

004. 0041-0400-7

0301320.0490
1730703

Receipt Number: 1162875

File Number DL005344



ARTICLES_OF_ORGANIZATION

For

TDF, L.L.C.

Filed at the request of:

CHURCHILL MANOLIS
KENT SHELTON
BOX 176
HURON SD 57350

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: Wednesday, December 18, 2002


Secretary of State

Fee Received: \$90 for \$1500 contribution

1730703

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

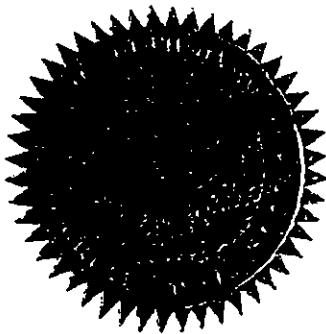
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL005344

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of TDF, L.L.C. 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 December 18, 2002.



Joyce Hazeltine
Secretary of State

NSA-6048

Filed this 19th day of Dec. 2002

0301320.0490
1130103

ARTICLES OF ORGANIZATION
OF
TDF, L.L.C.

By: [Signature]

RECEIVED
DEC 18 '02
S.D. SEC. OF STATE
DL005344

SECRETARY OF STATE
We the undersigned one or more persons, who shall be Members upon the issuance of a certificate of organization with the Secretary of State, acting as ORGANIZERS of a Limited Liability Company under the South Dakota Limited Liability Act, do hereby adopt the following Articles of Organization for such Limited Liability Company.

ARTICLE ONE

The name of the Limited Liability Company is TDF, L.L.C. (the "Company").

ARTICLE TWO

The period of duration of this Limited Liability Company is perpetual.

ARTICLE THREE

The purpose for which the Limited Liability Company is organized is to own, operate, sell, manage real estate and do real estate appraisal, sell insurance or any lawful act or activity for which limited liability companies may be formed under the South Dakota Limited Liability Act and to engage in any and all activities necessary or incidental to these acts.

ARTICLE FOUR

The Limited Liability Company shall also have those powers provided for in the South Dakota Limited Liability Company Act.

ARTICLE FIVE

The initial contribution to the Limited Liability Company shall be in the sum of One Thousand Five Hundred Dollars (\$1,500.00).

ARTICLE SIX

Additional contributions shall be made at such times and at such amounts as may be unanimously agreed by the members as provided for in the Operating Agreement of the Limited

SMITHSONIAN

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Liability Company.

ARTICLE SEVEN

Additional members may be admitted to the Limited Liability Company at such times and on such terms and condition as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE EIGHT

The remaining members of the Limited Liability Company may continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company upon unanimous agreement and as provided for in the Operating Agreement of the Limited Liability Company.

ARTICLE NINE

The Limited Liability Company shall be managed by a manager. The name of the manager and address of the person who is to serve as manager until the first annual meeting of the members or until the successors are elected and qualified is as follows:

Timothy D. Flanery
647 Kansas S.E.
Huron, South Dakota 57350

ARTICLE TEN

The street address of the initial registered and designated office of the Limited Liability Company is 647 Kansas S.E., Huron, South Dakota 57350. The name of the initial registered agent is Timothy D. Flanery.

ARTICLE ELEVEN

The names and addresses of the ORGANIZER is:

Timothy D. Flanery

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1130163

647 Kansas S.E.
Huron, South Dakota 57350

ARTICLE TWELVE

The Operating Agreement will be adopted by unanimous consent of the Members. The power to alter, amend or repeal the Operating Agreement or adopt a new Operating Agreement is vested in the Members by unanimous consent of the Members.

ARTICLE THIRTEEN

To the full extent permitted by South Dakota law, no manager or member of the Limited Liability Company shall be liable to the Limited Liability Company or its members for monetary damages for an act or omission in such manager's or member's capacity as a manager or member of the Limited Liability Company, except that this Article does not eliminate or limit the liability of a manager or member to the extent the manager or member is found liable for (a) a breach of the manager's or member's duty of loyalty to the company or its members; (b) an act or omission not in good faith that constitutes a breach of duty of the manager to the Company or an act or omission that involves intentional misconduct or a knowing violation of the law; (c) a transaction from which the manager or member received an improper benefit whether or not the benefit resulted from an action taken within the scope of the manager's or member's office; or (d) an action or omission for which the liability of a manager or member is expressly provided by an applicable statute. Any repeal or amendment of this Article by the member of the Company shall be prospective only and shall not adversely affect any limitation on the liability of a manager or member of the Company existing at the time of such repeal or amendment. The foregoing elimination of the liability to the Limited Liability Company or its members for monetary damages shall not be deemed exclusive of any other rights or limitations of liability or indemnity to which a manager or member may be entitled under any other provision of the Articles of

0301320.0490
1130103

Organization or the Operating Agreement of the Limited Liability Company, contract or agreement, vote of members and/or disinterested managers of the Limited Liability Company, or otherwise.

ARTICLE FOURTEEN

These Articles of Organization may be amended, modified, supplemented or re-stated in any manner permitted by applicable law and approved by an affirmative vote of a majority of the membership interest.

IN WITNESS WHEREOF, We have hereunto set our hands and seal this 16th day of December, 2002.

By: Timothy D. Flanery
Timothy D. Flanery - Organizer

STATE OF SOUTH DAKOTA)
) :ss
COUNTY OF BEADLE)

On this the 16th day of December, 2002, before me, Krist Neubarth, the undersigned officer, personally appeared Timothy D. Flanery, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Krist Neubarth
Notary Public
My commission expires: August 2005

(SEAL)

CONSENT TO APPOINTMENT BY REGISTERED AGENT

I, Timothy D. Flanery, hereby give my consent to serve as the registered agent for TDF, L.L.C.

Dated this 16 day of December, 2002.

Timothy D. Flanery
Timothy D. Flanery

ND 8000

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

0301320.0490
1/30/03

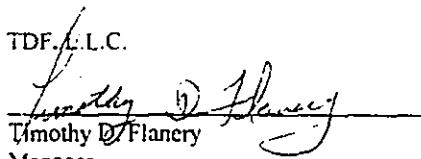
RECEIVED
DEC 17 '02
S.D. SEC. OF STATE

FIRST ANNUAL REPORT
OF A
LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is:
TDF, L.L.C.
2. The state or country under whose law it is organized is: State of South Dakota, USA
3. The address of its registered office and the name and address of its registered agent for service of process in South Dakota is:
Timothy D. Flanery, 647 Kansas SE, Huron, SD 57384
4. The address of its principal office is:
647 Kansas SE, Huron, SD 57384.
5. The names and business addresses of any managers:
Manager managed: Timothy D. Flanery
647 Kansas SE
Huron, SD 57384
6. The dollar amount of the total agreed contributions to the Limited Liability Company is:
\$1,500.00 **
Date: December 16, 2002.

TDF, L.L.C.

By:


Timothy D. Flanery

Its:

Manager

2003

ANNUAL REPORT

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

FILE DATE 1/28/04
RECEIPT NO. 129174
RECEIVED
JAN 28 04

225 4563

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



DL-005344 DEC/0000

TDF, L.L.C.

FLANERY, TIMOTHY D.

647 KANSAS SE 2060 Kansas SE

HURON SD 57350-2823

Telephone # 605/352-5520 S.D. SEC. OF STATE

FAX #

Federal Taxp:

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:

2060 Kansas, SE

Huron, SD 57350

4. The address of its principal office is: 2060 Kansas, SE

Huron, SD 57350

5. The names and business addresses of any managers:

Tim Flanery

2060 Kansas, SE

Huron, SD 57350

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 1500

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

1/26/04

Signature of Timothy D. Flanery

(Signature and Title)

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

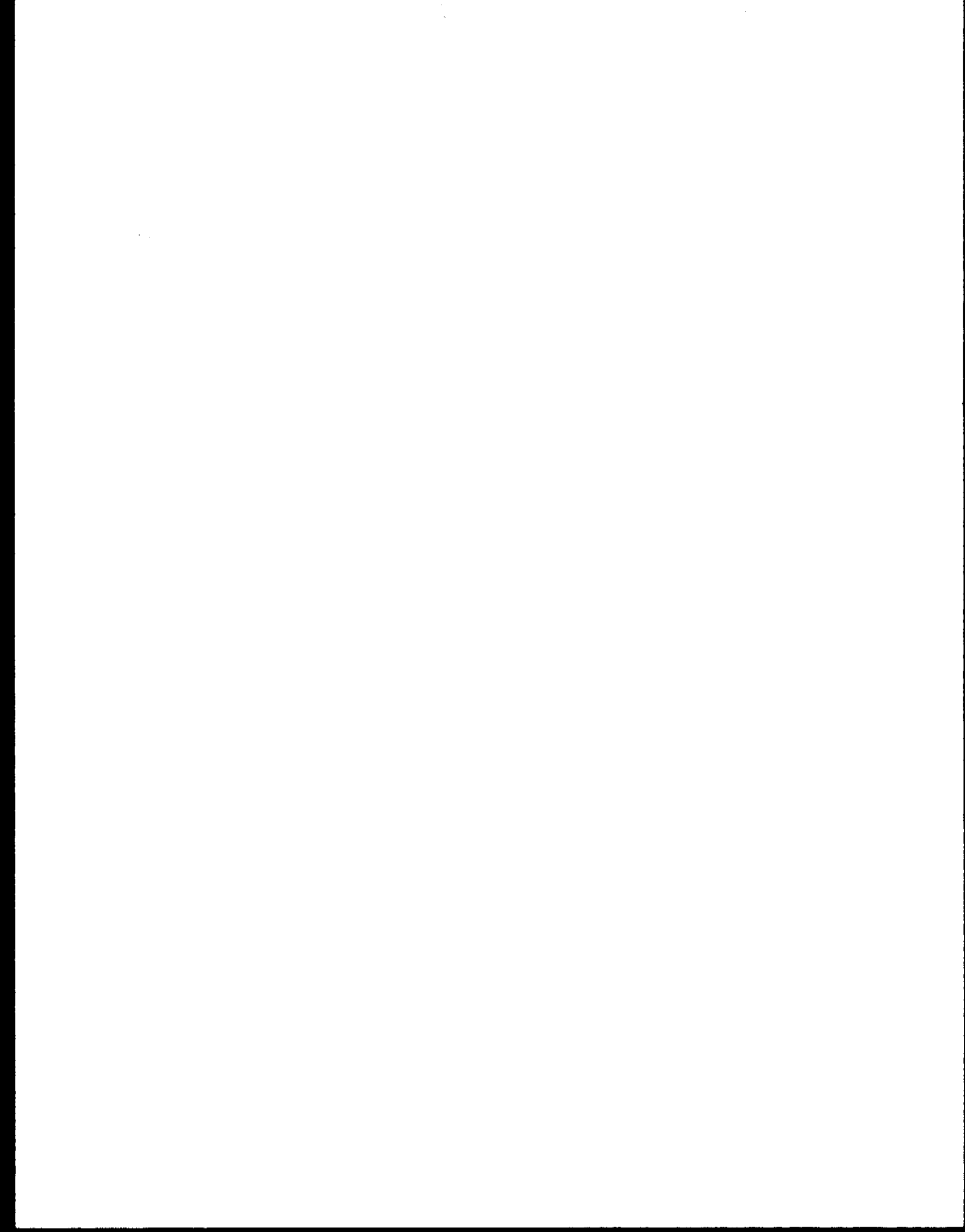
*If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due, less the previous fee already paid on contributions, to make the cumulative fee equal to the filing fee due on the fee schedule listed below.

Table with 2 columns: Contribution Range and Fee. Rows include: Total agreed contributions (25,000 or less \$100), Over \$25,000 and not exceeding 100,000 (\$125), Over \$100,000 and not exceeding 500,000 (\$200), Over \$500,000 and not exceeding 1,000,000 (\$300), Over \$1,000,000 and not exceeding 1,500,000 (\$400), Over \$1,500,000 and not exceeding 2,000,000 (\$500), Over \$2,000,000 and not exceeding 2,500,000 (\$600), Over \$2,500,000 and not exceeding 3,000,000 (\$700), Over \$3,000,000 and not exceeding 3,500,000 (\$800), Over \$3,500,000 and not exceeding 4,000,000 (\$900), Over \$4,000,000 and not exceeding 4,500,000 (\$1,000), Over \$4,500,000 and not exceeding 5,000,000 (\$1,100), For each additional \$500,000, \$250 in addition to \$1,100.

The maximum amount charged under this subsection together with any subsequent payments may not exceed sixteen thousand dollars

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

Revised 7/03
DBLLCAR.DOC



225 4564

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**

RECEIVED

JAN 28 '04

S.D. SEC. OF STATE

FILING FEE: \$10

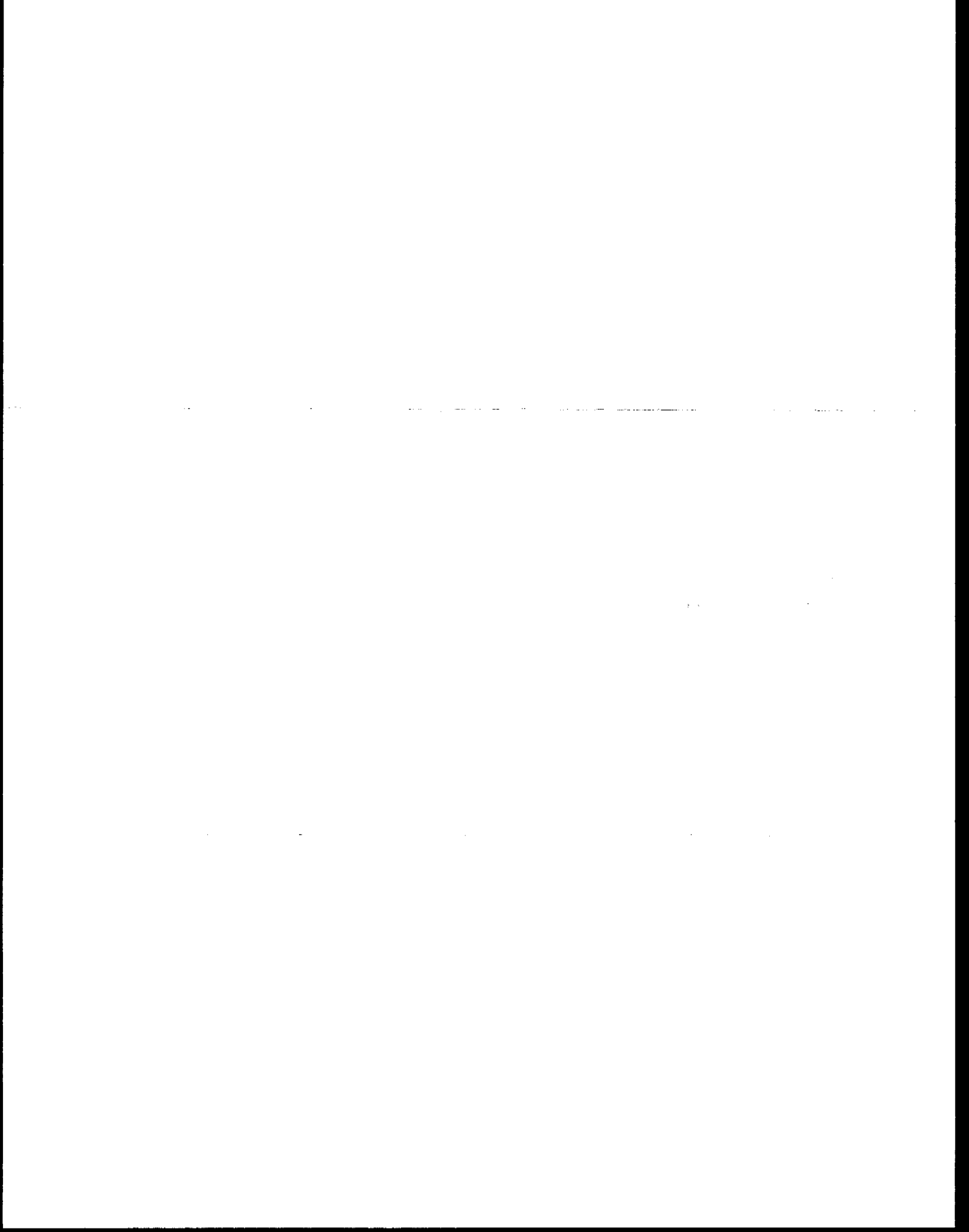
The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is T D F LLC
2. The previous address of its registered office 647 Kansas SE
Huron, SD ZIP 57350
3. The address to which the registered office is to be changed (including street address) is 2060 Kansas, SE
Huron, SD ZIP 57350
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 1/27/04

Louise D. Slaney
(Signature)
Manager
(Title)



232 2197 12/16/2004

2004 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 12/15/04
RECEIPT NO. 13810954

RECEIVED

DEC 15 '04

S.D. SEC. OF STATE

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



DL005344
DL005344 DEC/2003

TDF, L.L.C.
FLANERY, TIMOTHY D.
2060 KANSAS SE
HURON SD 57350-4057

Telephone # 605-352-5520
FAX # _____
Federal Tax: _____
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:
Tim Flanery

4. The address of its principal office is: 1780 McDonald Dr
Huron, SD 57350

5. The names and business addresses of any managers:
SAME AS ABOVE

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ \$1500

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 12/7/04

Tim Flanery
(Signature)

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 TDF, L.L.C.
2. The previous address of its registered office 2060 KansasSE
Huron, SD ZIP 57350
3. The address to which the registered office is to be changed (including street address) is 1780 McDonald Dr
Huron, SD ZIP 57350
4. The name of its previous registered agent is Tim Flanery
5. The name of its successor registered agent is Tim Flanery
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 12-7-04

Tim Flanery
(Signature)

Manager
(Title)

244 0122 12/20/2005

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 12/15/05
RECEIPT NO. 150429

RECEIVED

DEC 15 '05

S.D. SEC. OF STATE

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



DL005344
DL005344 DEC/2004
TDF, L.L.C.
FLANERY, TIM
1780 MCDONALD DR
HURON SD 57350-4057

Telephone # 605-352-5520
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:
1780 McDonald Dr
Huron, SD 57350

4. The address of its principal office is: SAME

5. The names and business addresses of any managers:

Tim Flanery
1780 McDonald Dr
Huron, SD
57350

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 12/14/05

Tim Flanery
Signature

Tim Flanery
Printed Name

Manager
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)

256 1676 12/21/2006

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 12/08/06
RECEIPT NO. 1623527

RECEIVED

DEC 08 2006

S.D. SEC. OF STATE

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



DL005344
DL005344 DEC/2005
TDF, L.L.C.
FLANERY, TIM
1780 MCDONALD DR
HURON SD 57350-4057

Telephone # 605-352-5520
FAX # 605-352-5520

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:
1780 McDonald Dr
Huron, SD 57350

4. The address of its principal office is: SAME

5. The names and business addresses of any managers:

Tim Flanery
1780 McDonald Dr
Huron, SD
57350

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 12/16/06

Tim Flanery
Signature

Tim Flanery
Printed Name

Manager
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 _____

***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 _____

(Signature)

(Printed Name)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(limited liability company name)

Dated _____

(signature)

272 2226 02/26/2008

2007

ANNUAL REPORT

FILE DATE 01/30/08
RECEIPT NO. 1761292

RECEIVED

JAN 30 2008

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:



DL005344
DL005344 DEC/2006
TDF, L.L.C.
FLANERY, TIM
1780 MCDONALD DR
HURON SD 57350-4057

Telephone # 605/352-5520
FAX # 605/352-5520

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:

1780 McDonald Dr
Huron, SD 57350

4. The address of its principal office is: 1780 McDonald Dr

Huron, SD 57350

5. The names and business addresses of any managers:

Tim Flanery
1780 McDonald Dr

Huron, SD 57350

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 1/28/08

Tim Flanery
Signature

Tim Flanery
Printed Name

Manager
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 _____

***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 _____

(Signature)

(Printed Name)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

2008

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

FILE DATE 2-2-09
 RECEIPT NO 1981172
RECEIVED
FEB 02 2009
S.D. SEC. OF STATE

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



DL005344 DEC/2007
TDF, L.L.C.
FLANERY, TIM
1780 MCDONALD DR
HURON SD 57350-4057

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.

1780 McDonald Dr Huron SD 57350
 Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Tim Flanery

1780 McDonald Dr Huron SD 57350
 Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

Tim Flanery 1780 McDonald Dr Huron SD 57350
 Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 1/29/09

Tim Flanery
 (Signature of an Authorized Manager or Member)

Tim Flanery
 (Printed Name)

Manager
 (Title)

286 2490

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)

300 0407 01/13/2010

2009

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

FILE DATE 12/30/09 RECEIPT NO 1983049 RECEIVED DEC 30 2009 S.D. SEC. OF STATE

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



DL005344 DL005344 DEC/2008 TDF, L.L.C. FLANERY, TIM 1780 MCDONALD DR HURON SD 57350-3848

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.

1780 McDonald Dr Huron SD 57350 Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Tim Flanery

1780 McDonald Dr Huron SD 57350 Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

Tim Flanery 1780 McDonald Dr Huron SD 57350 Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 12/28/09

Signature of an Authorized Manager or Member Tim Flanery (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)

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 stamp with date 12/13/10, receipt number 2095462, and text DEC 13 2010 S.D. SEC. OF STATE

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



DL005344 DEC/2009 TDF, L.L.C. FLANERY, TIM 1780 MCDONALD DR HURON SD 57350-3848

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.

1780 McDonald Dr Street Address Huron City SD State 57350 ZIP+4

4. The name of the South Dakota Registered Agent Tim Flanery

1780 McDonald Dr Street Address (Required to be a South Dakota Address) Huron City SD State 57350 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.

Tim Flanery Manager 1780 McDonald Dr Street Address Huron City SD State 57350 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 respect. Any violation is subject to a civil penalty.

Dated 12/10/10

Signature of an Authorized Person (Signature) Tim Flanery (Printed Name)

314 1439

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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 stamp with date 12/13/10, receipt number 2095462, and text DEC 13 2010 S.D. SEC. OF STATE

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



DL005344 DEC/2009 TDF, L.L.C. FLANERY, TIM 1780 MCDONALD DR HURON SD 57350-3848

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.

1780 McDonald Dr Street Address Huron City SD State 57350 ZIP+4

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

4. The name of the South Dakota Registered Agent Tim Flanery

1780 McDonald Dr Street Address (Required to be a South Dakota Address) Huron City SD State 57350 ZIP+4

Mailing Address (Optional - Required to be a South Dakota 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.

Tim Flanery Manager 1780 McDonald Dr Street Address Huron City SD State 57350 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 respect. Any violation is subject to a civil penalty.

Dated 12/10/10

Signature of an Authorized Person (Tim Flanery) and Printed Name (Tim Flanery)

314 1439

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required)	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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5. If the address has changed, its new address

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

2011

Enter Filing Year

ANNUAL REPORT

FILE DATE 12/28/2011

RECEIPT NO 13524

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

DOMESTIC LLC

FILING FEE: \$50.00 Please Type or Print Clearly In Ink
Make check payable to SECRETARY OF STATE

1. L.L.C. ID and Name:
DL005344
TDF, L.L.C.
1780 MCDONALD DR
HURON, SD57350-3848

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

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

1780 MCDONALD DR HURON SD 57350-3848
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TIM FLANERY

1780 MCDONALD DR HURON SD 57350-3848
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

5. The names and business addresses of its 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 12/28/2011

Signature Accepted Electronically
(Signature of an Authorized Person)

TIM D FLANERY
(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 12/17/2012

RECEIPT NO 82031

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:
DL005344
TDF, L.L.C.
1780 MCDONALD DR
HURON, SD 57350-3848

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

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

1780 MCDONALD DR HURON SD 57350-3848
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TIM FLANERY

1780 MCDONALD DR HURON SD 57350-3848
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

5. The names and business addresses of its 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 12/17/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

TIM D FLANERY

(Printed Name)

2013

Enter Filing Year

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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: \$10.00 Make check payable to SECRETARY OF STATE

FILE 12/18/2013

RECEIPT NO 161626

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

DL005344
TDF, L.L.C.
257 27TH ST NW
HURON, SD 57350-3848

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

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

Agent Name: TIM FLANERY

1780 MCDONALD DR	HURON	SD	57350-3848
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
---	------	-------	-------

4. If the address has changed, its new address.

New Agent Name: TIM FLANERY

257 27TH ST NW	HURON	SD	57350
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
---	------	-------	-------

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 12/18/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

TIM D FLANERY

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 12/18/2013

RECEIPT NO 161626

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:

DL005344
TDF, L.L.C.
257 27TH ST NW
HURON, SD 57350-3848

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

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

257 27TH ST NW	HURON	SD	57350-3848
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: TIM FLANERY

257 27TH ST NW	HURON	SD	57350
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
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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"/>	TIM FLANERY	257 27TH ST NW	HURON	SD	57350
	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 12/18/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

TIM D FLANERY

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 12/9/2014

RECEIPT NO 252722

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:
DL005344
TDF, L.L.C.
257 27TH ST NW
HURON, SD 57350-3848

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

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

257 27TH ST NW HURON SD 57350-3848
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TIM FLANERY

257 27TH ST NW HURON SD 57350
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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

TIM FLANERY 257 27TH ST NW HURON SD 57350
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 12/09/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

TIM D FLANERY

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 11/27/2015

Enter Filing Year

DOMESTIC LLC

RECEIPT NO 354532

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

SDCL 47-34A-211

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:

DL005344

TDF, L.L.C.

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

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

257 27TH ST NW HURON SD 57350-3848

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: TIM FLANERY

257 27TH ST NW HURON SD 57350

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

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

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

TIM FLANERY 257 27TH ST NW HURON SD 57350
Manager Actual Street Address City State ZIP+4

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 11/27/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

TIM D FLANERY

(Printed Name)