

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

1993 0 1 1 7 1  
**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 12-30-93  
RECEIVED NO. 361025

RECEIVED  
JAN 4 1994  
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DF-014008  
RICHARDS FARMS, INC.  
RICHARDS, ROBERT F.  
BOX 27  
BRIDGEWATER, SD 57319-0027  
DEC/92

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, per value of shares, shares without par value, and series, if any, within a class:

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

5. NUMBER OF SHARES ISSUED      CLASS      SERIES

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

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

Dated Jan 3 1994

By Robert F. Richards  
(Signature)  
Its Pres.  
(Title)

STATE OF S.D.  
COUNTY OF MACDONALD ss

I, EDWARD C. MEYER a notary public, do hereby certify that on this 3 day of JAN 1994 personally appeared before me ROBERT F. RICHARDS who, being by me first duly sworn, declared that he/she is the PRES. of RICHARDS FARMS, INC.

that he/she signed the foregoing document as officer of the corporation, and the statements herein contained are true.  
My Commission Expires FEB 1999  
Notary Public Edward C. Meyer

(Notarial Seal)

SOS CRP 410 10/92

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

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

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

94011710  
**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 12-30-93  
FILE NO. \_\_\_\_\_

JAN 4 1994

Secretary 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 Richards Farms Inc  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Robert F. Richards  
Box 27 Bridgewater S.D. Zip + 4 57319-0027
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
\_\_\_\_\_  
\_\_\_\_\_

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

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

- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 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
------	---------	------------------	-------------------

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is None%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated Jan 3 1994

By Robert F. Richards  
(Signature) PRE.  
Its \_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_  
COUNTY OF S.D. ss

I, McCook, a notary public, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
personally appeared before me ROBERT F. RICHARDS who, being by me first duly sworn, declared that he/she  
is the PRES of the corporation, and the statements therein contained are true.  
RICHARDS FARMS INC

My Commission Expires

Feb 1999

(Notarial Seal)

Notary Public

Edward C. Mapp

SOS CRP 410 10/92

1994  
 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 1-24-95  
 RECEIPT NO. 491836  
 RECEIVED

DEC 26 RECEIVED  
 JAN 24 1995

1. Corporate Name, Registered Agent and Registered Address:

DF-014008 DEC/93  
 RICHARDS FARMS, INC.  
 RICHARDS, ROBERT F.  
 BOX 27  
 BRIDGEWATER, SD 57319-0027

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.

Dated Dec 28 19 94

By Robert F. Richards  
 (Signature)  
 Its President  
 (Title)

STATE OF S.D.A.K.  
 COUNTY OF McCook ss

I, Edward C Meyer a notary public, do hereby certify that on this 28<sup>th</sup> day of Dec. 19 94, personally appeared before me Robert F. Richards who, being by me first duly sworn, declared that he/she is the President of Richards Farms Inc.

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

My Commission Expires Feb. 1999

Edward C Meyer  
 Notary Public  
 2401 1/2 St, Pierre, SD 57501  
 1999

(Notarial Seal)

SOS CRP 410 10/92

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

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

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

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

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

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

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

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

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

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

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

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 1-24-95  
FILE NO. \_\_\_\_\_

RECEIVED  
RECEIVED DEC 30 1994  
JAN 24 1995  
Secretary 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 Richards Farms, Inc.  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Box # 605 729 2647  
Robert F. Richards Box 7 Bridgewater, S. Dak. Zip - 4 57319-0027
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

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

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

- 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 Same  
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is None%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated Dec 28 19 94 By Robert F. Richards  
(Signature)  
his President  
(Title)

STATE OF S. Dak  
COUNTY OF McCook ss

I, Edward C. Meyer a notary public, do hereby certify that on this 28<sup>th</sup> day of Dec 19 94 personally appeared before me Robert F. Richards who, being by me first duly sworn, declared that he/she is the President of Richards Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true  
My Commission Expires Feb 1999

Edward C. Meyer  
Notary Public  
Expires Feb 1999

(Notarial Seal)

SOS CRP 410 10/92

**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 1-23-96  
 RECEIPT NO. 516366  
 RECEIVED  
 SAN FRANCISCO OFFICE

1. Corporate Name, Registered Agent and Registered Address:

DF-014008 DEC/94  
 RICHARDS FARMS, INC.  
 RICHARDS, ROBERT F.  
 BOX 27  
 BRIDGEWATER, SD 57319-0027

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: (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 \_\_\_\_\_

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

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

Dated Dec 28 19 95

By Robert F. Richards  
 (Signature)  
 its Pres.  
 (Title)

STATE OF SOUTH DAKOTA  
 COUNTY OF McCook ss

I, Donna M. Pecorum, a notary public, do hereby certify that on this 28<sup>th</sup> day of DECEMBER 19 95 personally appeared before me ROBERT F. RICHARDS who, being by me first duly sworn, declared that he/she is the PRESIDENT of RICHARDS FARMS, INC.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
 My Commission Expires MAY 25, 2003  
Donna M. Pecorum  
 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 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 \_\_\_\_\_ \*\*

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

25021805470  
**ANNUAL FARM REPORT**

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 1-23-96  
FILE NO. \_\_\_\_\_

RECEIVED RECEIVED

DEC 28 1995

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 Richardson 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 Robert F. Richards,  
Box 27 57319 Zip +4 0027

3. If a foreign corporation, the address of its principal office or registered office \_\_\_\_\_

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.  
None

5. List only the changes of the names or addresses of the officers and directors.  
NAME REPLACED AS OFFICER OR DIRECTOR  
None

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 1006  
(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  
None

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is None%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated Dec 28 19 95

By Robert F. Richards P.  
(Signature)  
Its Pres  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF McCook ss

I, Donna M. Pessum, a notary public, do hereby certify that on this 28<sup>th</sup> day of December 19 95, personally appeared before me ROBERT F. RICHARDS who, being by me first duly sworn, declared that he/she is the PRESIDENT of RICHARDS FARMS INC that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires MAR 25, 2003

Donna M. Pessum  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1996

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

# 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

1. Corporate Name, Registered Agent and Registered Address.

DF-014009  
RICHARDS FARMS, INC.  
RICHARDS, ROBERT F.  
BOX 27  
BRIDGEWATER, SD 57319 0027

DIC/95

Telephone # 625-729-2252  
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.

FILE DATE 12-31-96  
RECEIPT NO. 593745

RECEIVED  
DEC 31 1996  
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 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 12-23 1996

By Robert F. Richards  
(Signature)

its PRES.  
(Title)

STATE OF S.D.  
COUNTY OF McCook ss

I, EDWARD C. MEYER, a notary public, do hereby certify that on this 23 day of Dec 1996 personally appeared before me ROBERT F. RICHARDS who, being by me first duly sworn, declared that he/she is the PRES. of RICHARDS FARMS

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

My Commission Expires Feb 13 1996

Edward C. Meyer  
Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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)

<b><u>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</u></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  
DEC 31 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 Richard's Farms Inc  
The state of incorporation is S.D.K
2. The name of the registered agent in South Dakota and the registered office address is Box 27  
Bridge Street S.D. Zip 57319-0027
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_

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

5. List only the changes of the names or addresses of the officers and directors
- | NAME              | REPLACED | AS OFFICER OR DIRECTOR |
|-------------------|----------|------------------------|
| <u>No changes</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 same! 500  
(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>same!</u> |         |                  |                   |

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

Dated 12-23 1996 By Robert F. Richards  
(Signature) FRES  
(Title)

STATE OF S.D  
COUNTY OF MACON ss  
I, EDWARD C. MEYER, a notary public, do hereby certify that on this 22 day of Dec 1996,  
personally appeared before me ROBERT F. RICHARDS who, being by me first duly sworn, declared that he/she  
is the FRES of RICHARDS FARMS that he/she signed the foregoing document  
as officer of the corporation, and the statements therein contained are true  
My Commission Expires 7-13-1996  
Edward C. Meyer  
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

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

FILE DATE 12-1-97  
RECEIPT NO 6-72537  
**RECEIVED**  
DEC 01 1997  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address

DF-014008  
RICHARDS FARMS, INC.  
RICHARDS, ROBERT F.  
BOX 27  
BRIDGEWATER, SD 57319-0027

DEC/96

Telephone # 605 729-2647

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 Nov 15 1997

By Robert F. Richards  
(Signature)

Its Pres  
(Title)

STATE OF South Dakota  
COUNTY OF McCook ss

I, Paul J. Richards, a notary public, do hereby certify that on this 25<sup>th</sup> day of Nov, 1997

personally appeared before me Robert F. Richards who, being by me first duly sworn, declared that he/she is the President of Richards Farms Inc

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

My Commission Expires Sept 21, 1998

Paul J. Richards  
Notary Public

(Notarial Seal)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

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

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK  
NO FILING FEE

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

FILE DATE 12-1-97  
FILE NO. \_\_\_\_\_

RECEIVED  
DEC 01 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 Richards Farms, Inc.

The state of incorporation is S. Dak.

2 The name of the registered agent in South Dakota and the registered office address is Robert F Richards

Bridgewater, S.D. Zip + 4 57319-

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6 The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 1224  
(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 None % (Applies only to AUTHORIZED FARM CORPORATION)

Dated Nov 25 19 97

By Robert F Richards  
(Signature)

Its Pres  
(Title)

STATE OF South Dakota  
COUNTY OF McCook ss

I, Paul J Richards, a notary public, do hereby certify that on this 25th day of Nov 1997, personally appeared before me Robert F Richards who, being by me first duly sworn, declared that he/she is the President or Richards Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires Sept 31 1998

Paul J Richards  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1998

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

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12-8-98  
RECEIPT NO. 15771

RECEIVED  
DEC 08 1998  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address.

DF-014008  
RICHARDS FARMS, INC. DEC/97  
RICHARDS, ROBERT F.  
BOX 27  
BRIDGEWATER, SD 57319-0027

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.

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 Dec 8 1998

By Robert F. Richards  
(Signature)  
Its Pres.  
(Title)

STATE OF South Dakota  
COUNTY OF McCook ss

I, Paul J. Richards, a notary public, do hereby certify that on this 7th day of Dec. 1998,

personally appeared before me Robert F. Richards who, being by me first duly sworn, declared that he/she is the President of Richards Farms, Inc.

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

My Commission Expires Sept 21 2004

Paul J. Richards  
Notary Public

(Notarial Seal)

SOS CRP 6/97

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

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

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

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

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

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

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

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

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

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

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

(Notarial Seal)

### CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

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

K\* 6099

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  
DEC 08 1998  
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 Richard Farms Inc.  
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Robert F. Richards  
Box 21 Bridgeview SD Zip + 4 57319-0027
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is \_\_\_\_\_
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.  
\_\_\_\_\_  
\_\_\_\_\_

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 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

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated Dec 7 19 98

By Robert F. Richards  
(Signature)  
his Pres  
(Title)

STATE OF South Dakota  
COUNTY OF McCook ss

I, Paul J. Richards, a notary public, do hereby certify that on this 7th day of Dec 1998 personally appeared before me Robert F. Richards who, being by me first duly sworn, declared that he/she is the President of Richard Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true  
My Commission Expires Sept. 21, 2004

Paul J. Richards  
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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 12-15-99  
RECEIPT NO. 817327

RECEIVED

DEC 15 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-014009  
RICHARDS FARMS, INC.  
RICHARDS, ROBERT F.  
BOX 27  
BRIDGEWATER SD 57319-0027

DEC/98

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 12-9-99

By Robert F Richards  
(Signature)

Its Pres.  
(Title)

STATE OF South Dakota ss  
COUNTY OF McCook

I, Paul J. Richards, a notary public, do hereby certify that on this 9th day of December, personally appeared before me Robert F Richards who, being by me first duly sworn, declared that he/she is the President of Richards 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 9-21-04

Paul J. Richards  
Notary Public

(Notarial Seal)

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

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

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

**FILING FEE: \$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 \_\_\_\_\_

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

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

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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 BLOCK LETTERS

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 12-15-99  
FILE NO. 849322

RECEIVED

DEC 15 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 Richard's Farms Inc  
The state of incorporation is SD

2. The name of the registered agent in South Dakota and the registered office address is Box 27  
Bridgewater S.D. Zip + 4 57319-0027

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

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

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

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

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 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 now % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 12-9 19 99

By Robert F. Richards  
(Signature)  
Its Pres  
(Title)

STATE OF South Dakota  
COUNTY OF McCook ss

I, Paul J. Richards, a notary public, do hereby certify that on this 9th day of December 19 99, personally appeared before me Robert F. Richards who, being by me first duly sworn, declared that he/she is the President of Richard's Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 9-21-04  
Paul J. Richards  
Notary Public

(Notarial Seal)



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

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

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

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

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

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

4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor registered agent is \* \_\_\_\_\_

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature)

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

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

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

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

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

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

Dated \_\_\_\_\_

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

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

# ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE \_\_\_\_\_  
FILE NO. \_\_\_\_\_  
0101205 6904  
1/10/00 RECEIVED  
DEC 05 '00  
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 Richard Farms Inc

The state of incorporation is S.D.

2. The name of the registered agent in South Dakota and the registered office address is Richard Farms Inc  
T2W 27 Bridgeway S.D.

Zip+4 57319-0027

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

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

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

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

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 1,000  
(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 None % (Applies only to AUTHORIZED FARM CORPORATION).

Dated 7-28-00

STATE OF South Dakota  
COUNTY OF Minnehaha SS

By Robert F. Kuehn  
(Signature)  
Its Pres.  
(Title)

On this the 28th day of November, 2000, before me, Paul J. [Name] personally appeared Robert F. Kuehn, 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 11/21/01

Paul J. [Name]  
Notary Public

(Notarial Seal)

K/8281211-3442

2001

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

**ANNUAL REPORT**  
DOMESTIC  
PLEASE TYPE OR USE BLACK INK

0201211.3442  
174702

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

FILE DATE 11-9-01  
RECEIPT NO. 10362001  
**RECEIVED**  
**NOV 9 01**  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-014008      DEC/2000  
RICHARDS FARMS, INC.  
RICHARDS, ROBERT F.  
BOX 27  
RRIDGEWATER SD 57319-0027

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_  
Federal Taxpayer If  
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
<u>Robert F. Richards</u>	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 11-7-2001 By Robert F. Richards  
(Signature)  
Its President  
(Title)

STATE OF SD ss  
COUNTY OF McCook

On this 7th day of November 2001, before me, Paul J. Richards  
personally appeared Robert F. Richards, 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 9-21-04  
Paul J. Richards  
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: \$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) \_\_\_\_\_



2002

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 12-1-02 RECEIPT NO. 1156207

1. Corporate Name, Registered Agent and Registered Address:



DF-014008 DEC/2001 RICHARDS FARMS, INC. RICHARDS, ROBERT F. BOX 27 BRIDGEWATER SD 57319-0027

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

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

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

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

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

Table with 7 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: 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 Nov 12 2002 By Robert F. Richards (Signature) Its Pres (Title)

STATE OF S D COUNTY OF McCook ss

On this the 12th day of Nov 2002 before me Paul J Richards personally appeared Robert F Richards, 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 9-21-04 Notary Public Paul J Richards

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

SOS CRP 11/01

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

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

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

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

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

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

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

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

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

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

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

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

K 0330

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 S.D. Code 47-18.3032  
11/30/03

NO FILING FEE

FILE DATE \_\_\_\_\_  
RECEIVED  
DEC 02

1. Corporate name and address:



DF-014008 DEC/2001  
RICHARDS FARMS, INC.  
RICHARDS, ROBERT F.  
BOX 27  
BRIDGEWATER SD 57319-0027

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Richards Farms, Inc  
Box 27 Bridgewater, S.D. 57319

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

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

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>None</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 1000 ~~1002~~. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is None %  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated Nov 12, 2002

Robert F. Richards  
(Signature) PRES.  
(Title)

STATE OF SD

COUNTY OF McCook

On this the 12<sup>th</sup> day of Nov, 2002 before me,

Paul J. Richards

personally appeared Robert F. Richards, 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.

9-21-04  
My Commission Expires

Paul J. Richards  
(Notary Public)

(Notarial Seal)

225 3009  
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

01/29/04  
RECEIVED  
FILE DATE 1/29/05  
JAN 29 '04  
S.D. SEC. OF STATE

1. Corporate name and address:



\*DF-014008\*  
DF-014008 DEC/2002  
RICHARDS FARMS, INC.  
RICHARDS, ROBERT F.  
BOX 27  
BRIDGEWATER SD 57319-0027

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 Robert F. Richards  
PO Box 27 Bridgewater SD 57319

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

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

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>Paul Richards</u>	<u>Forrest C. Richards</u>	<u>Treasurer</u>
<u>PO Box 332 Bridgewater SD 57319</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 1,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

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

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 11 %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-28-04

STATE OF South Dakota  
COUNTY OF McCook

Forrest C. Richards  
(Signature)  
Secretary  
(Title)

On this the 28<sup>th</sup> day of Jan., 2004, before me, Paul J. Richards  
personally appeared Forrest C. Richards, known to me, or proved to me,  
to be the Secretary of the corporation that is described in and that executed the within  
instrument and acknowledged to me that such corporation executed the same.

9-21-04  
My Commission Expires

Paul J. Richards  
(Notary Public)

(Notarial Seal)

11/17/77

2003

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 01/29/04
RECEIPT NO 1292165

1. Corporate Name, Registered Agent and Registered Address:



DF-014008 DEC/2002
RICHARDS FARMS, INC.
RICHARDS, ROBERT F.
BOX 27
BRIDGEWATER SD 57319-0027

Telephone # 605 729-7199
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.

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

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

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Robert F. Richards (President), Rose Richards (Vice President), Forrest C. Richards (Secretary), and Paul Richards (Treasurer).

SD law requires at least one director.

Do the above listed officers serve also as directors? YES X NO

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. Includes rows for 3,000 Common shares and 1,000 actually 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 1-28-04
By Forrest C Richards (Signature)
Secretary (Title)

STATE OF South Dakota
COUNTY OF McCook
On this the 28th day of January, 2004, before me, Paul J. Richards
personally appeared Forrest C. Richards, known to me, or proved to me,
to be the Secretary 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 9-21-04
Notary Public Paul J. Richards

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)



**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) \_\_\_\_\_



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

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

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

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

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

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

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

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

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

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

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

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

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

# ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 01/27/05

RECEIVED

JAN 27 05

S.D. SEC. OF STATE

233 1521

1. Corporate name and address:



\* D F 0 1 4 0 0 8 \*  
DF014008 DEC/2003  
RICHARDS FARMS, INC.  
RICHARDS, ROBERT F.  
BOX 27  
BRIDGEWATER SD 57319-0027

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 Robert F. Richards  
PO Box 27 Bridgewater SD 57319

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

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

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 1,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

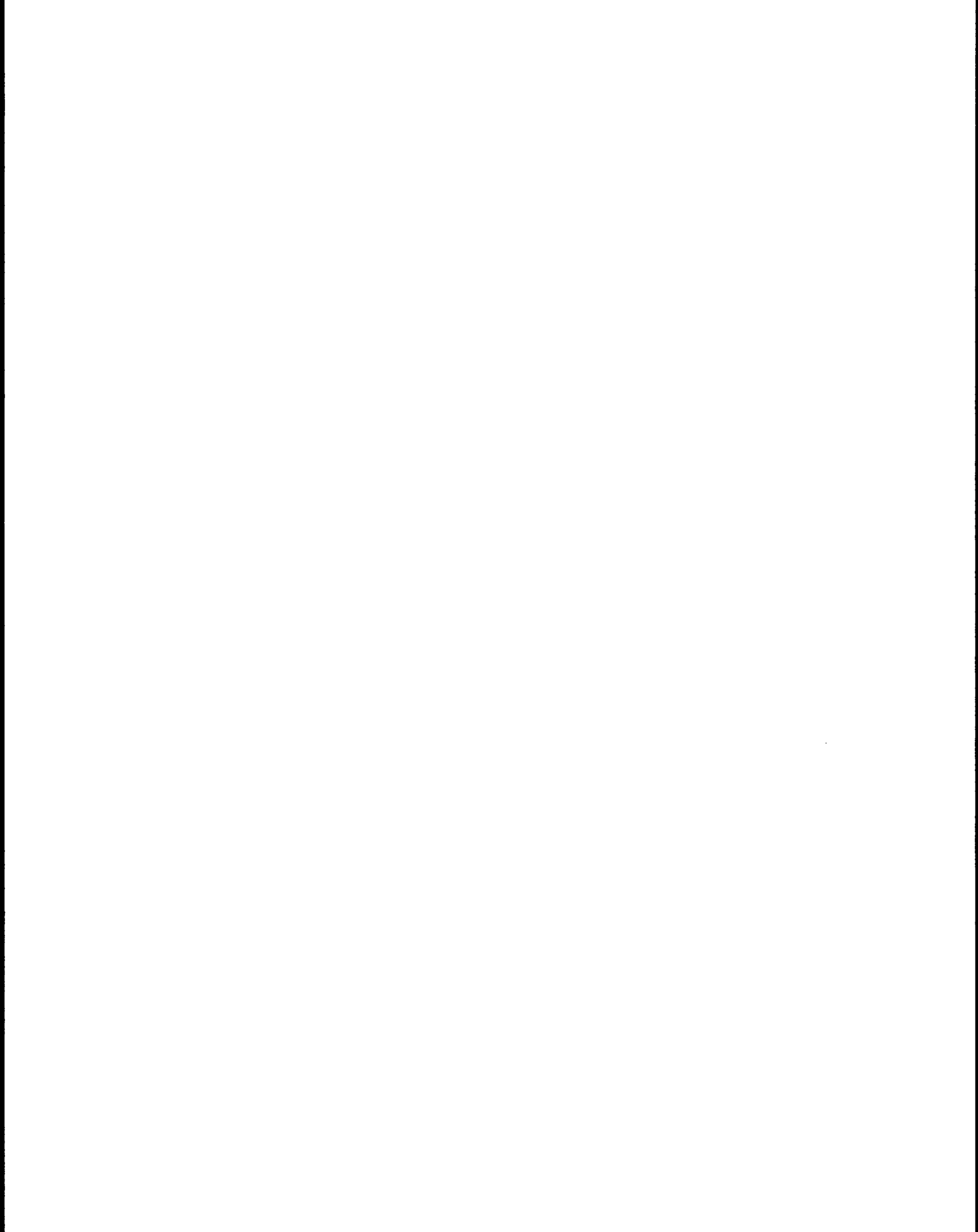
DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 14 %.  
(Applies only to AUTHORIZED FARM CORPORATION)

Dated January 26, 2005

Robert C Richards  
(Signature)

Secretary  
(Title)



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 1-20-06

RECEIVED

JAN 20 '06

S.D. SEC. OF STATE

245 0524

1. Corporate name and address:



\* D F 0 1 4 0 0 8 \*  
DF014008 DEC/2004  
RICHARDS FARMS, INC.  
RICHARDS, ROBERT F.  
BOX 27  
BRIDGEWATER SD 57319-0027

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 Forrest C. Richards  
43437 264th Street  
PO Box 27 Bridgewater, SD 57319-0027

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.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>Robert F. Richards</u>		<u>President/Director</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 1,000 (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

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

Dated 1-19-06

Forrest C. Richards  
(Signature)

President  
(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 Richards Farms, Inc.
2. The street address, or a statement that there is no street address, of its current registered office 43437 264th Street  
PO Box 27 Bridgewater, SD ZIP + 4 57319-0027
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.  
43437 264th Street  
PO Box 27 Bridgewater SD ZIP + 4 57319-0027
4. The name of its current registered agent is Robert F. Richards
5. The name of its new registered agent is \* Forrest C. Richards

**\*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 1-19-06

Forrest C. Richards  
Signature

Forrest C. Richards  
Printed Name

President  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, Forrest C. Richards, hereby give my consent to serve as the  
(name of registered agent)  
registered agent for Richards Farms, Inc.  
(corporate name)

Dated 1-19-06

Forrest C. Richards  
(signature)



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

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

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

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

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

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

Dated \_\_\_\_\_

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

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

# ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 01/18/07

RECEIVED

JAN 18 2007

S.D. SEC. OF STATE

257 3779

1. Corporate name and address:



DF014008 DEC/2005  
RICHARDS FARMS, INC.  
RICHARDS, FORREST C.  
43437 264TH STREET  
PO BOX 27  
BRIDGEWATER SD 57319-0027

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 Forrest C. Richards  
43437 264th Street  
PO Box 27 Bridgewater, SD 57319-0027

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

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

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

NAME REPLACED AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 1,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

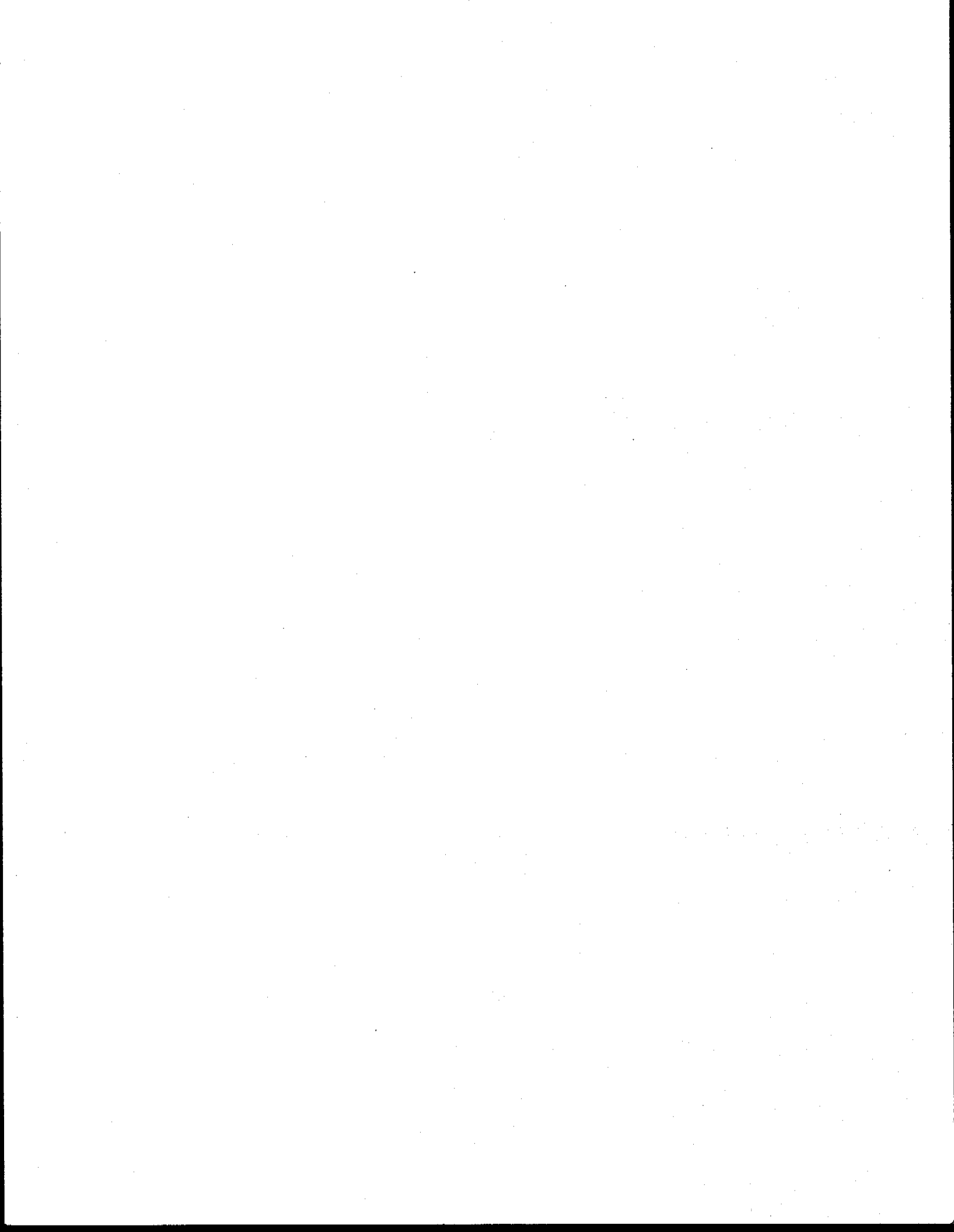
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED

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

Dated January 12, 2007

Forrest C. Richards  
(Signature)

President  
(Title)





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

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

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

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

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

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_

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

# ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 12/12/07

RECEIVED

DEC 12 2007

S.D. SEC. OF STATE

270 1317

1. Corporate name and address:



\* D F 0 1 4 0 0 8 \*  
DF014008 DEC/2006  
RICHARDS FARMS, INC.  
RICHARDS, FORREST C.  
43437 264TH STREET  
PO BOX 27  
BRIDGEWATER SD 57319-0027

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 Forrest C. Richards  
43437 264th Street  
PO Box 27 Bridgewater, SD 57319-0027

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

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

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 1,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

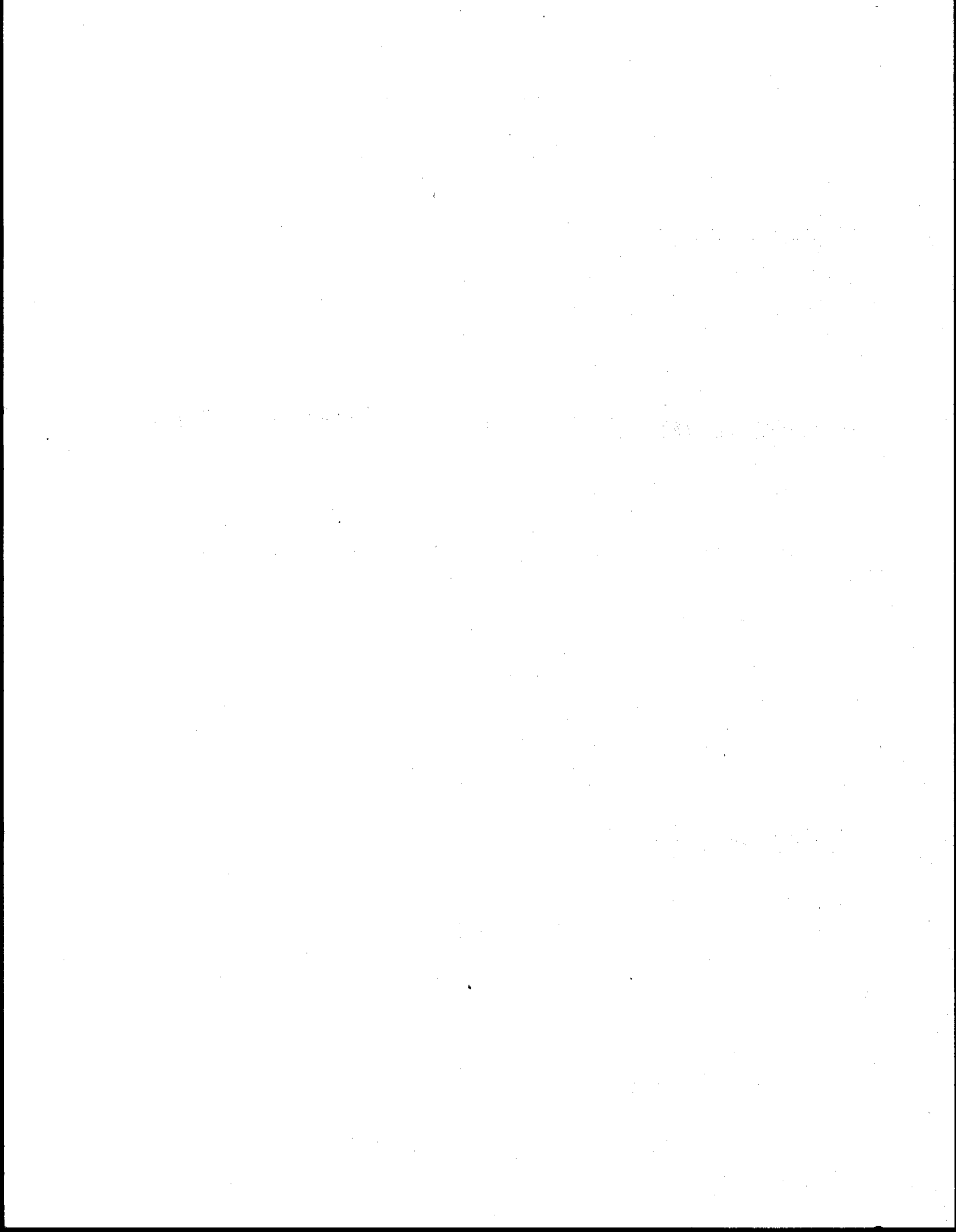
DEGREE OF KINDRED

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

Dated December 11, 2007

Forrest C. Richards  
(Signature)

President  
(Title)



284 3231 01/12/2009

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

RECEIVED

DEC 29 2008

S.D. SEC. OF STATE

FILE DATE 12/29/08

RECEIVED

DEC 05 2008

S.D. SEC. OF STATE

1. Corporate ID, Name and Address:



DF014008 DEC/2007  
RICHARDS FARMS, INC.  
RICHARDS, FORREST C.  
43437 264TH STREET  
PO BOX 27  
BRIDGEWATER SD 57319-0027

Telephone # (605) 729-2025

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

FILING DATE: To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent

Forrest C. Richards

43437 264th Street Bridgewater SD 57319  
Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 27 Bridgewater SD 57319-0424  
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

County	Section	Township	Acres

4. Please complete the appropriate section:

<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>1,000</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.

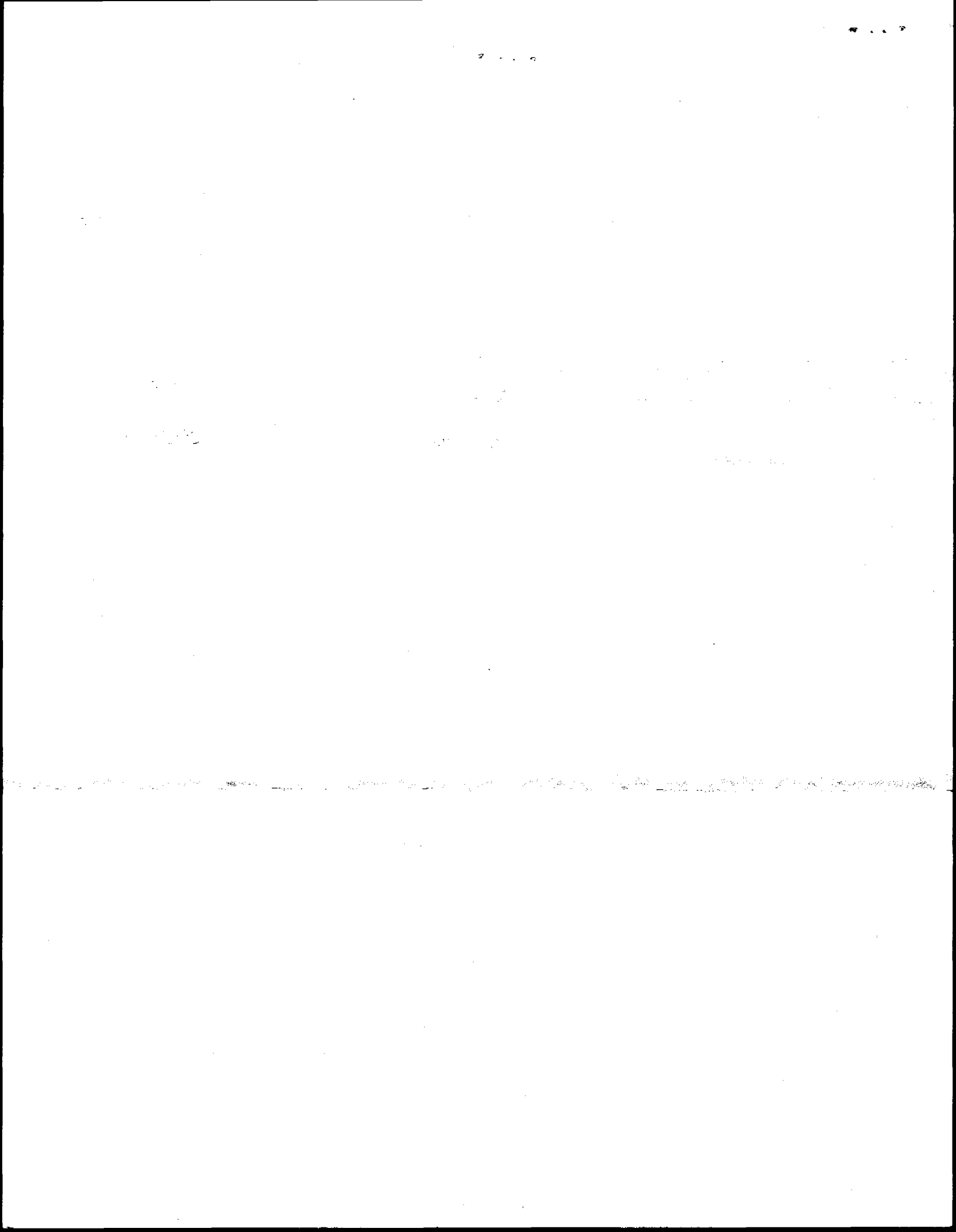
Name	Address	City	State	Zip	Shares	Kindred

Dated December 4, 2008

Forrest C. Richards  
(Signature of an authorized officer)

Forrest C. Richards  
(Printed Name)

President  
(Title)



2008

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 12/29/08
RECEIPT NO 1066419

RECEIVED RECEIVED
DEC 29 2008 DEC 05 2008
S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF014008 DEC/2007
RICHARDS FARMS, INC.
RICHARDS, FORREST C.
43437 264TH STREET
PO BOX 27
BRIDGEWATER SD 57319-0027

Telephone # (605) 729-2025
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.

43439 264th Street, Bridgewater SD 57319
Street Address City State ZIP+4
PO Box 424 Bridgewater SD 57319-0424
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Forrest C. Richards
43439 264th Street, Bridgewater SD 57319
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 424 Bridgewater SD 57319-0424
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.

Forrest C. Richards PO Box 424 Bridgewater SD 57319-0424
President Street Address City State ZIP+4
Rose Richards PO Box 27 Bridgewater SD 57319-0027
Vice President Street Address City State ZIP+4
Paul Richards PO Box 332 Bridgewater SD 57319-0332
Secretary Street Address City State ZIP+4
Paul Richards PO Box 332 Bridgewater SD 57319-0332
Treasurer Street Address City State ZIP+4
Director Street Address City State ZIP+4
Director Street Address City State ZIP+4

Dated December 4, 2008

Forrest C. Richards
(Signature of an authorized officer)
Forrest C. Richards
(Printed Name)
President
(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 Richards Farms, Inc

2. The name of the registered agent on file Forrest C Richards

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

<u>43437 264th Street</u>	<u>Bridgewater</u>	<u>SD</u>	<u>57319</u>
Street Address (Required)	City	State	ZIP+4
<u>PO Box 27</u>	<u>Bridgewater</u>	<u>SD</u>	<u>57319-0027</u>
Mailing Address (Optional)	City	State	ZIP+4

5. If the address has changed, its new address

<u>43439 264th Street</u>	<u>Bridgewater</u>	<u>SD</u>	<u>57319</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box 424</u>	<u>Bridgewater</u>	<u>SD</u>	<u>57319-0424</u>
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 12-24-08

Forrest C. Richards  
(Signature of an authorized officer)

Forrest C. Richards  
(Printed Name)

President  
(Title)

299 1681 12/30/2009

2009

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 12/14/09  
RECEIPT NO 1979978  
**RECEIVED**  
**DEC 14 2009**  
**S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



DF014008 DEC/2008  
RICHARDS FARMS, INC.  
RICHARDS, FORREST C.  
PO BOX 424  
BRIDGEWATER SD 57319-0424

Telephone # 605 729-2025  
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.

43439 264th Street Bridgewater SD 57319  
Street Address City State ZIP+4  
PO Box 424 Bridgewater SD 57319-0424  
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Forrest C. Richards

43439 264th Street Bridgewater SD 57319  
Street Address (Required to be a South Dakota Address) City State ZIP+4  
PO Box 424 Bridgewater SD 57319-0424  
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.

- Forrest C. Richards PO Box 424 Bridgewater SD 57319-0424  
President Street Address City State ZIP+4
- Rose Richards PO Box 27 Bridgewater SD 57319-0927  
Vice President Street Address City State ZIP+4
- Paul Richards PO Box 332 Bridgewater SD 57319-0332  
Secretary Street Address City State ZIP+4
- Paul Richards PO Box 332 Bridgewater SD 57319-0332  
Treasurer Street Address City State ZIP+4
- \_\_\_\_\_  
Director Street Address City State ZIP+4
- \_\_\_\_\_  
Director Street Address City State ZIP+4

Dated December 10, 2009

Forrest C Richards  
(Signature of an authorized officer)  
Forrest C Richards  
(Printed Name)  
President  
(Title)

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

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

Please Type or Print Clearly in Ink

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

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

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

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

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

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

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

\_\_\_\_\_  
Street Address (Required) City State ZIP+4

\_\_\_\_\_  
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated \_\_\_\_\_

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

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

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

# ANNUAL FARM REPORT

## Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 12/14/09  
RECEIPT NO RECEIVED  
**DEC 14 2009**  
**S.D. SEC. OF STATE**

Telephone # 605 729-2025  
FAX # \_\_\_\_\_  
FILING DATE: To be filed with the Annual Report.

299 1682

1. Corporate ID, Name and Address:



\* D F O 1 4 0 0 8 \*  
DF014008 DEC/2008  
RICHARDS FARMS, INC.  
RICHARDS, FORREST C.  
PO BOX 424  
BRIDGEWATER SD 57319-0424

2. The name of the South Dakota Registered Agent Forrest C Richards  
43439 264th Street Bridgewater SD 57319  
Street Address (Required to be a South Dakota Address) City State ZIP+4  
PO Box 424 Bridgewater SD 57319-0424  
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

County	Section	Township	Acres

4. Please complete the appropriate section:

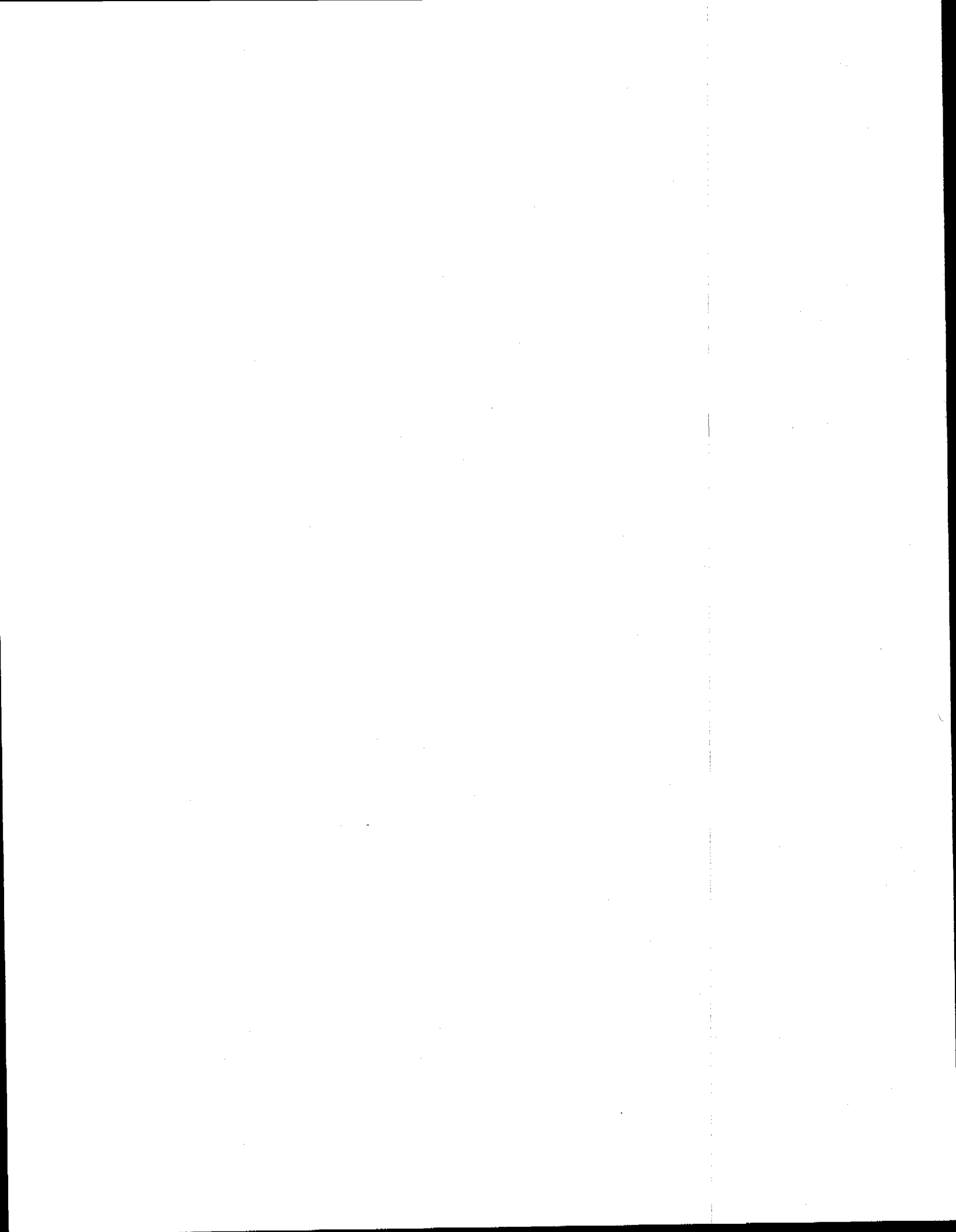
<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>1,000</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	Kindred

Dated December 10, 2009

Forrest C Richards  
(Signature of an authorized officer)  
Forrest C. Richards  
(Printed Name)  
President  
(Title)



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

FILE DATE 01/03/11  
 RECEIPT NO 2100669  
**RECEIVED**  
**JAN 03 2011**  
**S.D. SEC. OF STATE**

Telephone # 605-729-2025  
 FAX # \_\_\_\_\_  
 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

1. Corporate Name, Registered Agent Name and Address:



\*DF014008\*  
DF014008 DEC/2009  
RICHARDS FARMS, INC.  
RICHARDS, FORREST C.  
PO BOX 424  
BRIDGEWATER SD 57319-0424

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.

43439 264th Street Bridgewater SD 57319  
 Street Address City State ZIP+4  
PO Box 424 Bridgewater SD 57319-0424  
 Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Forrest C. Richards

43439 264th Street Bridgewater SD 57319  
 Street Address (Required to be a South Dakota Address) City State ZIP+4  
PO Box 424 Bridgewater SD 57319-0424  
 Mailing Address (Optional - Required to be a South Dakota 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"/> | <u>Forrest C. Richards</u> | <u>PO Box 424</u> | <u>Bridgewater</u> | <u>SD</u> | <u>57319-0424</u> |
|                                     | President                  | Street Address    | City               | State     | ZIP+4             |
| <input checked="" type="checkbox"/> | <u>Rose Richards</u>       | <u>PO Box 27</u>  | <u>Bridgewater</u> | <u>SD</u> | <u>57319-0424</u> |
|                                     | Vice President             | Street Address    | City               | State     | ZIP+4             |
| <input checked="" type="checkbox"/> | <u>Paul Richards</u>       | <u>PO Box 332</u> | <u>Bridgewater</u> | <u>SD</u> | <u>57319-0332</u> |
|                                     | Secretary                  | Street Address    | City               | State     | ZIP+4             |
| <input checked="" type="checkbox"/> | <u>Paul Richards</u>       | <u>PO Box 332</u> | <u>Bridgewater</u> | <u>SD</u> | <u>57319-0332</u> |
|                                     | 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             |

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

Dated December 30, 2010

Forrest C. Richards  
 (Signature of an Authorized Person)  
Forrest C. Richards  
 (Printed Name)  
President

314 2467 01/03/2011

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

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

Please Type or Print Clearly in Ink

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

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

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

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

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

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

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)

314 2468 01/05/2011

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

# ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 01/03/11  
 RECEIPT NO \_\_\_\_\_

**RECEIVED**  
**JAN 03 2011**  
**S.D. SEC. OF STATE**

Telephone # 605-729-2025  
 FAX # \_\_\_\_\_  
 FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:



\*DF014008\*  
DF014008 DEC/2009  
RICHARDS FARMS, INC.  
RICHARDS, FORREST C.  
PO BOX 424  
BRIDGEWATER SD 57319-0424

2. The name of the South Dakota Registered Agent Forrest C. Richards

43439 264th Street Bridgewater SD 57319-04  
 Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 424 Bridgewater SD 57319-0424  
 Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

County	Section	Township	Acres

4. Please complete the appropriate section:

<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>1,000</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.

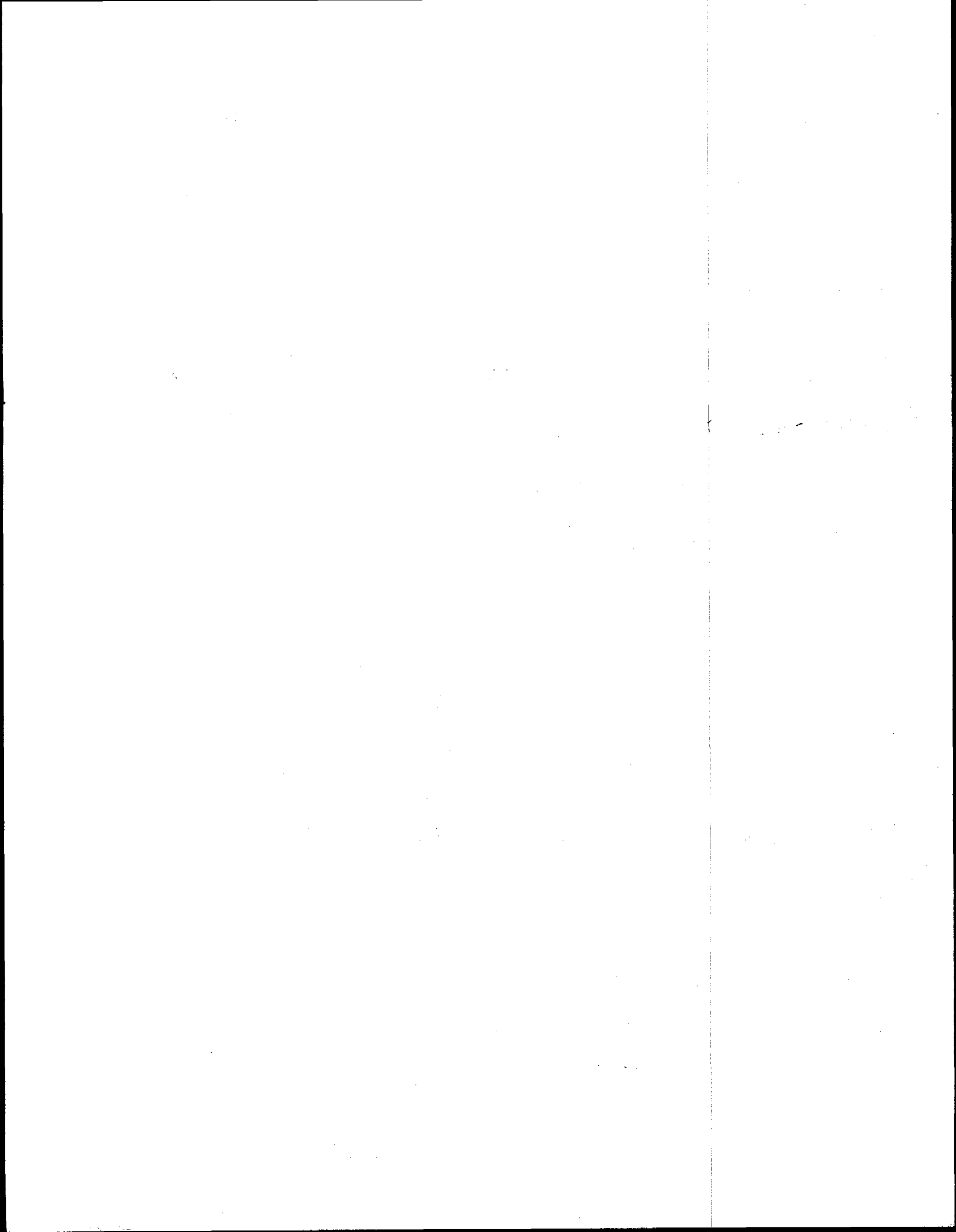
Name	Address	City	State	Zip	Shares

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

Dated December 30, 2010

Forrest C. Richards  
 (Signature of an Authorized Person)

Forrest C. Richards  
 (Printed Name)  
President



2011

Enter Filing Year

## ANNUAL FARM REPORT

FILE DATE 12/05/2011

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

## Corporation

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

RECEIPT NO 9681

## 1. Corporate Name and Address:

DF014008  
 RICHARDS FARMS, INC.  
 43439 264TH ST  
 BRIDGEWATER, SD57319-6220

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

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

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Street Address	City	State	ZIP+4
PO BOX 424	BRIDGEWATER		57319-0424
Mailing Address	City	State	ZIP+4

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

Agent Name: FORREST C. RICHARDS

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 424	BRIDGEWATER	SD	57319-0424
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"/>	FORREST C RICHARDS	PO BOX 424	BRIDGEWATER	SD	57319-0424
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROSE RICHARDS	PO BOX 27	BRIDGEWATER	SD	57319-0027
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	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.

County	Section	Tow nship	Acres
--------	---------	-----------	-------

## 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)	1000
<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	DOK
------	----------------	------	-------	-------	--------	-----

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

Signature Accepted Electronically  
(Signature of an Authorized Person)

**FORREST C RICHARDS**  
(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 11/8/2012

RECEIPT NO 73870

## 1. Corporate Name and Address:

DF014008  
RICHARDS FARMS, INC.  
43439 264TH ST  
BRIDGEWATER, SD 57319-6220

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

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

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Street Address	City	State	ZIP+4
PO BOX 424	BRIDGEWATER	SD	57319-0424
Mailing Address	City	State	ZIP+4

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

Agent Name: FORREST C. RICHARDS

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 424	BRIDGEWATER	SD	57319-0424
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"/>	FORREST C RICHARDS	PO BOX 424	BRIDGEWATER	SD	57319-0424
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROSE RICHARDS	PO BOX 27	BRIDGEWATER	SD	57319-0027
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	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)	1000
<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)

FORREST C RICHARDS

(Printed Name)

2013

Enter Filing Year

## ANNUAL FARM REPORT

FILE 11/18/2013

RECEIPT NO 153117

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:

DF014008  
RICHARDS FARMS, INC.  
43439 264TH ST  
BRIDGEWATER, SD 57319-6220

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

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

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Street Address	City	State	ZIP+4
PO BOX 424	BRIDGEWATER	SD	57319-0424
Mailing Address	City	State	ZIP+4

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

Agent Name: FORREST C. RICHARDS

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 424	BRIDGEWATER	SD	57319-0424
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"/>	FORREST C RICHARDS	PO BOX 424	BRIDGEWATER	SD	57319-0424
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROSE RICHARDS	PO BOX 27	BRIDGEWATER	SD	57319-0027
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	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)	1000
<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)

**FORREST C RICHARDS**

(Printed Name)

2014

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 DATE 11/23/2014

RECEIPT NO 248587

## 1. Corporate Name and Address:

DF014008  
RICHARDS FARMS, INC.  
43439 264TH ST  
BRIDGEWATER, SD 57319-6220

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

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

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Street Address	City	State	ZIP+4
PO BOX 424	BRIDGEWATER	SD	57319-0424
Mailing Address	City	State	ZIP+4

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

Agent Name: FORREST C. RICHARDS

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 424	BRIDGEWATER	SD	57319-0424
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"/>	FORREST C RICHARDS	PO BOX 424	BRIDGEWATER	SD	57319-0424
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	ROSE RICHARDS	PO BOX 27	BRIDGEWATER	SD	57319-0027
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	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)	1000
<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 11/23/2014

Signature Accepted Electronically  
 \_\_\_\_\_  
 (Signature of an Authorized Person)  
**FORREST C RICHARDS**  
 \_\_\_\_\_  
 (Printed Name)

2015

## ANNUAL FARM REPORT

FILE DATE 10/18/2015

Enter Filing Year

## Corporation

RECEIPT NO 344052

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

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

## 1. Corporate Name and Address:

DF014008

RICHARDS FARMS, INC.

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

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

43439 264TH ST	BRIDGEWATER	SD	57319-6220
----------------	-------------	----	------------

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

PO BOX 424	BRIDGEWATER	SD	57319-0424
------------	-------------	----	------------

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

Email Address (Optional)

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

Agent Name: FORREST C. RICHARDS

43439 264TH ST	BRIDGEWATER	SD	57319-6220
----------------	-------------	----	------------

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

PO BOX 424	BRIDGEWATER	SD	57319-0424
------------	-------------	----	------------

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

Email Address (Optional)

## 5. The names and business addresses of its 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"/>	FORREST C RICHARDS	PO BOX 424	BRIDGEWATER	SD	57319-0424
-------------------------------------	--------------------	------------	-------------	----	------------

President	Actual Street Address	City	State	ZIP+4
-----------	-----------------------	------	-------	-------

<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
-------------------------------------	---------------	------------	-------------	----	------------

Vice President	Actual Street Address	City	State	ZIP+4
----------------	-----------------------	------	-------	-------

<input type="checkbox"/>	ANNE RICHARDS	PO BOX 424	BRIDGEWATER	SD	57319-0424
--------------------------	---------------	------------	-------------	----	------------

Secretary	Actual Street Address	City	State	ZIP+4
-----------	-----------------------	------	-------	-------

<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
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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)	1000
<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.

Dated

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

Email \_\_\_\_\_  
 (Optional)

FORREST C RICHARDS \_\_\_\_\_  
 (Printed Name)

2016

## ANNUAL FARM REPORT

FILE DATE 10/5/2016

Enter Filing Year

## Corporation

RECEIPT NO 461734

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:

DF014008

Enter Corporate ID

RICHARDS 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).

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 424	BRIDGEWATER	SD	57319-0424
Mailing Address, if Different from Street Address	City	State	ZIP+4

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

Agent Name: FORREST C. RICHARDS

43439 264TH ST	BRIDGEWATER	SD	57319-6220
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 424	BRIDGEWATER	SD	57319-0424
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"/>	FORREST C RICHARDS	PO BOX 424	BRIDGEWATER	SD	57319-0424
	President	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	Vice President	Actual Street Address	City	State	ZIP+4
<input type="checkbox"/>	ANNE RICHARDS	PO BOX 424	BRIDGEWATER	SD	57319-0424
	Secretary	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	PAUL RICHARDS	PO BOX 332	BRIDGEWATER	SD	57319-0332
	Treasurer	Actual Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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)	1000
<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 10/05/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

FORREST C RICHARDS

(Printed Name)

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

10/5/2016 5:12:24 AM