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

9 3 0 1993 6 8 1 9 1 9

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 3-26-93
RECEIPT NO. 301621
RECEIVED
MAR 26 1993
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-000490 APR/90
SUNNYCREST VILLAGE
CULBERT, RICHARD
3900 S. TERRY AVE.
SIOUX FALLS, SD 57106-1578

Day Time Phone # 361-1422
Federal Identification # [redacted]

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is renting apartments to persons aged 62 and older

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ 3,342,682.00
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Elton Byrne	President	711 S. Summit Ave.	Sioux Falls	SD	57104
Dale Jans	Vice President	Jans Corporation, 521 N. Kiwanis, Sioux F,		SD	57104
Richard Cutler	Secretary	513 S. Main Ave.	Sioux Falls,	SD	57102
Robert Baker	Treasurer	100 S. Phillips Ave.	Sioux Falls,	SD	57101

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
all of the above Richard Culbert	Director	in addition to: Rt. 5 Box 1201	Sioux Falls,	SD	57106
	Director				
Fahy, Robert.	Director	3404 East 24th	Sioux Falls,	SD	57103

see attached listing

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

Dated March 25 19 93

By Richard A. Cutler
(Signature)

Its Secretary
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF MINNEHAHA ss

I, Jacquelin A. Farms, a notary public, do hereby certify that on this 25th day of March 1993 personally appeared before me Richard A. Cutler who, being by me first duly sworn, declared that he/she is the Secretary of Sunnycrest Village that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires April 22, 1999

Jacquelin A. Farms
Notary Public

(Notarial Seal)

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

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

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

3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor (current) registered agent is * _____
   * The Consent of Registered Agent below must be completed by the 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 a vice president 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)

9 3 0 7 1 6 6 1 9 1 9

SUNNYCREST VILLAGE, INC.

PHONE 361-1422
3900 S. TERRY AVENUE
SIOUX FALLS, SOUTH DAKOTA 57106

MARCH - 1993 LISTING OF THE BOARD OF DIRECTORS

Baker, Robert	FNB, 100 S. Phillips Ave. 57101	W-335-5131
	716 Tomar Court 57105	H-338-8875
Byre, Elton.	711 S. Summit Ave., 57104	338-7347
Culbert, Richard.	Rt. 5 Box 1201, 57106.	361-0371
Cutler, Richard	513 S. Main Ave., 57101-1030	W-336-2880
	2900 S. 4th Ave., 57105.	H-334-5416
Fahy, Robert.	Argus Leader, 200 S. Minnesota, 57102	W-331-2362
	3404 East 24th , 57103	H-339-4367
Flint, Robert	2708 South 9th Ave. 57105.	336-9602
Fritzemeier, Mim.	3309 S. Poplar Drive, 57105.	338-1500
Grinager, Dorothy.	112 West 17th St. #15, 57104	334-8650
Holland, William.	1605 Doodler Drive, 57103	336-9081
Jans, Dale	Jans Corp. 521 N. Kiwanis, 57104.	W-331-5267
	4005 Woodwind Lane, 57103	H-334-7636
Johnson, Louise.	316 S. Mable, 57103	338-0897
Kor, Henry	2609 S. Holly Ave. 57105.	W-334-5248
	same	H-334-5249
Luke, Donna	2804 Costello Rd., 57105.	336-2134
Millard, Kent	FUMC, 401 S. Spring Ave., 57104.	W-336-3652
	1706 S. Norton Ave., 57105	H-334-1059
Ortman, Erv.	3001 West 33rd St. #202, 57105.	H-339-9461
	Ortman Clinic, Canistota SD 57012	W- 1-296-3431
Scott, Lorna.	Rt. 1, Box 39, Hills, MN. 56138.	757-6652
Thomas, Mel	2805 S. Garfield, 57105.	W-333-6836
		H-336-0295
Vessey, Robert.	100 West 17th St. #13, 57104.	336-6187
Wahlstrom, Mark	Western Bank, 100 N. Phillips, 57101.	W-335-5645
	1721 Tahoe Trail, 57103.	H-339-9984

President: Elton Byre
Vice-pres. Dale Jans
Treasurer Robert Baker
Secretary Richard Cutler

STAFF: Administrator: Charlotte Peters, 5401 W. 56 St.,#27 W-361-1422
H-361-7312

Secretary: Faye Gallagher
Caretaker: Derrol Pasco
Caretaker: Elmer Weibel (part-time)

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

9 3 0 1 9 9 3 6 8 1 9 1 9

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 3-26-93
RECEIPT NO. 301621
RECEIVED
MAR 26 1993
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-000490 APR/90
SUNNYCREST VILLAGE
CULBERT, RICHARD
3900 S. TERRY AVE.
SIOUX FALLS, SD 57106-1578

Day Time Phone # 361-1422

Federal Identification # _

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is renting apartments to persons aged 62 and older

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ 3,342,682.00
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Elton Byrne	President	711 S. Summit Ave.	Sioux Falls	SD	57104
Dale Jans	Vice President	Jans Corporation, 521 N. Kiwanis, Sioux F,		SD	57104
Richard Cutler	Secretary	513 S. Main Ave.	Sioux Falls,	SD	57102
Robert Baker	Treasurer	100 S. Phillips Ave.	Sioux Falls,	SD	57101

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
all of the above Richard Culbert	Director	in addition to: Rt. 5 Box 1201	Sioux Falls,	SD	57106
	Director				
Fahy, Robert.	Director	3404 East 24th	Sioux Falls,	SD	57103

see attached listing

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

Dated March 25 19 93

By Richard A. Cutler
(Signature)

Its Secretary
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF MINNEHAHA ss

I, Jacquelin A. Farms, a notary public, do hereby certify that on this 25th day of March 1993 personally appeared before me Richard A. Cutler who, being by me first duly sworn, declared that he/she is the Secretary of Sunnycrest Village that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires April 22, 1999

Jacquelin A. Farms
Notary Public

(Notarial Seal)

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

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

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

3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor (current) registered agent is * _____
   * The Consent of Registered Agent below must be completed by the 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 a vice president 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)

9 3 0 7 1 6 6 1 9 1 9

SUNNYCREST VILLAGE, INC.

PHONE 361-1422
3900 S. TERRY AVENUE
SIOUX FALLS, SOUTH DAKOTA 57106

MARCH - 1993 LISTING OF THE BOARD OF DIRECTORS

Baker, Robert	FNB, 100 S. Phillips Ave. 57101	W-335-5131
	716 Tomar Court 57105	H-338-8875
Byre, Elton.	711 S. Summit Ave., 57104	338-7347
Culbert, Richard.	Rt. 5 Box 1201, 57106.	361-0371
Cutler, Richard	513 S. Main Ave., 57101-1030	W-336-2880
	2900 S. 4th Ave., 57105.	H-334-5416
Fahy, Robert.	Argus Leader, 200 S. Minnesota, 57102	W-331-2362
	3404 East 24th , 57103	H-339-4367
Flint, Robert	2708 South 9th Ave. 57105.	336-9602
Fritzemeier, Mim.	3309 S. Poplar Drive, 57105.	338-1500
Grinager, Dorothy.	112 West 17th St. #15, 57104	334-8650
Holland, William.	1605 Doodler Drive, 57103	336-9081
Jans, Dale	Jans Corp. 521 N. Kiwanis, 57104.	W-331-5267
	4005 Woodwind Lane, 57103	H-334-7636
Johnson, Louise.	316 S. Mable, 57103	338-0897
Kor, Henry	2609 S. Holly Ave. 57105.	W-334-5248
	same	H-334-5249
Luke, Donna	2804 Costello Rd., 57105.	336-2134
Millard, Kent	FUMC, 401 S. Spring Ave., 57104.	W-336-3652
	1706 S. Norton Ave., 57105	H-334-1059
Ortman, Erv.	3001 West 33rd St. #202, 57105.	H-339-9461
	Ortman Clinic, Canistota SD 57012	W- 1-296-3431
Scott, Lorna.	Rt. 1, Box 39, Hills, MN. 56138.	757-6652
Thomas, Mel	2805 S. Garfield, 57105.	W-333-6836
		H-336-0295
Vessey, Robert.	100 West 17th St. #13, 57104.	336-6187
Wahlstrom, Mark	Western Bank, 100 N. Phillips, 57101.	W-335-5645
	1721 Tahoe Trail, 57103.	H-339-9984

President: Elton Byre
Vice-pres. Dale Jans
Treasurer Robert Baker
Secretary Richard Cutler

STAFF: Administrator: Charlotte Peters, 5401 W. 56 St.,#27 W-361-1422
H-361-7312

Secretary: Faye Gallagher
Caretaker: Derrol Pasco
Caretaker: Elmer Weibel (part-time)

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

9 3 0 1 9 3 6 3 1 9 2 0

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 3-19-93
RECEIPT NO. 300495

MAR 19 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-007557 APR/90
SUNSET SCHOOL
SVEEN, JEFFREY T.
BOX 490
500 CAPITOL BLDG.
ABERDEEN, SD 57402-0490

Day Time Phone # _____

Federal Identification #

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is

To Conduct A School

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ 0 *

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	President	RR2, Box 159	Britton	SD	57430
Danny Stahl, Sr.	Vice President	RR2, Box 159	Britton	SD	57430
Joe Waldner	Secretary	RR2, Box 159	Britton	SD	57430
Joe Waldner	Treasurer	RR2, Box 159	Britton	SD	57430

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	Director	RR2, Box 159	Britton	SD	57430
Danny Stahl, Sr.	Director	RR2, Box 159	Britton	SD	57430
Joe Waldner	Director	RR2, Box 159	Britton	SD	57430
Joe Waldner, Jr.		RR2, Box 159	Britton	SD	57430

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

Dated March 17 19 93

By Joshua Waldner
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Marshall ss

I, Mary Davidson, a notary public, do hereby certify that on this 17th day of March 19 93, personally appeared before me Joshua Waldner who, being by me first duly sworn, declared that he/she is the President of Sunset School that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 2-10-2000

Mary Davidson
Notary Public

(Notarial Seal)

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

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

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 current street address, or a statement that there is no street address, of its registered office _____ ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____
   * The Consent of Registered Agent below must be completed by the 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 a vice president 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, _____ (name of registered agent), hereby give my consent to serve as the 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

9 3 0 1 6 3 1 9 2 0

1993 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 3-19-93
RECEIPT NO. 300475

MAR 19 1993

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-007557 APR/90
SUNSET SCHOOL
SVEEN, JEFFREY T.
BOX 490
500 CAPITOL BLDG.
ABERDEEN, SD 57402-0490

Day Time Phone # _____

Federal Identification # _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is

To Conduct A School

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ -0-

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	President	RR2, Box 159	Britton	SD	57430
Danny Stahl, Sr.	Vice President	RR2, Box 159	Britton	SD	57430
Joe Waldner	Secretary	RR2, Box 159	Britton	SD	57430
Joe Waldner	Treasurer	RR2, Box 159	Britton	SD	57430

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	Director	RR2, Box 159	Britton	SD	57430
Danny Stahl, Sr.	Director	RR2, Box 159	Britton	SD	57430
Joe Waldner	Director	RR2, Box 159	Britton	SD	57430
Joe Waldner, Jr.		RR2, Box 159	Britton	SD	57430

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

Dated March 17 19 93

By Joshua Waldner
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Marshall ss

I, Mary Davidson, a notary public, do hereby certify that on this 17th day of March 19 93, personally appeared before me Joshua Waldner who, being by me first duly sworn, declared that he/she is the President of Sunset School that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 2-10-2000

Mary Davidson
Notary Public

(Notarial Seal)

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

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

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 current street address, or a statement that there is no street address, of its registered office _____ ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is _____ ZIP _____
4. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is * _____
   * The Consent of Registered Agent below must be completed by the 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 a vice president 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)

9606182-4462

1996

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 5-8-96
RECEIPT NO. 544068

RECEIVED
MAY 08 1996
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-007557 APR/93
SUNSET SCHOOL
SVEEN, JEFFREY T.
BOX 490
500 CAPITOL BLDG.
ABERDEEN SD 57402-0490

Day Time Phone # (605) 448-2168

Federal Identification # _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is conducting a school.

3. A The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ Under $3,000.00 *

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	President	RR2, Box 159	Britton	SD	57430
Daniel Stahl	Vice President	RR2, Box 159	Britton	SD	57430
Joe Waldner	Secretary	RR2, Box 159	Britton	SD	57430
Joe Waldner	Treasurer	RR2, Box 159	Britton	SD	57430

5 The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	Director	RR2, Box 159	Britton	SD	57430
Daniel Stahl	Director	RR2, Box 159	Britton	SD	57430
Joe Waldner	Director	RR2, Box 159	Britton	SD	57430
Joe Waldner		RR2, Box 159	Britton	SD	57430

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

Dated May 19 96

By Joe Waldner
(Signature) must be signed in the presence of a notary

Its Treas
(Title)

STATE OF South Dakota
COUNTY OF Day ss

I, Mary Davidson, a notary public, do hereby certify that on this 7th day of May 19 96.

personally appeared before me Joe Waldner who, being by me first duly sworn, declared that he/she is the Secretary Treasurer of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 2-16-2001

Mary Davidson
Notary Public

(Notarial Seal)

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

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

FILING FEE: * $5 In addition to annual report fee
*** No fee for postal renumbering. (must be stated on the form)**

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 registered office address: _____

   _____ ZIP_____

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. The name of its previous registered agent is _____

5. The name of its successor (current) registered agent is _____ *
   * The Consent of Registered Agent below must be completed by the new agent.

6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date _____ 19____.

_____
(signature) must be signed in the presence of a notary

_____
(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 the corporation named above, and 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)

1999

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

9908198.3238

NONPROFIT REPORT

Penalty

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 6-21-99
RECEIPT NO 004497

RECEIVED

JUN 21 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-007557 APR/96
SUNSET SCHOOL
SVEEN, JEFFREY T.
BOX 490
500 CAPITOL BLDG.
ABERDEEN, SD 57402-0490

Day Time Phone # 605-448-2168

Federal Identification # _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is to conduct a school

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ -0-
*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	President	RR 2 Box 159	Britton	SD	57430
Daniel Stahl	Vice President	RR 2 Box 159	Britton	SD	57430
Joe Waldner	Secretary	RR 2 Box 159	Britton	SD	57430
Joe Waldner	Treasurer	RR 2 Box 159	Britton	SD	57430

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
JOshua Waldner	Director	RR 2 Box 159	Britton	SD	57430
Daniel Stahl	Director	RR 2 Box 159	Britton	SD	57430
Joe Waldner	Director	RR 2 Box 159	Britton	SD	57430

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

Dated 5/17 19 99

By x Joe Waldner
(Signature) must be signed in the presence of a notary

Its Sec Treas
(Title)

STATE OF South Dakota
ss
COUNTY OF Brown

I, Jeff Sveen, a notary public, do hereby certify that on this 17 day of May 19 99 personally appeared before me Joe Waldner who, being by me first duly sworn, declared that he/she is the Sec/Treas of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 7/18/03

Notary Public

(Notarial Seal)

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

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

File Date _____
Receipt No. _____

FILING FEE: $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 (old) registered office address _____
   _____ 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 (current) 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) must be signed in the presence of a notary)

_____
(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)

0205214.1290

2002 NONPROFIT REPORT

0205214.1290
5/10/02

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

FILE DATE 4-29-02
RECEIPT NO. 1093071
RECEIVED
APR 29 '02
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

-NS-007557-

NS-007557 APR/1999
SUNSET SCHOOL
SVEEN, JEFFREY T.
BOX 490
500 CAPITOL BLDG.
ABERDEEN SD 57402-0490

Day Time Phone # [redacted]
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.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is to conduct a school

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ under 3,000.00
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	President	RR 2 Box 159	Britton	SD	57430
Tim Waldner	Vice President	Same as above			
Joe Waldner	Secretary	Same as above			
Joe Waldner	Treasurer	Same as above			

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	Director	RR 2 Box 159	Britton	SD	57430
Daniel Stahl	Director	Same as above			
Joe Waldner	Director	Same as above			

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

Dated [redacted]

By Joe Waldner
(Signature)

Its Treas
(Title)

STATE OF South Dakota
COUNTY OF Brown ss

On this the 12th day of April, 20 02, before me, Kristi D. Sieler personally appeared Joe Waldner to be the Treasuer, known to me, or proved to me, 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 7-16-2003
(Notarial Seal)

Kristi D. Sieler
Notary Public

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

nsar.pdf

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate 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, or its registered office _____

_____ ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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) must be signed in the presence of a notary)

_____
(Title)

STATE OF _____
SS
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day of _____, 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 _____

_____
(signature of registered agent)

227 3171 05/14/2004

2004 NONPROFIT REPORT

FILE DATE 4-14-04
RECEIPT NO.
RECEIVED
APR 14 04
S.D. SEC. of STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

NS007557

NS007557 APR/2002
SUNSET SCHOOL
SVEEN, JEFFREY T.
BOX 490
500 CAPITOL BLDG.
ABERDEEN SD 57402-0490

Day Time Phone # _____
Federal Taxp: _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is To conduct a school

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ under $3,000 *
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	President	41632 109th Street	Britton	SD	57430-5506
Tim Waldner	Vice President	Same as above			
Joe Waldner	Secretary	Same as above			
Joe Waldner	Treasurer	Same as above			

5. The names and addresses of directors **(State law requires a minimum of three).** If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	Director	41632 109th Street	Britton	SD	57430-5506
Daniel Stahl	Director	Same as above			
	Director				
Joe Waldner	Director	Same as above			

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

Dated 4-6-04

By Joe Waldner
(Signature)

Its Treas
(Title)

STATE OF South Dakota
COUNTY OF Brown ss

On this the 6th day of April ,20 04, before me, Stephanie E. Jacobson personally appeared Joe Waldner, known to me, or proved to me, to be the 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 5/29/04
(Notarial Seal)

Stephanie E. Jacobson
Notary Public

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

nsar.pdf

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate 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, or its registered office _____

_____ ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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) must be signed in the presence of a notary)

_____
(Title)

STATE OF _____
COUNTY OF _____ ss

I, _____ ,a notary public, do hereby certify that on this _____ day of _____, 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 _____ _____
(signature of registered agent)

05/14/2004
172
224

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

RECEIVED
APR 14 '04
S.D. SEC. of STATE

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

FILING FEE: $10

This change in our mailing address is as requested by the Post Office. Our office has not changed its actual location.

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 Sunset School

2. The previous street address or a statement that there is no street address, of its registered office Jeffrey T. Sveen, 500 Capitol Building, PO Box 490, Aberdeen, SD 57402-0490 ZIP

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is Jeffrey T. Sveen, Siegel, Barnett & Schutz, L.L.P., 415 S. Main Street, 400 Capitol Building, PO Box 490, Aberdeen, SD 57402-0490 ZIP

4. The name of its previous registered agent is no change

5. The name of its successor registered agent is * no change

*** 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 public.

Date 4-6-4

Joe Waldner
(Signature)

Treas
(Title)

STATE OF South Dakota

COUNTY OF Brown

I, Stephanie E. Jacobson, a notary public, do hereby certify that on this 6th day of April, 2004, personally appeared before me Joe Waldner who, being by me first duly sworn, declared that he/she is the Treasurer of Sunset School, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

5/29/04
My Commission Expires

Stephanie E. Jacobson
(Notary Public)

Notarial Seal

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

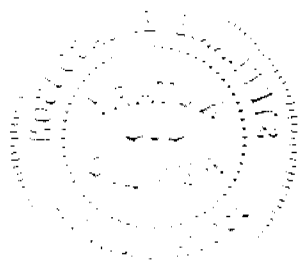
I, _____, hereby give my consent to serve as the
(name of registered agent)

registered agent for _____
(corporate name)

Dated _____

_____
(signature of registered agent)

STCHNGE.DOC



239 3231 08/10/2005

2005 NONPROFIT REPORT

FILE DATE 07/21/05
RECEIPT NO. 1459369
REC
JUL 2
S.D. SEC. of STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

NS007557

NS007557 APR/2004
SUNSET SCHOOL
SVEEN, JEFFREY T.
415 S MAIN ST 400 CAPITOL BLDG
PO BOX 490
ABERDEEN SD 57402-0490

Day Time Phone # _____
Federal Taxpa
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is

To conduct a school

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ under $3,000 *

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	President	41632 109th Street	Britton,	SD	57430-5506
Tim Waldner	Vice President	Same as above			
Tim Waldner	Secretary	Same as above			
Tim Waldner	Treasurer	Same as above			

5. The names and addresses of directors **(State law requires a minimum of three).** If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	Director	Same as above			
Tim Waldner	Director	Same as above			
Joe Waldner	Director	Same as above			

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

Dated 7-18-05

Tim Waldner
(Signature)

Secretary/Treasurer
(Title)

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

nsar.pdf
Revised 07/04

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate 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, or its registered office _____

_____ ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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 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 of registered agent)

Revised 07/04

2006 NONPROFIT REPORT

FILE DATE 06/13/06
RECEIPT # 1568688
RECEIVED MAY 24 '06
RECEIVED JUN 13 '06
S.D. SEC. OF STATE
S.D. SEC. OF STATE

250 1829

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

NS007557

NS007557 APR/2005
SUNSET SCHOOL
SVEEN, JEFFREY T.
415 S MAIN ST 400 CAPITOL BLDG
PO BOX 490
ABERDEEN SD 57402-0490

Day Time Phone # _____
Federal Taxpa _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is To conduct a school

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ under $3,000.00 *
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	President	41632 109th Street	Britton	SD	57430-5506
Beryl Waldner	Vice President	Same as above			
Tim Waldner	Secretary	Same as above			
Tim Waldner	Treasurer	Same as above			

5. The names and addresses of directors **(State law requires a minimum of three).** If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	Director	Same as above			
Tim Waldner	Director	Same as above			
Beryl Waldner	Director	Same as above			

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

Dated 5-19-06

Tim Waldner
(Signature)

Sect-Treas.
(Title)

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

nsar.pdf
Revised 07/04

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate 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, or its registered office _____

_____ ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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 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 of registered agent)

Revised 07/04

261 3229 05/16/2007

2007 NONPROFIT REPORT

FILE DATE 04/18/07
RECEIPT NO. 1670126

RECEIVED
APR 18 2007
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

NS007557

NS007557 APR/2006
SUNSET SCHOOL
SVEEN, JEFFREY T.
415 S MAIN ST 400 CAPITOL BLDG
PO BOX 490
ABERDEEN SD 57402-0490

Day Time Phone # _____

Federal Taxp _____

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is

To conduct a school

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ under $3,000 *

* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

	NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☐	Joshua Waldner	President	41632 109th Street	Britton	SD	57430-5506
☐	Gerry Waldner	Vice President	Same as above			
☐	Tim Waldner	Secretary	Same as above			
☐	Tim Waldner	Treasurer	Same as above			

5. The names and addresses of directors **(State law requires a minimum of three).** If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	Director	Same as above			
Tim Waldner	Director	Same as above			
Gerry Waldner	Director	Same as above			

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

Dated 4-3-07

Tim Waldner
(Signature)

Sect-Treas
(Title)

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

nsar.pdf
Revised 07/06

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate 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, or its registered office _____

_____ ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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 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 of registered agent)

Revised 07/04

275 3485 05/07/2008

2008 NONPROFIT REPORT

FILE DATE 04/22/08
RECEIPT NO. 1789876

RECEIVED
APR 22 2008
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: $10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF $25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

NS007557

NS007557 APR/2007
SUNSET SCHOOL
SVEEN, JEFFREY T.
415 S MAIN ST 400 CAPITOL BLDG
PO BOX 490
ABERDEEN SD 57402-0490

Day Time Phone # _____
Federal Taxpa _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is
To teach a school

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is $ under $3,000 *
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

	NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
☐	Joshua Waldner	President	41632 109th Street	Britton	SD	57430-5506
☐	Gerry Waldner	Vice President	Same as above			
☐	Tim Waldner	Secretary	Same as above			
☐	Tim Waldner	Treasurer	Same as above			

5. The names and addresses of directors **(State law requires a minimum of three).** If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Joshua Waldner	Director	Same as above			
Tim Waldner	Director	Same as above			
Gerry Waldner	Director	Same as above			

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

Dated April 18, 2008

Tim Waldner
(Signature)

Secretary/Treasurer
(Title)

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

nsar.pdf
Revised 07/06

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

NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: $5 In addition to corporate 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, or its registered office _____

_____ ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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 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 of registered agent)

Revised 07/04

291 1245 05/26/2009

2009 ANNUAL REPORT
DOMESTIC NONPROFIT

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

Please Type or Print Clearly in Ink

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

FILE DATE 05/20/09
RECEIPT NO 1913366
RECEIVED
MAY 20 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

NS007557
NS007557 APR/2008
SUNSET SCHOOL
SVEEN, JEFFREY T.
415 S MAIN ST 400 CAPITOL BLDG
PO BOX 490
ABERDEEN SD 57402-0490

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.

41632 109th Street | Britton, SD | 57430-5506
Street Address | City | State | ZIP+4

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

3. The name of the South Dakota Registered Agent Jeffrey T. Sveen, 415 S. Main St., 400 Capitol Bldg., PO Box 490, Aberdeen, SD 57402-0490

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

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

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

x ☐	Joshua Waldner	41632 109th Street	Britton, SD	57430-5506	
	President	Street Address	City	State	ZIP+4
x ☐	Gerry Waldner	Same as above			
	Vice President	Street Address	City	State	ZIP+4
x ☐	Tim Waldner	Same as above			
	Secretary	Street Address	City	State	ZIP+4
x ☐	Tim Waldner	Same as above			
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated 5-18-09

Tim Waldner
(Signature of an authorized officer)

Tim Waldner
(Printed Name)

Sect-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)

306 4044 06/11/2010

2010 ANNUAL REPORT
DOMESTIC NONPROFIT

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

Please Type or Print Clearly in Ink

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

FILE DATE 06/09/10
RECEIPT NO 2031195

RECEIVED
JUN 09 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

★NS007557★
NS007557 APR/2009
SUNSET SCHOOL
SVEEN, JEFFREY T.
PO BOX 490
ABERDEEN SD 57402-0490

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.

41632 109th Street | Britton, SD 57430-5506
Street Address | City | State | ZIP+4

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

3. The name of the South Dakota Registered Agent Jeffrey T. Sveen, 415 S. Main St., 400 Capitol Bldg., PO Box 490, Aberdeen, SD 57402-0490
Street Address (Required to be a South Dakota Address) | City | State | ZIP+4

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

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

☒	John Waldner	41632 109th Street	Britton, SD 57430-5506		
	President	Street Address	City	State	ZIP+4
☒	Gerry Waldner	Same as above			
	Vice President	Street Address	City	State	ZIP+4
☒	Tim Waldner	Same as above			
	Secretary	Street Address	City	State	ZIP+4
☒	Tim Waldner	Same as above			
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

Dated June 7, 2010

Tim Waldner
(Signature of an authorized officer)

Tim Waldner
(Printed Name)

Secretary/Treasurer
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

320 1778 05/23/2011

2011

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 04-26-2011
RECEIPT NO 2148522
RECEIVED
APR 26 2011
S.D. SEC. OF STATE

Telephone # _____

1. Corporate Name, Registered Agent Name and Address:

NS007557
NS007557 APR/2010
SUNSET SCHOOL
SVEEN, JEFFREY T.
PO BOX 490
ABERDEEN SD 57402-0490

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.

41632 109th Street | Britton, SD | 57430-5506
Street Address | City | State | ZIP+4

Mailing Address | City | State | ZIP+4

Email Address

4. The name of the South Dakota Registered Agent Jeffrey T. Sveen, 415 S. Main St., 400 Capitol Bldg., PO BOx 490, Aberdeen, SD 57402-0490
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

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

☒	John Waldner	41632 109th Street	Britton	SD	57430-5506
	President	Street Address	City	State	ZIP+4
☒	Gerry Waldner	Same as above			
	Vice President	Street Address	City	State	ZIP+4
☒	Tim Waldner	Same as above			
	Secretary	Street Address	City	State	ZIP+4
☒	Tim Waldner	Same as above			
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	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 April 25, 2011

Tim Waldner
(Signature of an Authorized Person)

Email _____

_____
(Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

_____

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

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

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

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

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address City State ZIP+4

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

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

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

_____
Email Address

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

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

Dated _____ _____
(Signature of an Authorized Person)

Email _____ _____
(Printed Name)

2012 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE 6/5/2012

RECEIPT NO 45590

1. Corporate Name and Address:
NS007557
SUNSET SCHOOL
41632 109TH ST
BRITTON, SD 57430-5506

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

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

41632 109TH ST	BRITTON	SD	57430-5506
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JEFFREY T. SVEEN

415 S MAIN ST 400 CAPITOL BLDG	ABERDEEN	SD	57402-0490
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 490	ABERDEEN	SD	57402-0490
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 three director.

[X]	JOHN WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	President	Street Address	City	State	ZIP+4
[X]	GERRY WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Vice President	Street Address	City	State	ZIP+4
[X]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Secretary	Street Address	City	State	ZIP+4
[ ]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Treasurer	Street Address	City	State	ZIP+4
[ ]					
	Director	Street Address	City	State	ZIP+4
[ ]					
	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 aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 06/05/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

TIM WALDNER

(Printed Name)

6/5/2012 12:52:39 PM

2013 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE 5/17/2013
RECEIPT NO 116707

1. Corporate Name and Address:
NS007557
SUNSET SCHOOL
41632 109TH ST
BRITTON, SD 57430-5506

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

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

Street Address	City	State	ZIP+4
41632 109TH ST	BRITTON	SD	57430-5506
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JEFFREY T. SVEEN

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
415 S MAIN ST 400 CAPITOL BLDG	ABERDEEN	SD	57402-0490
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
PO BOX 490	ABERDEEN	SD	57402-0490

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 three director.

[X]	JOHN WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	President	Street Address	City	State	ZIP+4
[X]	GERRY WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Vice President	Street Address	City	State	ZIP+4
[X]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Secretary	Street Address	City	State	ZIP+4
[ ]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Treasurer	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 05/17/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
TIM WALDNER
(Printed Name)

5/17/2013 12:01:04 PM

2014 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE DATE 4/28/2014

RECEIPT NO 196219

1. Corporate Name and Address:
NS007557
SUNSET SCHOOL
41632 109TH ST
BRITTON, SD 57430-5506

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

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

Street Address	City	State	ZIP+4
41632 109TH ST	BRITTON	SD	57430-5506
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JEFFREY T. SVEEN

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
415 S MAIN ST 400 CAPITOL BLDG	ABERDEEN	SD	57402-0490
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
PO BOX 490	ABERDEEN	SD	57402-0490

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 three director.

[X]	JOHN WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	President	Street Address	City	State	ZIP+4
[X]	GERRY WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Vice President	Street Address	City	State	ZIP+4
[X]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Secretary	Street Address	City	State	ZIP+4
[ ]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Treasurer	Street Address	City	State	ZIP+4
[ ]					
	Director	Street Address	City	State	ZIP+4
[ ]					
	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 aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 04/28/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

TIM WALDNER

(Printed Name)

4/28/2014 10:59:30 AM

2015 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE DATE 5/13/2015

RECEIPT NO 301668

1. Corporate Name and Address:
NS007557
SUNSET SCHOOL
41632 109TH ST
BRITTON, SD 57430-5506

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

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

Street Address	City	State	ZIP+4
41632 109TH ST	BRITTON	SD	57430-5506
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: JEFFREY T. SVEEN

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
415 S MAIN ST 400 CAPITOL BLDG	ABERDEEN	SD	57402-0490
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
PO BOX 490	ABERDEEN	SD	57402-0490

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 three director.

[X]	JOHN WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	President	Street Address	City	State	ZIP+4
[X]	GERRY WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Vice President	Street Address	City	State	ZIP+4
[X]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Secretary	Street Address	City	State	ZIP+4
[ ]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Treasurer	Street Address	City	State	ZIP+4
[ ]					
	Director	Street Address	City	State	ZIP+4
[ ]					
	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 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 05/13/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

TIM WALDNER

(Printed Name)

5/13/2015 3:37:11 PM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE DATE 4/19/2016

RECEIPT NO 406611

1. Corporate ID and Name:

NS007557
Enter Corporate ID

SUNSET SCHOOL
Enter Corporate Name

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

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

41632 109TH ST	BRITTON	SD	57430-5506
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: JEFFREY T. SVEEN

415 S MAIN ST 400 CAPITOL BLDG	ABERDEEN	SD	57402-0490
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 490	ABERDEEN	SD	57402-0490
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors (governors). South Dakota Law requires at least three directors.

[X]	JOHN WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	President	Actual Street Address	City	State	ZIP+4
[X]	GERRY WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Vice President	Actual Street Address	City	State	ZIP+4
[X]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Secretary	Actual Street Address	City	State	ZIP+4
[ ]	TIM WALDNER	41632 109TH STREET	BRITTON	SD	57430-5506
	Treasurer	Actual Street Address	City	State	ZIP+4
[ ]					
	Director	Actual Street Address	City	State	ZIP+4

Director	Actual Street Address	City	State	ZIP+4

Director	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 04/19/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

JOHN J WALDNER

(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.

4/19/2016 1:42:42 PM