

1994

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

9 4 0 4 1 7 2 1 3 1 9  
**ANNUAL REPORT**

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-21-94  
RECEIPT NO. 2376145

RECEIVED

MAR 21 1994

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DF020529 HELLEKSON FARMS, INC.  
HELLEKSON FLOYD  
RR 1  
VOLGA SD 57071

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

Federal Taxpayer ID \_\_\_\_\_

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

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

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

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

\*\*\*\*\*

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

3. The names and addresses of its directors and officers. (Both officers and directors must be listed in the spaces provided).

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

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

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

5. NUMBER OF SHARES ISSUED \_\_\_\_\_ CLASS \_\_\_\_\_ SERIES \_\_\_\_\_

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

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

HELLEKSON FARMS, INC.

Dated March 18th 1994

By Floyd Hellekson  
(Signature)  
Its Pres  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings ss

I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 18th day of March 1994,  
personally appeared before me FLOYD H. HELLEKSON, aka, Floyd Hellekson, who, being by me first duly sworn, declared that he/she is the  
President of HELLEKSON FARMS, INC.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained as a true.  
My Commission Expires the 31st day of December, 1994.

Frank E. Denholm  
Notary Public  
SOS CRP 410 10/92

(Notarial Seal)

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-6077  
605-773-4846

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

File Date: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

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

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

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

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

Date \_\_\_\_\_ 19\_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ 63

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)

<b>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</b>	
I, _____, hereby give my consent to serve as the	
(name of registered agent)	
registered agent for _____	
(corporate name)	
Dated _____ 19_____	_____
	(signature)

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE \_\_\_\_\_  
FILE NO. \_\_\_\_\_

RECEIVED  
MAR 27 1994  
Secretary of State

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

1. The name of the corporation is HELLEKSON FARMS, INC.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is FLOYD H. HELLEKSON,  
Rural Route No. 1, Box #156, Volga, South Dakota Zip + 4 57071-0156

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

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

No Change.

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

No Change.

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

No Change.

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1 % (Applies only to AUTHORIZED FARM CORPORATION) HELLEKSON FARMS, INC.

Dated March 18th 1994

By Erma E. Hellekson  
(Signature)

Its Secretary  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings ss

I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 18th day of March 1994,

personally appeared before me ERMA E. HELLEKSON who, being by me first duly sworn, declared that he/she is the Secretary of HELLEKSON FARMS, INC. that he/she signed the foregoing document

as officer of the corporation, and the statements therein contained are true  
My Commission Expires the 31st day of December, 1994.

Frank E. Denholm  
Notary Public

505 CRR 410-10-02

06104-6-40104

1995

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

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-15-95 RECEIPT NO.

RECEIVED

MAR 15 1995

1. Corporate Name, Registered Agent and Registered Address:

DF-020578 MAR 94 HELLEKSON FARMS, INC. HELLEKSON, FLOYD RR 1 VOLGA, SD 57071

Telephone # S.D. SEC. OF STATE

FAX #

Federal Taxpayer ID

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

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

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

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

2. The character of the business in which it is actually engaged in South Dakota grain and livestock farming

3. The names and addresses of its directors and officers (Both officers and directors must be listed in the spaces provided).

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP + 4. Rows include FLOYD H. HELLEKSON (Director), ERMA E. HELLEKSON (Director), FLOYD H. HELLEKSON (President), DENNIS F. HELLEKSON (Vice President & Director), ERMA E. HELLEKSON (Secretary), KAREN L. FOUBERG (Treasurer).

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

NUMBER OF SHARES CAN ISSUE CLASS COMMON SERIES \$500.00 PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$500.00 par value

5 NUMBER OF SHARES ISSUED CLASS COMMON SERIES \$500.00 PAR VALUE \$500.00 par value

6. The amount of its stated capital is \$ 564,500.00

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

Dated March 13th 1995

By [Signature] (Signature) Its President (Title)

STATE OF SOUTH DAKOTA COUNTY OF Brookings ss

I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 13th day of March 1995,

personally appeared before me FLOYD H. HELLEKSON who, being by me first duly sworn, declared that he/she is the President of HELLEKSON FARMS, INC.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true. My Commission Expires the 31st day of December, 2002.

Notary Public

(Notarial Seal)

SOS CRP 410 11/94

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

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

File Date: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

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

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

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

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

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

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

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 3-15-95  
FILE NO. \_\_\_\_\_

RECEIVED

MAR 15 1995

S.D. SEC. OF STATE

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

- The name of the corporation is HELLEKSON FARMS, INC.  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is FLOYD H. HELLEKSON,  
Rural Route No. 1, Volga, South Dakota Zip + 4 57071
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A

- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
No Change.

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>KAREN L. FOUBERG</u>	<u>ERMA E. HELLEKSON</u>	<u>Treasurer</u>
<u>R.R. 1, Letcher, So. Dak. 57359</u>	<u>R. R. 1, Volga, So. Dak. 57071</u>	

- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%. (Degree of kindred is defined as number of generations with each generation being a degree) #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>No Change.</u>			

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 3%%. (Applies only to AUTHORIZED FARM CORPORATION) HELLEKSON FARMS, INC.

Dated March 13th, 19 95  
By Floyd H. Hellekson  
(Signature)  
President  
His (Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings ss  
I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 13th day of March, 19 95, personally appeared before me FLOYD H. HELLEKSON who, being by me first duly sworn, declared that he/she is the President of HELLEKSON FARMS, INC. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires the 31st day of December, 2002.

Frank E. Denholm  
Notary Public

1996

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

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-1-96  
RECEIPT NO. 523596  
RECEIVED  
FEB 22 1996  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF 020520  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
RR 1  
VOLGA, SD 57071

MAR/96

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

Federal Taxpayer ID # \_\_\_\_\_

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

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

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

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

\*\*\*\*\*

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

3. The names and addresses of its directors and officers

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

SD law requires at least one director.

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

_____	Director	_____
_____	Director	_____

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

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

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

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

HELLEKSON FARMS, INC.

Dated February 20th 1996

By Floyd Hellekson  
(Signature)

Its President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings ss

I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 20th day of February 1996,

personally appeared before me FLOYD H. HELLEKSON, who, being by me first duly sworn, declared that he/she is the President of HELLEKSON FARMS, INC.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires the 31st day of December, 2002.

Notary Public

(Notarial Seal)

SOS CRP 410 10/86

SECRETARY OF STATE  
STATE CAPITOL  
600 E. CAPITOL  
PIERRE, S.D. 57601-5077  
605-773-4845

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

File Date: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

**FILING FEE: \$5** in addition to annual report fee

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

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

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

Date \_\_\_\_\_ 19 \_\_\_\_\_ (signature) \_\_\_\_\_  
(title) \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

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

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_ (signature) \_\_\_\_\_

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 3-1-96  
FILE NO. \_\_\_\_\_  
**RECEIVED**  
FEB 22 1996  
S.D. SEC. OF STATE

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

- 1. The name of the corporation is HELLEKSON FARMS, INC.  
The state of incorporation is South Dakota
- 2. The name of the registered agent in South Dakota and the registered office address is FLOYD H. HELLEKSON,  
Rural Route No. 1, Volga, South Dakota Zip + 4 57071
- 3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
No Change.

5. List only the changes of the names or addresses of the officers and directors.  
NAME REPLACED AS OFFICER OR DIRECTOR  
No Change.

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders  
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED  
No Change.

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1%. (Applies only to AUTHORIZED FARM CORPORATION) HELLEKSON FARMS, INC.

Dated February 20th, 19 96  
By Floyd H. Hellekson  
(Signature)  
its President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings ss  
I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 20th day of February 19 96,  
personally appeared before me FLOYD H. HELLEKSON who, being by me first duly sworn, declared that he/she  
is the President of HELLEKSON FARMS, INC. that he/she signed the foregoing document  
as officer of the corporation, and the statements therein contained are true.  
My Commission Expires the 31st day of December, 2002.

Frank E. Denholm  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1997

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

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

FILE DATE 3-3-97 RECEIPT NO 609445

RECEIVED MAR 03 1997 S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent and Registered Address

DE-020528 HELLEKSON FARMS, INC. HELLEKSON, FLOYD RR 1 VOLGA, SD 57071 MAR/96

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

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

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

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

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

3 The names and addresses of its directors and officers

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

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

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

5 NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated February 28th, 1997 By Erma E. Hellekson Secretary

STATE OF SOUTH DAKOTA COUNTY OF Brookings I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 28th day of February 1997, personally appeared before me ERMA E. HELLEKSON who, being by me first duly sworn, declared that he/she is the Secretary of HELLEKSON FARMS, INC.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true My Commission Expires the 31st day of December, 2002. Notary Public

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

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

File Date: \_\_\_\_\_

Receipt No \_\_\_\_\_

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

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

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

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

Date \_\_\_\_\_ 19 \_\_\_\_\_ \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

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

My Commission Expires \_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_ \_\_\_\_\_  
(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 3-3-97  
FILE NO. 668445

RECEIVED  
MAR 03 1997  
S.D. SEC. OF STATE

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

1. The name of the corporation is HELLEKSON FARMS, INC.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is FLOYD H. HELLEKSON,  
Rural Route No. 1, Volga, South Dakota Zip + 4 57071

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

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

No Change.

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

NAME REPLACED AS OFFICER OR DIRECTOR

No Change.

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED

No Change.

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 1 % (Applies only to AUTHORIZED FARM CORPORATION) HELLEKSON FARMS, INC.

Dated February 28th 19 97

By Erma E. Hellekson  
(Signature)

Its Secretary  
(Title)

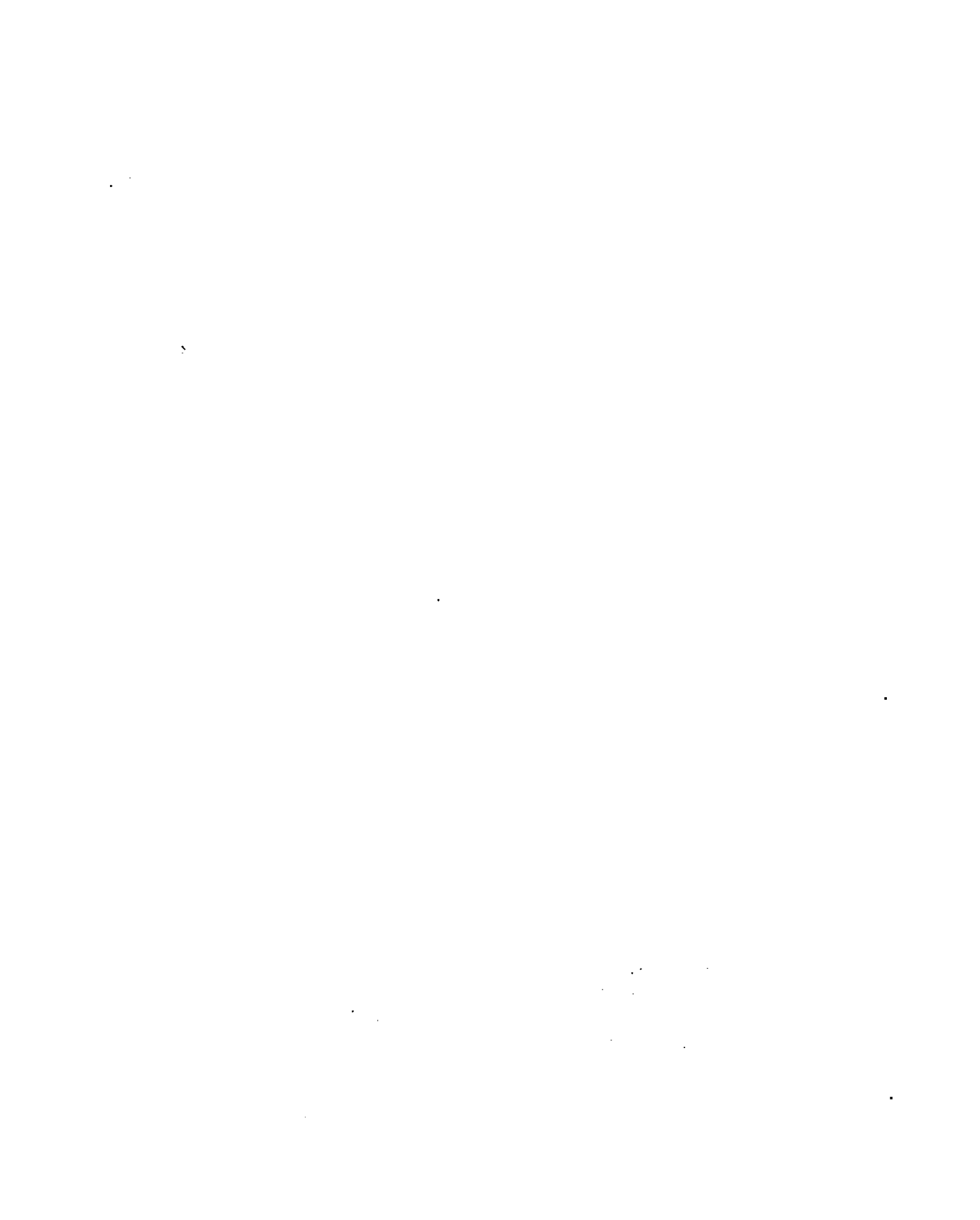
STATE OF SOUTH DAKOTA  
COUNTY OF Brookings ss

I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 28th day of February 19 97, personally appeared before me ERMA E. HELLEKSON who, being by me first duly sworn, declared that he/she is the Secretary of HELLEKSON FARMS, INC. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires the 31st day of December, 2002.

Frank E. Denholm  
Notary Public

(Notarial Seal)

SOS CAP 410 10/92



1998

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

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-5-98  
RECEIVED 1998  
MAR 5 1998  
FEB 27 1998  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-000033  
PORCH (B.L.), INC.  
PORCH, PATRICIA  
#6 5TH AVE. SW  
PO BOX 167  
KADOKA, SD 57543-0167

JAN/97

Telephone # 605-837-2697

FAX # 605-837-2263

Federal Taxpayer ID

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

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

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

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

\*\*\*\*\*

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

3. The names and addresses of its directors and officers

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

SD law requires at least one director.

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

Director \_\_\_\_\_  
Director \_\_\_\_\_

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 2-24 1998

By Patricia Porch  
(Signature)  
Its Sec. Treas  
(Title)

STATE OF SD  
COUNTY OF JACKSON ss

I, Notary Public, a notary public, do hereby certify that on this 24<sup>th</sup> day of February 1998, personally appeared before me Patricia Porch who, being by me first duly sworn, declared that he/she is the Sec. Treas of B.L. Porch Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true  
My Commission Expires 11-01-2000  
Notary Public  
Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
600 E. CAPITOL  
PIERRE, S.D. 57501-6070  
605-773-4846

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

File Date: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

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

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

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

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

Date \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ss

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

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

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(signature)

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

0525191 1018  
**ANNUAL FARM REPORT**

PLEASE TYPE OR USE BLACK INK  
 NO FILING FEE

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

FILE DATE \_\_\_\_\_  
 FILE NO. \_\_\_\_\_  
 RECEIVED 694847  
 MAR 5 1998  
 S.D. SEG. OF STATE  
 RECEIVED  
 FEB 27 1998  
 S.D. SEG. OF STATE

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

- The name of the corporation is B.L. Porch Inc  
 The state of incorporation is South DAKOTA
- The name of the registered agent in South Dakota and the registered office address is PATRICIA PORCH  
P.O. Box 167 MADOKA SD zip + 4 57543-0167
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%  
 (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

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

Dated 2-25 19 98

By [Signature]  
 (Signature) Soo. Treas.  
 Its \_\_\_\_\_  
 (Title)

STATE OF South Dakota  
 COUNTY OF Jackson ss

I, Maclain Perault, a notary public, do hereby certify that on this 25<sup>th</sup> day of February 1998 personally appeared before me Patricia Porch who, being by me first duly sworn, declared that he/she is the Soo. Treas of B.L. Porch, Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true  
 My Commission Expires 4-27-2000

Maclain Perault  
 Notary Public

(Notarial Seal)

1999

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

**ANNUAL REPORT**

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-1-99  
RECEIPT NO. 778107

RECEIVED

MAR 1 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DE-020528 MAR/99  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
RR 1  
VOLGA, SD 57071

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

Federal Taxpayer ID \_\_\_\_\_

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

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

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

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

\*\*\*\*\*

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

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

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

SD law requires at least one director.

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

Director \_\_\_\_\_  
Director \_\_\_\_\_

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Date February 25 19 99

HELLEKSON FARMS, INC.  
By Floyd H. Hellekson  
(Signature)  
Its President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings ss

I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 25th day of February 1999,

personally appeared before me FLOYD H. HELLEKSON who, being by me first duly sworn, declared that he/she is the President of HELLEKSON FARMS, INC. the corporation

named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires the 31st day of December, 2002

Frank E. Denholm  
Notary Public - State of South Dakota

(Notarial Seal)

SOS CRP 6/98

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

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

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

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE \_\_\_\_\_  
FILE NO. \_\_\_\_\_

RECEIVED

MAR 1 1999

S.D. SEC. OF STATE

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

1. The name of the corporation is HELLEKSON FARMS, INC.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is FLOYD H. HELLEKSON  
Rural Route No. 1, Volga, South Dakota Zip + 4 57071

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

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

No Change

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

No Change

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%  
(Degree of kindred is defined as number of generations with each generation being a degree) #6 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

No Change

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 10 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated February 25 19 99

HELLEKSON FARMS, INC.

By Floyd H. Hellekson  
(Signature)

its President  
(Title)

STATE OF SOUTH DAKOTA

COUNTY OF Brookings ss

I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 25th day of February 1999.

personally appeared before me FLOYD H. HELLEKSON who, being by me first duly sworn, declared that he/she is the President of HELLEKSON FARMS, INC. that he/she signed the foregoing document

as officer of the corporation, and the statements therein contained are true

My Commission Expires the 31st day of December, 2002.

Frank E. Denholm  
Notary Public - State of South Dakota

(Notarial Seal)

SOS CRP 410 10/92

2000

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

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-1-00  
RECEIPT NO. 866165

RECEIVED

FEB 24 2000

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-020528 MAR/1999  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
RR 1  
VOLGA SD 57071

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

Federal Taxpayer ID \_\_\_\_\_

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

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

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

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

\*\*\*\*\*

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

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

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

SD law requires at least one director.

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

Director \_\_\_\_\_  
Director \_\_\_\_\_

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated February 22, 2000

By Floyd H. Hellekson  
(Signature)

Its President  
(Title)

STATE OF South Dakota ss  
COUNTY OF Brookings

On this the 22nd day of February 2000 before me FRANK E. DENHOLM  
personally appeared FLOYD H. HELLEKSON, known to me, or proved to me,

to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires December 31, 2002.

Frank E. Denholm  
Notary Public

(Notarial Seal)

SOS CRP 11/99

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

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

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

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

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

**ANNUAL FARM REPORT** 4576

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 3-1-00  
FILE NO. \_\_\_\_\_

RECEIVED

FEB 24 2000

S.D. SEC. OF STATE

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

1. The name of the corporation is HELLEKSON FARMS, INC.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is FLOYD H. HELLEKSON  
Rural Route No. 1, Volga, South Dakota Zip + 4 57071

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

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

No Change

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

NAME REPLACED AS OFFICER OR DIRECTOR

No Change

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED

No Change

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 10%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated February 22, 2000

By Floyd H. Hellekson  
(Signature)  
its President  
(Title)

STATE OF South Dakota  
COUNTY OF Brookings ss

I, FRANK E. DENHOLM, a notary public, do hereby certify that on this 22nd day of February, 2000, personally appeared before me FLOYD H. HELLEKSON who, being by me first duly sworn, declared that he/she is the President of HELLEKSON FARMS, INC. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires December 31, 2002

Frank E. Denholm  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

STANDARD FORM NO. 1001

2001

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

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

0107209.3277  
7/18/01

FILE DATE 1-5-01  
RECEIPT NO. 99004  
RECEIVED  
RECEIVED  
JUN 18 '01  
FEB 14 '01  
SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-020528      MAR/2000  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
RR 1

VOLGA SD 57071

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
Federal Taxpayer ID \_\_\_\_\_

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

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

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

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

\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota grain and livestock farming.

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
FLOYD H. HELLEKSON	President	46481 215th Street	Volga	South Dakota	57071
DENNIS F. HELLEKSON	Vice President	46481 215th Street	Volga	South Dakota	57071
KAREN L. FOUBERG, nee	Secretary	Rural Route No. 1	Letcher	South Dakota	57359
Karen L. Hellekson	Treasurer	(Same address - Same Person)			

SD law requires at least one director.

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

Director \_\_\_\_\_  
Director \_\_\_\_\_

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

NUMBER OF SHARES CAN ISSUE (authorized)      CLASS      SERIES      PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE  
2,000      Common           \$500.00 par value per share

5. NUMBER OF SHARES ACTUALLY ISSUED      CLASS      SERIES

1,129

6. The amount of its stated capital is \$ 568,500.00 (Money received for issued shares)

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

Dated February 08, 2001

By Floyd Hellekson  
(Signature)

Its President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings      ss

On this the 8th day of February, 2001, before me, FRANK E. DENHOLM  
personally appeared FLOYD H. HELLEKSON, known to me, or proved to me,  
to be the President of the corporation that is described in and that executed the within

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

My Commission Expires December 31, 2002.

Frank E. Denholm  
Notary Public - State of South Dakota

(Notarial Seal)

SOS CRP 11/00

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

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

1. The name of the corporation is HELLEKSON FARMS, INC.
2. The previous street address, or a statement that there is no street address, of its registered office Rural Route No. 1, Volga, South Dakota ZIP + 4 57071
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. 46481 - 215th Street, Volga, South Dakota ZIP + 4 57071
4. The name of its previous registered agent is FLOYD H. HELLEKSON
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. No Change
7. This change has been authorized by resolution duly adopted by the board of directors. Not Applicable.

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 June 14, 2001

Floyd H. Hellekson  
(Signature)  
President  
(Title)

STATE OF SOUTH DAKOTA ss  
COUNTY OF Brookings

On this the 14th day of June, 2001, before me, FRANK E. DENHOLM  
personally appeared FLOYD H. HELLEKSON, known to me, or proved to me,  
to be the President of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same

My Commission Expires December 31, 2002.

Frank E. Denholm  
Notary Public - State of South Dakota

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

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

**ANNUAL FARM REPORT** 718701  
9.3277

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE \_\_\_\_\_  
FILE NO. \_\_\_\_\_

RECEIVED RECEIVED

JUN 18 '01 FEB 14 '01

SD SEC. OF STATE RECEIVED

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate annual report: MAY 09 '01  
SD SEC. OF STATE

1. The name of the corporation is HELLEKSON FARMS, INC.  
The state of incorporation is South Dakota
2. The name of the registered agent in South Dakota and the registered office address is FLOYD H. HELLEKSON  
46481 - 215th Street, Volga, SD 57071-9403 Zip + 4 57071 - 9403
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A
4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
No Change

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>Directors</u>	<u>No Change</u>	
<u>KAREN L. FOUBERG, nee Karen L. Hellekson</u>	<u>ERMA E. HELLEKSON</u>	<u>Secretary - Treasurer</u>

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%.  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>FLOYD H. HELLEKSON</u>	<u>46481 215th St., Volga, SD</u>	<u>88 shs.</u>	<u>First</u>
<u>ERMA E. HELLEKSON</u>	<u>46481 215th St., Volga, SD</u>	<u>1 sh.</u>	<u>First</u>
<u>DENNIS F. HELLEKSON</u>	<u>46481 215th St., Volga, SD</u>	<u>546 shs.</u>	<u>First</u>
<u>KAREN L. FOUBERG</u>	<u>RR No. 1, Letcher, SD</u>	<u>494 shs.</u>	<u>First</u>

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 10%%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated February 08, 2001

By Floyd H. Hellekson  
(Signature) President

STATE OF SOUTH DAKOTA ss

COUNTY OF Brookings

On this the 8th day of February, 2001, before me, FRANK E. DENHOLM  
personally appeared FLOYD H. HELLEKSON, known to me, or proved to me,

to be the President of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same

My Commission Expires December 31, 2002.

Frank E. Denholm  
Notary Public - State of South Dakota

(Notarial Seal)

SOS CRP 410 10/92

2002

ANNUAL REPORT 20421303204  
4/5/02

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-15-02  
RECEIPT NO. 1279190  
RECEIVED  
MAR 15 02  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-020528 MAR/2001  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
46481 215TH ST  
VOLGA SD 57071-6941

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
Federal Taxpayer I  
FILING DATE: Due during the month the  
Certificate of incorporation was issued, and  
delinquent after the last day of the following  
month.

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

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

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

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

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

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

SD law requires at least one director.

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

Director \_\_\_\_\_  
Director \_\_\_\_\_

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated \_\_\_\_\_  
By Floyd H. Hellekson  
(Signature)  
Its \_\_\_\_\_ President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings ss

On this the 1st day of March, 2002, before me, FRANK E. DENHOLM  
personally appeared FLOYD H. HELLEKSON

to be the President of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires December 31, 2002.

(Notarial Seal)

Frank E. Denholm  
Notary Public - State of South Dakota

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

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

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

File Date: \_\_\_\_\_  
Receipt No: \_\_\_\_\_

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

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

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

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

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

**ANNUAL FARM REPORT 2004**  
PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

FILE DATE \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_  
**RECEIVED**  
**MAR 15 '02**

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

S.D. REG. OF STATE

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

1. The name of the corporation is HELLEKSON FARMS, INC.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is FLOYD H. HELLEKSON, 46481 215th Street, Volga, South Dakota 57071-6941

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

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
No Change

5. List only the changes of the names or addresses of the officers and directors.  
NAME REPLACED AS OFFICER OR DIRECTOR  
No Change

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100% (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders  
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED  
No Change

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 10 %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated March 01, 2002

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings

On this the 1st day of March, 2002, before me,  
personally appeared FLOYD H. HELLEKSON  
to be the President

HELLEKSON FARMS, INC.  
Floyd H. Hellekson  
(Signature) President

(Title) FRANK E. DENHOLM

instrument and acknowledged to me that such corporation executed the same. of the corporation that is described in and that executed the within  
The 31st day of December, 2002.

My Commission Expires

Frank E. Denholm  
(Notary Public) - State of South Dakota

(Notarin' Seal)

[Faint, illegible text, possibly bleed-through from the reverse side of the page]



2003

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE

ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS S.D. SEC. 61-11-1

0303219.3299  
3/20/03

FILE DATE 3-10-03  
RECEIPT NO. 1192575  
RECEIVED

1. Corporate Name, Registered Agent and Registered Address:



DF-020528 MAR/2002  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
46481 215TH ST  
VOLGA SD 57071-6941

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

Federal Taxpayer I

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

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

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

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

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

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

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

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated February 24, 2003  
By Floyd Hellekson  
(Signature)  
Its President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF Brookings ss

On this the 24th day of February, 2003, before me, FRANK E. DENHOLM personally appeared FLOYD H. HELLEKSON, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires the 31st day of December, 2008.  
Notary Public Frank E. Denholm

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

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

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

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

Dated \_\_\_\_\_ (Signature) \_\_\_\_\_  
(Title) \_\_\_\_\_

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
Filed pursuant to the provisions of SDC 40-21-3

NO FILING FEE

FILED  
FILE DATE \_\_\_\_\_  
SD SEC STATE

1. Corporate name and address:



DF-020528 MAR/2002  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
46481 215TH ST  
VOLGA SD 57071-6941

RECEIVED  
MAR 16 2003  
SD SEC STATE

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

2. The state of incorporation is HELLEKSON FARMS, INC. - SOUTH DAKOTA

3. The name of the registered agent in South Dakota and the registered office address is FLOYD H. HELLEKSON,  
46481 - 215th Street, Volga, South Dakota 57071 - 6941

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

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

No Change

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

No Change

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100% @ 1,129shs. (Degree of kindred is defined as number of generations with each generation being a degree.) \*7 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

No Change

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 10 %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated February 24, 2003

STATE OF SOUTH DAKOTA

COUNTY OF Brookings

(Signature)

Floyd H. Hellekson  
President

(Title)

On this the 24th day of February, 2003 before me, FRANK E. DENHOLM  
personally appeared FLOYD H. HELLEKSON, known to me, or proved to me,  
to be the President of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

the 21st day of December, 2008.

My Commission Expires

(Notarial Seal)

(Notary Public)

farmrep.pdf

226 3954 03/18/2004  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

# ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 03/15/04  
RECEIVED  
1301383  
MAR 15 2004

1. Corporate name and address:



DF020528 MAR/2003  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
46481 215TH ST  
VOLGA SD 57071-6941

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

2. The state of incorporation is SOUTH DAKOTA

3. The name of the registered agent in South Dakota and the registered office address is Floyd Hellekson  
46481 - 215th Street Volga, South Dakota 57071-6941

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

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
No Change

6. List only the changes of the names or addresses of the officers and directors.  
NAME No Change **REPLACED** AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders  
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED  
No Change

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 10 %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 03/11/04  
STATE OF SOUTH DAKOTA  
COUNTY OF Brookings

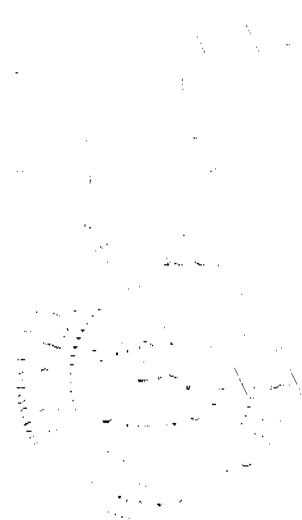
Floyd H. Hellekson  
(Signature) President  
(Title)

On this the 11th day of March, 2004, before me, FRANK E. DENHOLM  
personally appeared FLOYD H. HELLEKSON, known to me, or proved to me,  
to be the President of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

12/31/08  
My Commission Expires  
(Notarial Seal)

Frank E. Denholm  
(Notary Public)

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226 3953 03/18/2004

2004

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

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

FILE DATE 03/15/04 RECEIPT NO. 130/383 RECEIVED MAR 15 '04

1. Corporate Name, Registered Agent and Registered Address:



DF020528 MAR/2003 HELLEKSON FARMS, INC. HELLEKSON, FLOYD 46481 215TH ST VOLGA SD 57071-6941

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

ATTENTION - FILING INSTRUCTIONS

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

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

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

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

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

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

Director Director

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

Table with columns: NUMBER OF SHARES CAN ISSUE (authorized), CLASS, SERIES, PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated March 11, 2004.

By [Signature] (Signature) Its President (Title)

STATE OF SOUTH DAKOTA COUNTY OF Brookings ss

On this the 11th day of March, 2004, before me, FRANK E. DENHOLM

personally appeared FLOYD HELLEKSON, known to me, or proved to me, to be the President of the corporation that is described in and that executed the within

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

My Commission Expires 12/31/08.

[Signature] Notary Public

(Notarial Seal)

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

SOS CRP 07/03

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

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

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

Dated \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public  
(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

# ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 03/01/05

RECEIVED

FEB 14 '05

S.D. SEC. of STATE

233 4107

1. Corporate name and address:



DF020528 MAR/2004  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
46481 215TH ST  
VOLGA SD 57071-6941

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

2. The state of incorporation is SOUTH DAKOTA

3. The name of the registered agent in South Dakota and the registered office address is FLOYD HELLEKSON  
46481 - 215th Street Volga, South Dakota 57071-6941

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

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

No Change

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

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

No Change

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100%. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

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

No Change

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 10 %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated the 10th day of February, 2005.

Floyd D. Hellekson, Inc.  
(Signature)

President  
(Title)

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

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

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

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
  7. This change has been authorized by resolution duly adopted by the board of directors.
- The statement may be signed by the chairman of the board of directors, by its president, or any other officer.

Dated \_\_\_\_\_ (Signature) \_\_\_\_\_  
\_\_\_\_\_  
(Title) \_\_\_\_\_

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ (signature) \_\_\_\_\_

248 1088 05/08/2006

# 2006

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

RECEIVED FILE DATE: 04/04/06  
 RECEIPT NO. 1548962

APR 04 '06

S.D. SEC. OF STATE

RECEIVED  
MAR 15 '06

S.D. SEC. OF STATE

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



\* D F 0 2 0 5 2 8 \*

DF020528 MAR/2005  
 HELLEKSON FARMS, INC.  
 HELLEKSON, FLOYD  
 46481 215TH ST  
 VOLGA SD 57071-6941

Telephone # \_\_\_\_\_  
 FAX # \_\_\_\_\_

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

### \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

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

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

\*\*\*\*\*

2. The address of the principal office is the family farmstead at 46481 - 215th Street, Volga, SD 57071

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
DENNIS F. HELLEKSON	President	46481 - 215th Street,	Volga,	South Dakota	57071
	Vice President				
KAREN L. FOUBERG,	Secretary	40429 - 243rd Street,	Letcher,	South Dakota	57359
nee Karen L. Hellekson	Treasurer	40429 - 243rd Street,	Letcher,	South Dakota	57359

SD law requires at least one director.

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

Director \_\_\_\_\_  
 Director \_\_\_\_\_

4. Provide a brief description of the nature of the business grain and livestock farming

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
2,000	common	Original

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
1,128	common	Original

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

Dated the 10th day of March, 2006

Karen L. Fouberg  
 Signature

KAREN L. FOUBERG, nee Karen L. Hellekson  
 Printed Name

Secretary - Treasurer  
 Title

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

SOS CRP 07/05

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

1. The name of the corporation is HELLEKSON FARMS, INC.

2. The street address, or a statement that there is no street address, of its current registered office \_\_\_\_\_  
46481-215th Street, Volga, South Dakota 57071 ZIP + 4 \_\_\_\_\_

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

4. The name of its current registered agent is FLOYD H. HELLEKSON, now Deceased. (DOD 08-20-05)

5. The name of its new registered agent is \* KAREN L. FOUBERG, nee Karen L. Hellekson, Secretary-Treasurer (Daughter), 40429-243rd Street, Letcher, South Dakota 57359

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

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

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

Dated this 10th day of March, 2006

✓ Karen L. Fouberg  
Signature Karen L. Fouberg

KAREN L. FOUBERG, nee Karen L. Hellekson  
Printed Name

Secretary - Treasurer

Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, KAREN L. FOUBERG, nee Karen L. Hellekson, hereby give my consent to serve as the  
(name of registered agent)

registered agent for HELLEKSON FARMS, INC.  
(corporate name)

Dated this 10th day of March, 2006

✓ Karen L. Fouberg  
(signature) Karen L. Fouberg

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

# ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 04/04/06

RECEIVED

RECEIVED

APR 4 '06

APR 15 '06

S.D. SEC. OF STATE

S.D. SEC. OF STATE

1. Corporate name and address:



\* D F 0 2 0 5 2 8 \*  
DF020528 MAR/2005  
HELLEKSON FARMS, INC.  
HELLEKSON, FLOYD  
46481 215TH ST  
VOLGA SD 57071-6941

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

2. The state of incorporation is HELLEKSON FARMS, INC., a South Dakota Corporation

3. The name of the registered agent in South Dakota and the registered office address is KAREN L. FOUBERG, nee Karen L. Hellekson, Sec'y-Treas. - Registered Office is 46481-215th St., Volga, SD 57071

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_  
N/A

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
No Change

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>DENNIS F. HELLEKSON</u>	<u>FLOYD H. HELLEKSON, Deceased</u>	<u>as President</u>
	<u>(D. O. D. 08-20-05)</u>	

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 1,128 shs. or 100%. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>DENNIS F. HELLEKSON,</u>	<u>46481 - 215th Street, Volga, SD</u>	<u>594 shs.</u>	<u>1st</u>
<u>KAREN L. FOUBERG, nee</u>	<u>Karen L. Hellekson, 40429-243rd Street, Letcher, SD</u>	<u>534 shs.</u>	<u>1st</u>

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

Dated this 10th day of March, 2006

Karen L. Fouberg  
(Signature) Karen L. Fouberg

Secretary - Treasurer  
(Title)

248 1089

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It is a very old manuscript, and I have not seen it.

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

# ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 03/10/07

RECEIVED

FEB 23 2007

S.D. SEC. OF STATE

1. Corporate name and address:



\* D F 0 2 0 5 2 8 \*  
DF020528 MAR/2006  
HELLEKSON FARMS, INC.  
FOUBERG, KAREN L  
40429 243RD STREET  
LETCHER SD 57359-6941

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

2. The state of incorporation is South Dakota

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

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

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

Same

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

No Change

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 1,123 shs. or 100%. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

No Change

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 3.75% %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 2/17/07

Karen L. Fouberg  
(Signature)

Sec. - Treas.  
(Title)

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2007

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

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



\* D F O 2 0 5 2 8 \*  
DFO20528 MAR/2006  
HELLEKSON FARMS, INC.  
FOUBERG, KAREN L  
40429 243RD STREET  
LETCHER SD 57359-6941

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

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

FILE DATE 03/01/07  
RECEIPT NO. 1164820  
RECEIVED  
FEB 23 2007  
S.D. SEC. OF STATE

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

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

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

\*\*\*\*\*

2. The address of the principal office \_\_\_\_\_

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

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

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

4. Provide a brief description of the nature of the business \_\_\_\_\_

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
-----------------------------	-------	--------

6. NUMBER OF ISSUED SHARES \_\_\_\_\_ CLASS \_\_\_\_\_ SERIES \_\_\_\_\_

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

Dated 2/17/07

Karen L. Fouberg  
Signature

Karen L. Fouberg  
Printed Name

Sec. Treas.  
Title

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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

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

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

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

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

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

Dated 2/17/07

Karen L. Fouberg  
Signature

Karen L. Fouberg  
Printed Name

Sec. Treas.  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_  
(signature)

# 2008

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 03/03/08  
RECEIPT NO. 1773190  
**RECEIVED**  
**MAR 03 2008**  
S.D. SEC. OF STATE

273 2620

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



DF020528 MAR/2007  
HELLEKSON FARMS, INC.  
FOUBERG, KAREN L  
40429 243RD STREET  
LETCHER SD 57359-6941

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

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

### \*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*

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

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

\*\*\*\*\*

2. The address of the principal office \_\_\_\_\_

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

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

SD law requires at least one director.

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

Director \_\_\_\_\_  
Director \_\_\_\_\_

4. Provide a brief description of the nature of the business \_\_\_\_\_

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES

6. NUMBER OF ISSUED SHARES	CLASS	SERIES

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

Dated the 29th day of February, 2008

Karen L. Fouberg  
Signature

KAREN L. FOUBERG, nee Karen L. Hellekson  
Printed Name

Secretary - Treasurer  
Title

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

SOS CRP 07/05

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

File Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

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

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

1. The name of the corporation is \_\_\_\_\_

2. The street address, or a statement that there is no street address, of its current registered office \_\_\_\_\_

\_\_\_\_\_ ZIP + 4 \_\_\_\_\_

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

\_\_\_\_\_ ZIP + 4 \_\_\_\_\_

4. The name of its current registered agent is \_\_\_\_\_

5. The name of its new registered agent is \* \_\_\_\_\_

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(signature)

273 2621 03/20/2008  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

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

FILE DATE 03/03/08

**RECEIVED**  
**MAR 03 2008**  
**S.D. SEC. OF STATE**

**NO FILING FEE**

1. Corporate name and address:



DF020528 MAR/2007  
HELLEKSON FARMS, INC.  
FOUBERG, KAREN L  
40429 243RD STREET  
LETCHER SD 57359-6941

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is KAREN L. FOUBERG, nee Karen L. Hellekson, Secretary -Treasurer, 40429 - 243rd Street, Letcher, South Dakota 57359

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

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
No Change EXCEPT an 80 acre tract owned by the Corporation was sold and title transferred by Deed dated January 27, 2007, legal description -the N1/2 of the SE1/4 of Sec. 11, 109-50, County of Brookings

6. List only the changes of the names or addresses of the officers and directors.  
NAME: REPLACED AS OFFICER OR DIRECTOR  
NO CHANGE

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 595 shs. @ 100%. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>KAREN L. FOUBERG</u>	<u>Same (see above)</u>	<u>1</u>	<u>1</u>

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is part of farms 37 (+/-)  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated the 29th day of February, 2008

Karen L. Fouberg  
(Signature) Karen L. Fouberg

Secretary - Treasurer  
(Title)

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2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 03/04/09 RECEIPT NO 1890369 RECEIVED FEB 17 2009 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF020528 MAR/2008 HELLEKSON FARMS, INC. FOUBERG, KAREN L 40429 243RD STREET LETCHER SD 57359-6941

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 is the Family Farmstead

46481-215th Street, Volga, South Dakota 57071 Street Address City State ZIP+4 40429-243rd Street, Letcher, South Dakota 57359 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent is KAREN L. FOUBERG, nee Karen L. Hellekson

40429-243rd Street Letcher, South Dakota 57359 Street Address (Required to be a South Dakota Address) City State ZIP+4 "Same" Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

- President DENNIS F. HELLEKSON 46481-215th Street, Volga, South Dakota 57071
Vice President
Secretary KAREN L. FOUBERG 40429-243rd Street, Letcher, South Dakota 57359
Treasurer
Director
Director

HELLEKSON FARMS, INC.

Dated the 31st day of January, 2009

By: Karen L. Foubert (Signature of an authorized officer)

KAREN L. FOUBERG, nee Karen L. Hellekson (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
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Mailing Address (Optional)	City	State	ZIP+4
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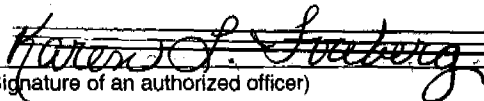
5. If the address has changed, its new address

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.

Dated \_\_\_\_\_

  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

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

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink  
 No Filing Fee

FILE DATE 03/01/09  
 RECEIPT NO \_\_\_\_\_  
**RECEIVED**  
**FEB 17 2009**  
 S.D. SEC. OF STATE

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

287 3395

1. Corporate ID, Name and Address:



\* D F 0 2 0 5 2 8 \*  
 DF020528 MAR/2008  
 HELLEKSON FARMS, INC.  
 FOUBERG, KAREN L  
 40429 243RD STREET  
 LETCHER SD 57359-6941

2. The name of the South Dakota Registered Agent is KAREN L. FOUBERG, nee Karen L. Hellekson,  
Secretary-Treasurer, 40429-243rd Street, Letcher, South Dakota 57359  
 Street Address (Required to be a South Dakota Address) City State ZIP+4

"Same"

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

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

County	Section	Township	Acres
No Change			
County	Section	Township	Acres
No Change			
County	Section	Township	Acres
No Change			

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	595 shs.
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities. Cash rent part of farm	(+/-) 37 %

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

Name	Address	City	State	Zip	Shares	Kindred
No Change						
Name	Address	City	State	Zip	Shares	Kindred
No Change						
Name	Address	City	State	Zip	Shares	Kindred
No Change						

Dated the 31st day of January, 2009

Karen L. Fouberg  
 (Signature of an authorized officer)  
KAREN L. FOUBERG, nee Karen L. Hellekson  
 (Printed Name)  
Secretary-Treasurer  
 (Title)

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304 3009 04/27/2010

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

# ANNUAL FARM REPORT

## Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE	<u>4-14-10</u>
RECEIPT NO	_____
<b>RECEIVED</b>	<b>RECEIVED</b>
<b>APR 14 2010</b>	<b>APR 01 2010</b>
<b>S.D. SEC. OF STATE</b>	<b>S.D. SEC. OF STATE</b>

1. Corporate ID, Name and Address:



DF020528 MAR/2009  
HELLEKSON FARMS, INC.  
FOUBERG, KAREN L  
40429 243RD STREET  
LETCHER SD 57359-6941

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

2. The name of the South Dakota Registered Agent is KAREN L. FOUBERG nee Karen L. Hellekson

<u>40429 - 243rd Street</u>	<u>Letcher</u>	<u>South Dakota</u>	<u>57359</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4

"Same"

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

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

NO CHANGE			
County	Section	Township	Acres
NO CHANGE			
County	Section	Township	Acres
NO CHANGE			
County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>595 shs</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>7 - 40 %</u>

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

NO CHANGE							
Name	Address	City	State	Zip	Shares	Kindred	
NO CHANGE							
Name	Address	City	State	Zip	Shares	Kindred	
NO CHANGE							
Name	Address	City	State	Zip	Shares	Kindred	

Dated the 29th day of March, 2010

Karen L. Fouberg  
(Signature of an authorized officer)

KAREN L. FOUBERG, nee Karen L. Hellekson  
(Printed Name)

Secretary - Treasure  
(Title)

1952

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2010

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

ANNUAL REPORT  
DOMESTIC

Please Type or Print Clearly in Ink

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

1. Corporate Name, Registered Agent Name and Address:



\* D F O 2 0 5 2 8 \*  
DF020528 MAR/2009  
HELLEKSON FARMS, INC.  
FOUBERG, KAREN L  
40429 243RD STREET  
LETCHER SD 57359-6941

RECEIVED

APR 14 2010

S.D. SEC. OF STATE

RECEIVED

APR 01 2010

S.D. SEC. OF STATE

FILE DATE 4-14-10  
RECEIPT NO 202178

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.

46431 - 215th Street Volga South Dakota 57071  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent KAREN L. FOUBERG ~~nee Karen L. Hellekson~~

40429 - 243rd Street Letcher South Dakota 57359  
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 one director.

DENNIS F. HELLEKSON 46431 - 215th Street Volga South Dakota 57071  
President Street Address City State ZIP+4

Vice President Street Address City State ZIP+4

KAREN L. FOUBERG 40429 - 243rd Street Letcher South Dakota 57359  
Secretary Street Address City State ZIP+4

KAREN L. FOUBERG 40429 - 243rd Street Letcher South Dakota 57359  
Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Dated the 29th day of March, 2010

Karen L. Fouberg  
(Signature of an authorized officer)

KAREN L. FOUBERG  
(Printed Name)

Secretary - Treasure  
(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
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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.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

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

# ANNUAL FARM REPORT

## Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE \_\_\_\_\_  
 RECEIPT NO. \_\_\_\_\_  
**RECEIVED**  
**FEB 18 2011**  
**S.D. SEC. OF STATE**

1. Corporate ID, Name and Address:



\* D F 0 2 0 5 2 8 \*  
 DF020528 MAR/2010  
 HELLEKSON FARMS, INC.  
 FOUBERG, KAREN L  
 40429 243RD STREET  
 LETCHER SD 57359-6941

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

2. The name of the South Dakota Registered Agent

Karen L. Fouberg

40429 243rd St

Letcher

SD

57359

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

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

County	Section	Township	Acres

4. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>1127</u>
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____%

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

Name	Address	City	State	Zip	Shares

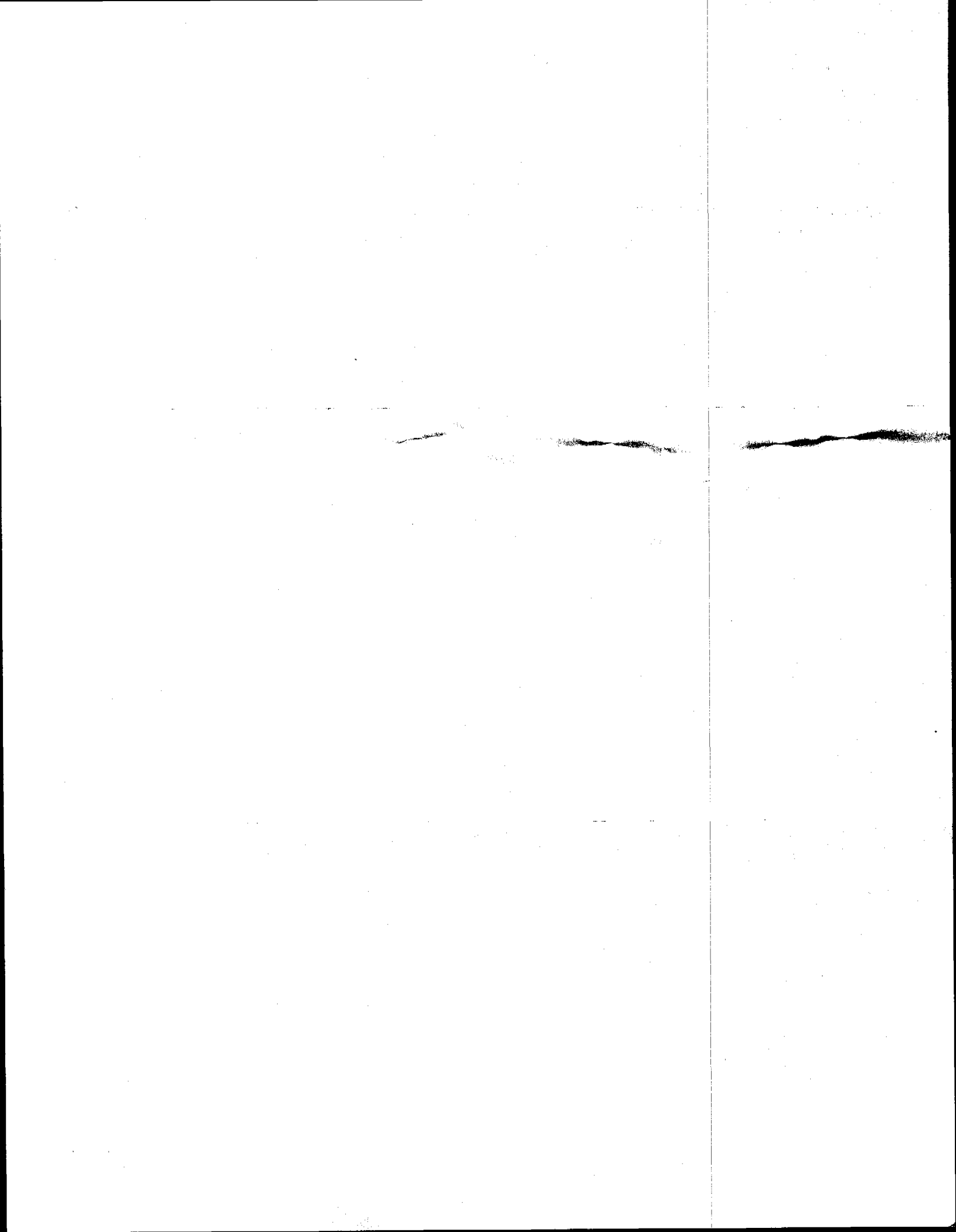
No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 2/17/11

Karen L. Fouberg  
 (Signature of an Authorized Person)

Karen L. Fouberg  
 (Printed Name)

316 2642



316 2641 03/28/2011

2011

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

# ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 02-18-2011  
RECEIPT NO 2124789  
**RECEIVED**  
**FEB 18 2011**  
**S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



\*DF020528\*  
DF020528 MAR/2010  
HELLEKSON FARMS, INC.  
FOUBERG, KAREN L  
40429 243RD STREET  
LETCHER SD 57359-6941

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

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

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

46481 215th St Volga SD 57071  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Karen L. Fouberg

40429 243rd St Letcher SD 57359  
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 principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

Dennis F. Hellekson 46481 215th St Volga SD 57071  
President Street Address City State ZIP+4

\_\_\_\_\_  
Vice President Street Address City State ZIP+4

Karen L. Fouberg 40429 243rd St Letcher SD 57359  
Secretary Street Address City State ZIP+4

\_\_\_\_\_  
Treasurer 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 2/17/11

Karen L. Fouberg  
(Signature of an Authorized Person)

Karen L. Fouberg  
(Printed Name)

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

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

Please Type or Print Clearly in Ink

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

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

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

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

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

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

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

5. If the address has changed, its new address

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

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an Authorized Person)

\_\_\_\_\_  
(Printed Name)

2012

Enter Filing Year

## ANNUAL FARM REPORT

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

## Corporation

Please Type or Print Clearly In Ink

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

FILE 5/4/2012

RECEIPT NO 39950

## 1. Corporate Name and Address:

DF020528  
HELLEKSON FARMS, INC.  
46481 215TH STREET  
VOLGA, SD 57071-6941

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

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

46481 215TH STREET	VOLGA	SD	57071-6941
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: KAREN L FOUBERG

40429 243RD STREET	LETCHER	SD	57359-6941
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 principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	DENNIS F HELLEKSON	46481 215TH STREET	VOLGA	SD	57071
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KAREN L FOUBERG	40429 243RD STREET	LETCHER	SD	57359
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	KAREN L FOUBERG	40429 243RD STREET	LETCHER	SD	57359
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>595</u>
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>          </u>

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

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

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

Date

Signature Accepted Electronically \_\_\_\_\_

(Signature of an Authorized Person)

**KAREN L FOUBERG**

(Printed Name)

2013

Enter Filing Year

## ANNUAL FARM REPORT

FILE 2/19/2013

RECEIPT NO 95514

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

**Corporation**

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF020528  
HELLEKSON FARMS, INC.  
46481 215TH STREET  
VOLGA, SD 57071

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

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

46481 215TH STREET	VOLGA	SD	57071
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
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## 4. The name of the South Dakota Registered Agent

Agent Name: KAREN L FOUBERG

40429 243RD STREET	LETCHER	SD	57359-6941
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 principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	DENNIS F HELLEKSON	46481 215TH STREET	VOLGA	SD	57071
	President	Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	KAREN L FOUBERG	40429 243RD STREET	LETCHER	SD	57359
	Secretary	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	KAREN L FOUBERG	40429 243RD STREET	LETCHER	SD	57359
	Treasurer	Street Address	City	State	ZIP+4

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

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

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

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	595
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

KAREN L FOUBERG

(Printed Name)

2014

Enter Filing Year

## ANNUAL FARM REPORT

FILE 3/3/2014

RECEIPT NO 181491

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

**Corporation**

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF020528  
HELLEKSON FARMS, INC.  
46481 215TH STREET  
VOLGA, SD 57071-6941

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

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

46481 215TH STREET	VOLGA	SD	57071-6941
Street Address	City	State	ZIP+4

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

## 4. The name of the South Dakota Registered Agent

Agent Name: KAREN L FOUBERG

40429 243RD STREET	LETCHER	SD	57359-6941
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 principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	DENNIS F HELLEKSON	46481 215TH STREET	VOLGA	SD	57071
	President	Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	KAREN L FOUBERG	40429 243RD STREET	LETCHER	SD	57359
	Secretary	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	KAREN L FOUBERG	40429 243RD STREET	LETCHER	SD	57359
	Treasurer	Street Address	City	State	ZIP+4

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

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

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

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	1128
<b>Authorized Farm</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

KAREN L FOUBERG

(Printed Name)

2015

Enter Filing Year

## ANNUAL FARM REPORT

FILE DATE 3/1/2015

RECEIPT NO 278321

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

## Corporation

Please Type or Print Clearly In Ink

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

## 1. Corporate Name and Address:

DF020528  
HELLEKSON FARMS, INC.  
46481 215TH STREET  
VOLGA, SD 57071-6941

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

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

46481 215TH STREET VOLGA SD 57071-6941

Street Address City State ZIP+4

Mailing Address City State ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: KAREN L FOUBERG

40429 243RD STREET LETCHER SD 57359-6941

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

DENNIS F HELLEKSON 46481 215TH STREET VOLGA SD 57071

President Street Address City State ZIP+4

Vice President Street Address City State ZIP+4

KAREN L FOUBERG 40429 243RD STREET LETCHER SD 57359

Secretary Street Address City State ZIP+4

KAREN L FOUBERG 40429 243RD STREET LETCHER SD 57359

Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

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

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	1129
<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Dated 03/01/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

KAREN FOUBERG

(Printed Name)

2016

## ANNUAL FARM REPORT

FILE DATE 2/25/2016

Enter Filing Year

## Corporation

RECEIPT NO 387204

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

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

Please Type or Print Clearly In Ink

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

## 1. Corporate ID and Name:

DF020528

Enter Corporate ID

HELLEKSON FARMS, INC.

Enter Corporate Name

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

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

46481 215TH STREET

VOLGA

SD

57071-6941

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:

KAREN L FOUBERG

40429 243RD STREET

LETCHER

SD

57359-6941

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

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



DENNIS F HELLEKSON

46481 215TH STREET

VOLGA

SD

57071

President

Actual Street Address

City

State

ZIP+4



Vice President

Actual Street Address

City

State

ZIP+4



KAREN L FOUBERG

40429 243RD STREET

LETCHER

SD

57359

Secretary

Actual Street Address

City

State

ZIP+4



KAREN L FOUBERG

40429 243RD STREET

LETCHER

SD

57359

Treasurer

Actual Street Address

City

State

ZIP+4

Director Actual Street Address City State ZIP+4

Director Actual Street Address City State ZIP+4

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

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	1128
<b>Authorized Farm Corporation</b>	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

KAREN L FOUBERG

(Printed Name)