

Receipt Number: 1345436

File Number **DL007710**



ARTICLES_OF_ORGANIZATION

For

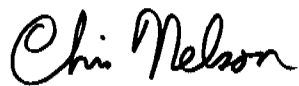
KAITFORS FAMILY LLC

Filed at the request of:

**NICHOLE O'BRIEN
BENNETT MAIN & GUBBRUD
618 STATE STREET
BELLE FOURCHE SD 57717**

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

Filed in the office of the Secretary of State on: **Wednesday, August 04, 2004**



Secretary of State

Fee Received: \$125.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

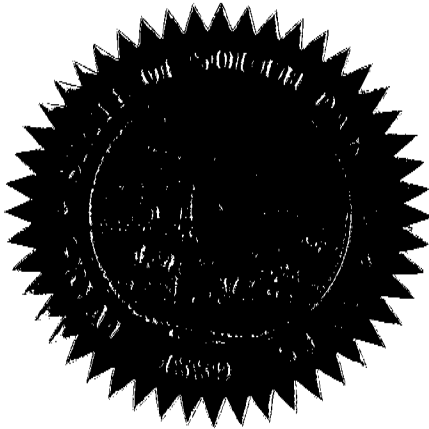
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL007710

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this August 4, 2004.



Chris Nelson
Chris Nelson
Secretary of State

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

ARTICLES OF ORGANIZATION
OF A
DOMESTIC LIMITED LIABILITY COMPANY

RECEIVED

AUG 04 '04

S.D. SEC. of STATE

333 3557

1. The name of the Limited Liability Company is: KAITFORS FAMILY LLC

2. The duration of the company if other than perpetual is: N/A

3. The address of the initial designated office is: HC 4, BOX 15
RALPH, SD 57650

Filed this 4th day of Aug. 2004
Ch. Nelson
SECRETARY OF STATE

4. The name and street address of the initial agent for service of process is: _____
MICHAEL B. KAITFORS, 2025 PARK PLACE, SPEARFISH, SD 57783

5. The name and address of each organizer:

MICHAEL B. KAITFORS
2025 PARK PLACE
SPEARFISH, SD 57783

6. If the company is to be a manager-managed company rather than a member-managed company, the name and address of each initial manager is:

N/A

7. Whether one or more of the members of the company are to be liable for its debts and obligations under SDCL 47-34A-303 (c).
NONE OF THE MEMBERS SHALL BE LIABLE FOR THE DEBTS OR OBLIGATIONS OF THE COMPANY UNDER SDCL 47-34A-303(c).

8. Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization.

The Articles of Organization must be signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date: 8-3-04

Michael B. Kaitfors
(Signature and Title)
Michael B. Kaitfors, Organizer

(Signature and Title)

(Signature and Title)

FILING INSTRUCTIONS:

- One or more persons may organize a Limited Liability Company
- The articles must be accompanied by the first Annual Report
- One original and one exact or conformed copy must be submitted

DL 7710
artorg.pdf

333 3558 08/04/2004

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

**FIRST ANNUAL REPORT
OF A
LIMITED LIABILITY COMPANY**

RECEIVED

AUG 04 '04

S.D. SEC. of STATE

1. The name of the Limited Liability Company is:

KAITFORS FAMILY LLC

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

**MICHAEL B. KAITFORS. REGISTERED AGENT
REGISTERED OFFICE: 2025 PARK PLACE, SPEARFISH, SD 57783**

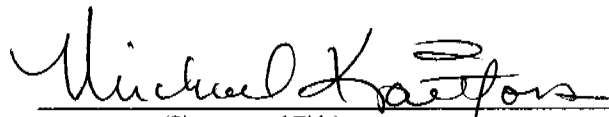
4. The address of its principal office is:

HC 4, BOX 15, RALPH, SD 57650

5. The names and business addresses of any managers:

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ ~~25000~~ ^{no more than} 25000.*

Date: 8-3-04



(Signature and Title)
MICHAEL B. KAITFORS, Organizer

* **FILING FEE: \$125**

240 2288 08/26/2005

2005

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 08/18/05
RECEIPT NO. 1408802

RECEIVED

AUG 18 '05

S.D. SEC. OF STATE

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



DL007710
DL007710 AUG/0000
KAITFORS FAMILY LLC
KAITFORS, MICHAEL B
2025 PARK PLACE
SPEARFISH SD 57783-6025

Telephone # (605) 644-1450
FAX # _____

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

Michael B Kaitfors
2025 Park Place, Spearfish, SD 57783

4. The address of its principal office is: HC4, Box 15
Ralph, SD 57783

5. The names and business addresses of any managers:

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 8-17-05

Michael Kaitfors
Signature

Michael Kaitfors
Printed Name

Organizer
Title

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

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is _____
2. The previous address of its registered office _____
_____ ZIP _____
3. The address to which the registered office is to be changed (including street address) is _____
_____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

(Signature)

(Title)

2006

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 08/02/06
RECEIPT NO. 580670

RECEIVED

AUG 02 '06

S.D. SEC. OF STATE

252 0527

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



DL007710
DL007710 AUG/2005
KAITFORS FAMILY LLC
KAITFORS, MICHAEL B
2025 PARK PLACE
SPEARFISH SD 57783-6025

Telephone # 605-722-2124
FAX # _____

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

Raymond L. Kaitfors Jr.
909 Arthur P.O. Box 72 Whitewood SD 57793

4. The address of its principal office is:

HC 4 Box 15 Ralph SD 57783

5. The names and business addresses of any managers:

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 7/31/06

Raymond L. Kaitfors Jr.
Signature

Raymond L. Kaitfors Jr.
Printed Name

manager
Title

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

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is Kaitfors Family LLC
2. The previous address of its registered office Same

ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

ZIP _____

4. The name of its previous registered agent is Michael B. Kaitfors

5. The name of its successor registered agent is Raymond L. Kaitfors Jr.

***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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date 7/31/06

Raymond L. Kaitfors Jr.
(Signature)
Raymond L. Kaitfors Jr.
(Printed Name)
manager
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Raymond L. Kaitfors Jr., hereby give my consent to serve as the
(name of registered agent)
registered agent for Kaitfors Family LLC
(limited liability company name)

Dated 7/31/06

Raymond L. Kaitfors Jr.
(signature)

2007

ANNUAL REPORT

RECEIVED

FILE DATE 09/26/07
RECEIPT NO. 1719368

SEP 26 2007

RECEIVED

SEP 18 2007

S.D. SEC. OF STATE

S.D. SEC. OF STATE

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$50 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

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



DL007710
DL007710 AUG/2006
KAITFORS FAMILY LLC
KAITFORS JR, RAYMOND L
2025 PARK PLACE
SPEARFISH SD 57783-6025

Telephone # 605-722-2124
FAX #

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

2. The state or country under whose law it is organized is: Harding County

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
P.O. Box 72 909 Arthur Street Whitewood S.D. 57793
Raymond L. Kaitfors Jr.

4. The address of its principal office is: Same

5. The names and business addresses of any managers:

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 9/17/07

Raymond L. Kaitfors Jr.
Signature
Raymond L. Kaitfors Jr.
Printed Name
Manager
Title

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

Revised 7/05 DBLLCAR.DOC

267 2611

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

FILING FEE: \$10

The undersigned Limited Liability Company 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 limited liability company is Kaitfors Family LLC
2. The previous address of its registered office 2025 Park Place
Spearfish SD 57783 ZIP 57783
3. The address to which the registered office is to be changed (including street address) is 909 Arthur
P.O. Box 72 Whitewood SD ZIP 57793
4. The name of its previous registered agent is Raymond L. Kaitfors Jr.
5. The name of its successor registered agent is Same

***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. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date 9/24/07

Raymond L. Kaitfors Jr.
(Signature)
Raymond L. Kaitfors Jr.
(Printed Name)
manager
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ (signature)

2008

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 08/20/08
RECEIPT NO 1825973
RECEIVED
AUG 20 2008
S.D. SEC. OF STATE

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



DL007710
DL007710 AUG/2007
KAITFORS FAMILY LLC
KAITFORS JR, RAYMOND L
909 ARTHUR
PO BOX 72
WHITEWOOD SD 57793-6025

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

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

Street Address: HC 4 BOX 15 City: Ralph State: SD ZIP+4: 57650-0015
Mailing Address (Optional): HC 4 BOX 15 City: Ralph State: SD ZIP+4: 57650-0015

3. The name of the South Dakota Registered Agent Raymond L. Kaitfors Jr.

Street Address (Required to be a South Dakota Address): 909 Arthur City: Whitewood State: S.D. ZIP+4: 57793-0072
Mailing Address (Optional - Required to be a South Dakota Address): P.O. Box 72 City: Whitewood State: S.D. ZIP+4: 57793-0072

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

Manager	Street Address	City	State	ZIP+4

Dated 8/18/08

Raymond L. Kaitfors Jr.
(Signature of an Authorized Manager or Member)
Raymond L. Kaitfors Jr.
(Printed Name)
Manager
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2008

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 08/20/08
RECEIPT NO 1825973
RECEIVED
AUG 20 2008
S.D. SEC. OF STATE

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



DL007710
DL007710 AUG/2007
KAITFORS FAMILY LLC
KAITFORS JR, RAYMOND L
909 ARTHUR
PO BOX 72
WHITEWOOD SD 57793-6025

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

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

Street Address: HC 4 BOX 15 City: Ralph State: SD ZIP+4: 57650-0015
Mailing Address (Optional): HC 4 BOX 15 City: Ralph State: SD ZIP+4: 57650-0015

3. The name of the South Dakota Registered Agent Raymond L. Kaitfors Jr.

Street Address (Required to be a South Dakota Address): 909 Arthur City: Whitewood State: S.D. ZIP+4: 57793-0072
Mailing Address (Optional - Required to be a South Dakota Address): P.O. Box 72 City: Whitewood State: S.D. ZIP+4: 57793-0072

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

Manager	Street Address	City	State	ZIP+4

Dated 8/18/08

Raymond L. Kaitfors Jr.
(Signature of an Authorized Manager or Member)
Raymond L. Kaitfors Jr.
(Printed Name)
Manager
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2009

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 08/17/09
RECEIPT NO 1941401
RECEIVED
AUG 11 2009
S.D. SEC. OF STATE

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

RECEIVED
AUG 17 2009

S.D. SEC. OF STATE



DL007710
DL007710 AUG/2008
KAITFORS FAMILY LLC
KAITFORS JR, RAYMOND L
PO BOX 72
WHITEWOOD SD 57793-0072

Telephone # 605-722-2124
FAX # _____
FILING DATE: Due during the month
the Certificate of Organization was
issued, and delinquent after the last
day of the following month.

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

Street Address HC 4 P.O. BOX 15 City Ralph State SD ZIP+4 57650-0015
Mailing Address (Optional)

3. The name of the South Dakota Registered Agent Raymond L. Kaitfors Jr.
909 ARTHUR STREET City Whitewood State SD ZIP+4 57793-0072
Street Address (Required to be a South Dakota Address)

P.O. BOX 72 City Whitewood State SD ZIP+4 57793-0072
Mailing Address (Optional - Required to be a South Dakota Address)

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

Manager Raymond L. Kaitfors, Jr. Street Address PO Box 72 City Whitewood State SD ZIP+4 57793-0072

Manager _____ Street Address _____ City _____ State _____ ZIP+4 _____

Manager _____ Street Address _____ City _____ State _____ ZIP+4 _____

Dated 8/9/09

Raymond L. Kaitfors Jr.
(Signature of any Authorized Manager or Member)
Raymond L. Kaitfors Jr.
(Printed Name)
manager
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

310 0019 08/31/2010

2010

ANNUAL REPORT DOMESTIC L.L.C.

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

Please Type or Print Clearly in Ink

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

RECEIVED AUG 30 2010 S.D. SEC. OF STATE RECEIVED AUG 24 2010 S.D. SEC. OF STATE FILE DATE 08/30/10 RECEIPT NO 202180

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



DL007710 AUG/2009 KAITFORS FAMILY LLC KAITFORS JR, RAYMOND L PO BOX 72 WHITEWOOD SD 57793-0072

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

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

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

Street Address Mailing Address (Optional) HC 4 P.O. Box 15 City: Rapid State: SD ZIP+4: 57650-0015

4. The name of the South Dakota Registered Agent

Raymond L. Kaitfors Jr. 909 Arthur Street Whitewood SD 57793-0072 P.O. Box 72 Whitewood SD 57793-0072

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

Raymond L. Kaitfors Jr. P.O. Box 72 Whitewood SD 57793-0072

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Includes empty rows for additional managers.

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

Dated 8/23/10

Signature of an Authorized Person: Raymond L. Kaitfors Jr. (Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

909 Arthur	Whitewood	SD	57793-0072
Street Address (Required)	City	State	ZIP+4
P.O. BOX 72	Whitewood	SD	57793-0072
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.

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)

324 2037 08/11/2011

2011

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	8/11/11
RECEIPT NO	2176524
RECEIVED	
AUG 11 2011	
S.D. SEC. OF STATE	

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



DL007710 08/01/2010
KAITFORS FAMILY LLC
KAITFORS JR, RAYMOND L
PO BOX 72
WHITEWOOD SD 57793-0072

Telephone #	_____
-------------	-------

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

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

Street Address	City	State	ZIP+4
H C 4 P.O. BOX 15	Ralph	SD	57650-0015
Mailing Address	City	State	ZIP+4

Email Address _____

4. The name of the South Dakota Registered Agent Raymond L. Kaitfors Jr.

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
909 Arthur P.O. Box 72	Whitewood	SD	57793-0072
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

Email Address _____

5. If member-managed, do not complete. If manager-managed, please complete.

Manager	Street Address	City	State	ZIP+4

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

Dated 8/9/2011

Email _____

Raymond L. Kaitfors Jr.
(Signature of an Authorized Person)

Raymond L. Kaitfors Jr.
(Printed Name)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

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

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

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

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

Street Address (Required) City State ZIP+4

Mailing Address City State ZIP+4

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

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

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

Email Address

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

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

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 8/16/2012

RECEIPT NO 58494

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL007710
KAITFORS FAMILY LLC
HC 4 BOX 15
RALPH, SD 57650-8809

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

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

HC 4 BOX 15	RALPH	SD	57650-8809
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: RAYMOND L KAITFORS JR

909 ARTHUR	WHITEWOOD	SD	57793-3045
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

PO BOX 72	WHITEWOOD	SD	57793-0072
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4

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

Date 08/16/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

RAYMOND L KAITFORS JR.

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 7/28/2013

RECEIPT NO 131075

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL007710
KAITFORS FAMILY LLC
HC 4 BOX 15
RALPH, SD 57650-8809

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

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

HC 4 BOX 15 RALPH SD 57650-8809
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RAYMOND L KAITFORS JR

909 ARTHUR WHITEWOOD SD 57793-3045
Street Address or Rural Route Box Number in This State and City State ZIP+4

PO BOX 72 WHITEWOOD SD 57793-0072
Mailing Address in This State, if Different from Street Address City State ZIP+4

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

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Contains three rows of manager information, all with empty input boxes.

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

Date 07/28/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

RAYMOND L KAITFORS JR

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 8/30/2014

RECEIPT NO 228068

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:
DL007710
KAITFORS FAMILY LLC
HC 4 BOX 15
RALPH, SD 57650-8809

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

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

HC 4 BOX 15 RALPH SD 57650-8809
Street Address City State ZIP+4
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RAYMOND L KAITFORS JR
909 ARTHUR WHITEWOOD SD 57793-3045
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 72 WHITEWOOD SD 57793-0072
Mailing Address in This State, if Different from Street Address City State ZIP+4

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

Manager Street Address City State ZIP+4
Manager Street Address City State ZIP+4
Manager Street Address City State ZIP+4

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

Dated 08/30/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
RAYMOND LEROY KAITFORS JR
(Printed Name)

2015

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

Enter Filing Year

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

Please Type or Print Clearly In Ink

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

FILE DATE 8/26/2015

RECEIPT NO 329702

Telephone #

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

DL007710

KAITFORS FAMILY LLC

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

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

HC 4 BOX 15	RALPH	SD	57650-8809
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

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

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: RAYMOND L KAITFORS JR

909 ARTHUR	WHITEWOOD	SD	57793-3045
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

PO BOX 72	WHITEWOOD	SD	57793-0072
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

Email Address (Optional)

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

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

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

Dated 08/26/2015

Email (Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

RAYMOND L KAITFORS

(Printed Name)

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

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 8/23/2016

RECEIPT NO 449060

1. LLC ID and Name:

DL007710

Enter LLC ID

KAITFORS FAMILY LLC

Enter LLC Name

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

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

HC 4 BOX 15	RALPH	SD	57650-8809
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: RAYMOND L KAITFORS JR

909 ARTHUR	WHITEWOOD	SD	57793-3045
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

PO BOX 72	WHITEWOOD	SD	57793-0072
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

<input type="checkbox"/>	Manager	Actual Street Address	City	State	ZIP+4
--------------------------	---------	-----------------------	------	-------	-------

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)
RAYMOND L KAITFORS JR

(Printed Name)

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

8/23/2016 6:36:32 PM