 Nathan D Huffman 13745 312th Ave Selby SD 57472-0217
Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

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

Dated 5/24/11

Tanya Huffman
(Signature of an Authorized Person)
Tanya Huffman
(Printed Name)

321 1150

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2012

Enter Filing Year

ANNUAL FARM REPORT

FILE 5/4/2012

RECEIPT NO 40090

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF023253
DAVID HUFFMAN FARM ENTERPRISES, INC.
3607 2ND AVE
SELBY, SD 57472

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

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

3607 2ND AVE	SELBY	SD	57472
Street Address	City	State	ZIP+4
PO BOX 217	SELBY	SD	57472-0217
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID M. HUFFMAN

3607 2ND AVE	SELBY	SD	57472
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 217	SELBY	SD	57472-0217
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	DAVID M HUFFMAN	PO BOX 217	SELBY	SD	57472
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NATHAN D HUFFMAN	13745 312TH AVE	SELBY	SD	57472
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	261
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

TANYA L HUFFMAN

(Printed Name)

2013

Enter Filing Year

ANNUAL FARM REPORT

FILE 5/30/2013

RECEIPT NO 119651

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF023253
DAVID HUFFMAN FARM ENTERPRISES, INC.
3607 2ND AVE
SELBY, SD 57472

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

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

3607 2ND AVE	SELBY	SD	57472
Street Address	City	State	ZIP+4
PO BOX 217	SELBY	SD	57472-0217
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID M. HUFFMAN

3607 2ND AVE	SELBY	SD	57472
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 217	SELBY	SD	57472-0217
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	DAVID M HUFFMAN	PO BOX 217	SELBY	SD	57472
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NATHAN D HUFFMAN	13745 312TH AVE	SELBY	SD	57472
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	261
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

Name	Street Address	City	State	ZIP+4	Shares
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

TANYA L HUFFMAN

(Printed Name)

2014

Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 5/7/2014

RECEIPT NO 199225

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF023253
DAVID HUFFMAN FARM ENTERPRISES, INC.
3607 2ND AVE
SELBY, SD 57472

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

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

3607 2ND AVE	SELBY	SD	57472
Street Address	City	State	ZIP+4
PO BOX 217	SELBY	SD	57472-0217
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID M. HUFFMAN

3607 2ND AVE	SELBY	SD	57472
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 217	SELBY	SD	57472-0217
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	DAVID M HUFFMAN	PO BOX 217	SELBY	SD	57472
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NATHAN D HUFFMAN	13745 312TH AVE	SELBY	SD	57472
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	20.00 %

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

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

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

Dated 05/07/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

TANYA L HUFFMAN

(Printed Name)

2015

Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 3/24/2015

RECEIPT NO 285501

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF023253
DAVID HUFFMAN FARM ENTERPRISES, INC.
3607 2ND AVE
SELBY, SD 57472

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

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

3607 2ND AVE	SELBY	SD	57472
Street Address	City	State	ZIP+4
PO BOX 217	SELBY	SD	57472-0217
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID M. HUFFMAN

3607 2ND AVE	SELBY	SD	57472
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 217	SELBY	SD	57472-0217
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	DAVID M HUFFMAN	PO BOX 217	SELBY	SD	57472
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Treasurer	Street Address	City	State	ZIP+4
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	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	20.00 %

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

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

Dated 03/24/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

TANYA L HUFFMAN

(Printed Name)

2016

ANNUAL FARM REPORT

FILE DATE 3/17/2016

Enter Filing Year

Corporation

RECEIPT NO 394982

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:

DF023253

Enter Corporate ID

DAVID HUFFMAN FARM ENTERPRISES, 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).

3607 2ND AVE

SELBY

SD

57472

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

PO BOX 217

SELBY

SD

57472-0217

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DAVID M. HUFFMAN

3607 2ND AVE

SELBY

SD

57472

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

PO BOX 217

SELBY

SD

57472-0217

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

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<input checked="" type="checkbox"/>	DAVID M HUFFMAN	PO BOX 217	SELBY	SD	57472
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	TANYA L HUFFMAN	PO BOX 217	SELBY	SD	57472
	Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	NATHAN D HUFFMAN	13745 312TH AVE	SELBY	SD	57472
	Director	Actual Street Address	City	State	ZIP+4

Director Actual Street Address City State ZIP+4

NATHAN D HUFFMAN 13745 312TH AVE SELBY SD 57472
 Vice President Actual Street Address City State ZIP+4

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

7. Please complete the appropriate section:

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

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

Name Actual Street Address City State ZIP+4 Shares

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

Dated 03/17/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

TANYA L HUFFMAN

(Printed Name)