

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

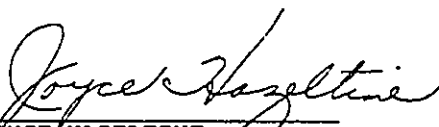
CERTIFICATE OF AMENDMENT

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of LARSON MANUFACTURING COMPANY duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment of LARSON MANUFACTURING COMPANY which changed its name to: LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this June 30, 1993.


JOYCE HAZELTINE
Secretary of State

30th June 1993

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
LARSON MANUFACTURING COMPANY

RECEIVED
JUN 20 1993
Secretary of State

Pursuant to the requirements of SDCL Section
47-2-15, LARSON MANUFACTURING COMPANY, a South Dakota cor-
poration (the "Corporation") hereby adopts the following
Articles of Amendment to its Articles of Incorporation:

FIRST: The name of the corporation is LARSON
MANUFACTURING COMPANY.

SECOND: The following amendment to the Articles of
Incorporation of the Corporation was adopted by unanimous
written consent of the shareholders of each class of stock
of the Corporation, upon resolution by the Board of
Directors, pursuant to South Dakota law:

RESOLVED, that Article I of the Articles of
Incorporation be amended to read as follows:

ARTICLE I

That the name of this Corporation shall be LARSON
MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.

THIRD: This Amendment to the Articles of
Incorporation was adopted by written consent of a majority
of the shareholders of each class of capital stock of the
Corporation on June 28, 1993.

FOURTH: The number of shares of the Corporation
which are issued and outstanding and the number of shares
entitled to vote as a class on the proposal to adopt the
above Amendment are as follows:

9 0 0 7 1 5 9 0 2 0 7

<u>Class of Stock</u>	<u>Shares Out- standing</u>	<u>Entitled to Vote by Class</u>
Class A Voting Common	44,084	44,084
Class B Non-Voting Common	10,222	-0-
Cumulative Preferred	-0-	-0-

FIFTH: The holders of all shares entitled to vote on the Amendment voted in favor of the adoption of the Amendment.

SIXTH: This Amendment shall not affect the issued shares.

SEVENTH: This Amendment shall not affect a change in the amount of stated capital.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Amendment to the Articles of Incorporation of the Corporation on the date written across from their signatures.

LARSON MANUFACTURING COMPANY

By: O. Dale Larson

Dated: June 28, 1993

O. Dale Larson, President

By: Bernard D. Remer


Dated: June 28, 1993

Bernard D. Remer, Secretary

VERIFICATION

I, O. DALE LARSON, duly elected President of LARSON MANUFACTURING COMPANY, hereby verify that the foregoing Articles of Amendment to the Articles of Incorporation of the Corporation were unanimously approved in writing

without a meeting by the Board of Directors and shareholders of the Corporation, fulfilling the requirements of SDCL 47-2-11. I further verify that I have read the foregoing Articles and swear that they are identical in all respects to the Amendments duly approved by the shareholders of the Corporation.


O. Dale Larson

STATE OF SOUTH DAKOTA)
) SS.
COUNTY OF BROOKINGS)

On this the 28th day of June, 1993, before me, the undersigned officer, personally appeared O. DALE LARSON and BERNARD D. REMER, who acknowledged themselves to be the President and Secretary, respectively, of LARSON MANUFACTURING COMPANY, a corporation, and that they, as such President and Secretary, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as President and Secretary.

In witness whereof I hereunto set my hand and official seal.


Notary Public - South Dakota

My Commission expires:

7/31/97

(SEAL)

Receipt No. 321361

File No. DB003550

Filed at Request of

ERICKSON HELSPER & RASMUSSEN PC
RICHARD HELSPER
PO BOX 198
BROOKINGS SD 57006

ART OF AMENDMENT
OF

LARSON MANUFACTURING COMPANY

CHANGED ITS NAME TO:

LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.

State of South Dakota

Office of Secretary of State

ss.

Filed in the office of the Secretary of State on

the 30th day of JUNE 19 93

Joyce Hazelton

Secretary of State

By _____
Deputy

Fee Received

\$20

SOS CRP 491 4/81

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 3-28-94
RECEIPT NO. 329206

RECEIVED

MAR 28 1994

1. Corporate Name, Registered Agent and Registered Address:

08-003550 MAR/93
LARSON MANUFACTURING COMPANY OF SC
LAKSON, D. DALE
2333 EASTBROOK DR.
BROOKINGS, SD 57006-2699

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 3/29 1994

By [Signature]
(Signature)

Its Secretary
(Title)

STATE OF South Dakota
COUNTY OF Brookings ss

I, James C. Krueger, a notary public, do hereby certify that on this 29 day of March 1994,
personally appeared before me Ben Larson who, being by me first duly sworn, declared that he/she is the
Sec. Treas. of Larson Mfg Co.
that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____
My Commission Expires 5-6-94
(Notarial Seal)

James C. Krueger
Notary Public

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)

1995

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-15-95
RECEIPT NO. 7777

RECEIVED

MAR 15 1995

1. Corporate Name, Registered Agent and Registered Address:

08-00355-1
LAPSON MANUFACTURING COMPANY OF SOUTH DA
CAPSON, DA DALE
2033 EASTBROOK DR.
BROOKINGS, SD 57007-0000

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
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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 MARCH 10 19 95

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

STATE OF SD
COUNTY OF BROOKINGS ss

I, JOYCE KRUGER, a notary public, do hereby certify that on this 10th day of MARCH 19 95,
personally appeared before me BEN REMER who, being by me first duly sworn, declared that he/she is the
SECRETARY of LAPSON MFG CO OF SD, INC.

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

My Commission Expires _____

MY COMMISSION

(Notarial Seal)

EXPIRES 5/3/2002

Notary Public

SOS CRP 410 11/94

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

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

File Date: _____
Receipt No. _____

FILING FEE: \$6 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

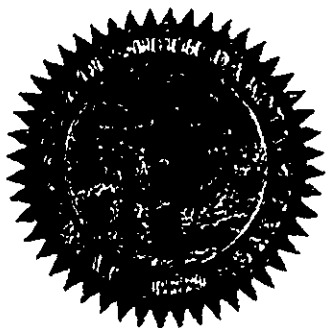
I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 _____

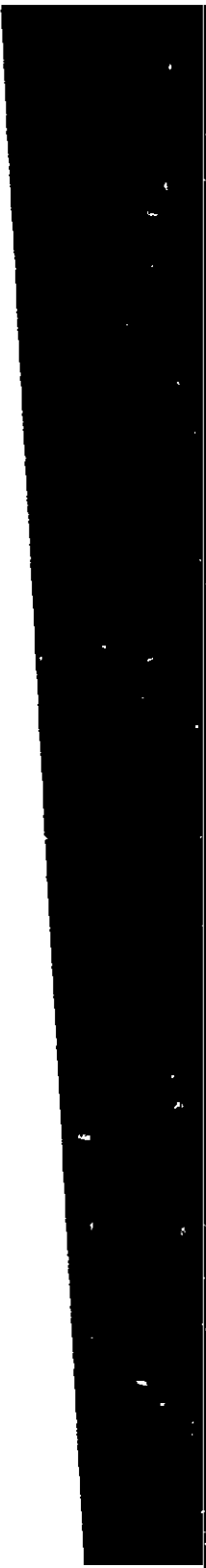
* K 79511272 - 1068

CERTIFICATE OF AMENDMENT

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment of LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.



JOYCE HAZELTINE /
Secretary of State



Filed 11/15/95
154
1995
11/17/95

95112721068
11/17/95

RECEIVED
NOV 01 1995
S.O. SEC. OF STATE

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.

Pursuant to the requirements of SDCL 47-2-15, LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC., a South Dakota corporation (the "Corporation") hereby adopts the following Articles of Amendment to its Articles of Incorporation.

FIRST: The name of the Corporation is LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.

SECOND: The following amendment to the Articles of Incorporation of the Corporation was adopted by unanimous written consent of the shareholders of each class of stock of the Corporation, upon resolution by the Board of Directors, pursuant to South Dakota law:

RESOLVED, that Article Sixth of the Articles of Incorporation be amended to read as follows:

ARTICLE SIXTH

The Corporation shall have authorized capital of \$1,000,000.00 dollars divided into the following classifications: Class A Voting Common Stock and Class B Non-voting Common Stock.

The aggregate number of shares of Class A Voting Common Stock which the corporation has authority to issue shall equal 1,000,000 shares each having a par value of twenty (20) cents per share for a total of \$200,000.00, all of which is to be fully paid for and non-assessable.

The aggregate number of shares of Class B Non-Voting Common Stock which the corporation has authority to issue shall equal 4,000,000 shares each having a par value of twenty (20) cents per share for a total of \$800,000.00, all of which is to be fully paid for and non-assessable.



95112721068
11/17/95

The rights, preferences, privileges and restrictions of Class A Voting Common Stock and Class B Non-Voting Common Stock shall be qual and identical in all respects except that holders of issued and outstanding shares of Class B Non-Voting Common Stock shall have no voting rights.

THIRD: This Amendment to the Articles of Incorporation was adopted by written consent of a majority of the shareholders of each class of capital stock of the Corporation on September 1, 1995.

FOURTH: The number of shares of the Corporation which are issued and outstanding and the number of shares entitled to vote as a class on the proposal to adopt the above Amendment are as follows:

<u>Class of Stock</u>	<u>Shares Out- Standing</u>	<u>Entitled to Vote By Class</u>
Class A Voting Common	44,084	44,084
Class B Non-Voting Common	10,222	-0-
Cumulative Preferred	-0-	-0-

FIFTH: The holders of all shares entitled to vote on the Amendment voted in favor of the adoption of the Amendment.

SIXTH: This Amendment shall effect the issued shares as set forth above.

SEVENTH: This Amendment shall not effect an increase in the amount of stated capital.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Amendment to the Articles of Incorporation of the



■

■

95112721068
11/17/95

Corporation on the date written across from their signatures.

LARSON MANUFACTURING COMPANY OF
SOUTH DAKOTA, INC.

Date: September 1, 1995

By: O. Dale Larson
O. Dale Larson, President

Date: September 1, 1995

By: Bernard D. Remer
Bernard D. Remer, Secretary

VERIFICATION

I, O. DALE LARSON, the duly elected President of LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC., hereby verify that the foregoing Articles of Amendment to the Articles of Incorporation of the Corporation were unanimously approved in writing without a meeting by the Board of Directors and Shareholders of the Corporation, fulfilling the requirements of SDCL 47-2-11. I further verify that I have read the foregoing Articles and swear that they are identical in all respects to the Amendments duly approved by the shareholders of the Corporation.

O. Dale Larson
O. Dale Larson

STATE OF SOUTH DAKOTA)
:SS
COUNTY OF BROOKINGS)

On this the 1st day of September, 1995, before me, the undersigned officer, personally appeared O. DALE LARSON and BERNARD D. REMER, who acknowledged themselves to be the President and Secretary, respectively, of LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC., a corporation, and that they, as such President and Secretary, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by themselves as President and Secretary.

In witness whereof, I hereunto set my hand and official seal.

Joseph C. Krueger
Notary Public - South Dakota

My Commission expires: MY COMMISSION
(SEAL) EXPIRES 5/9/2002

Receipt No.: 498397

File Number: DB003550

95112721068
11/17/95

AMENDMENT

For

LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC

File at the request of:

LARSON MANUFACTURING COMPANY
2333 EASTBROOK DRIVE
BROOKINGS SD 57006

STATE OF SOUTH DAKOTA

OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on

Date November 1, 1995

Joyce Hazeltine
Secretary of State

Fee Recieved \$20.00

SOS CRP 491 10/93

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

MAR 06 1996
FILE DATE
RECEIPT NO. 528241
RECEIVED
MAR 06 1996

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DE 003550 MAR/96
LARSON MANUFACTURING COMPANY OF SOUTH D
LARSON, O. DALE
2333 EASTBROOK DR.
BROOKINGS, SD 57006-2899

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

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

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

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

Dated _____ 19 _____

By E. Dale Larson
(Signature)

Its SECRETARY
(Title)

STATE OF South Dakota
COUNTY OF Brookings ss

I, Jesse Krueger, a notary public, do hereby certify that on this 4th day of MARCH, 1996, personally appeared before me Ben Remyer, who, being by me first duly sworn, declared that he/she is the Secretary of LARSON MFG CO OF SD INC

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

My Commission Expires MY COMMISSION

EXPIRES 5/9/2002

Jesse C. Krueger
Notary Public

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)

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)

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

FILE DATE 3-28-97
RECEIPT NO. 61639
RECEIVED

MAR 28 1997

1. Corporate Name, Registered Agent and Registered Address:

DB-003550 MAR/96
LARSON MANUFACTURING COMPANY OF SD
LARSON, O. DALE
2333 EASTBROOK DR.
BROOKINGS, SD 57006-2899

Telephone # _____

FAX # _____

Federal Taxpayer ID _____

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

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

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

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

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

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

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

SD law requires at least one director.

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES
-------------------------------------	-------	--------

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

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

Dated _____ 19 _____

By [Signature]
(Signature)Its SECRETARY
(Title)STATE OF SD
COUNTY OF BROOKINGS ss

I, JOYCE KRUGER, a notary public, do hereby certify that on this 25 day of March 1997,
personally appeared before me DALE LARSON, who, being by me first duly sworn, declared that he/she is the
SECRETARY of LARSON MFG CO OF SD, INC.

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

My Commission Expires _____

MY COMMISSION
EXPIRES _____

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)

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)

1998

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-11-98
RECEIPT NO. 676256

RECEIVED

MAR 11 1998

1. Corporate Name, Registered Agent and Registered Address:

DB-003550 MAR/97
LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA
LARSON, O. DALE
2333 EASTBROOK DR.
BROOKINGS, SD 57006-2899

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.

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 MFG. STEEL JOISTS & WINDINGS

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>O. DALE LARSON</u>	President	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>BILL R. HAY</u>	Vice President	<u>2333 EASTBROOK DR</u>	<u>LA PLUMES</u>	<u>IA</u>	<u>50450</u>
<u>BEN REMER</u>	Secretary	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>PATRICIA LARSON</u>	Treasurer	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>

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 SEE ATTACHED

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
<u>500,000</u>	<u>COMMON</u>		<u>.20</u>

5. NUMBER OF SHARES ACTUALLY ISSUED

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>500,000</u>	<u>COMMON</u>		<u>.20</u>

6. The amount of its stated capital is \$ 100,000 (Money received for issued shares)

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

Dated March 6 1998

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

STATE OF South Dakota
COUNTY OF Brookings

I, Jaime A. Krueger, a notary public, do hereby certify that on this 6 day of March 1998, personally appeared before me Ben Remer who, being by me first duly sworn, declared that he/she is the Secretary of Larson Manufacturing Co of South Dakota, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

2002/6/9
EXPIRES 6/9/2002
MY COMMISSION

Notary Public

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
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)

9805191.4046
5/21/98

0985121.4046
5/19/98

LARSON MANUFACTURING COMPANY, INC.

Board of Directors

<u>NAME</u>	<u>Address</u>	<u>Zip</u>
O. Dale Larson	2333 Eastbrook Drive, Brookings, SD	57006
Bill R. Hay	500 N. Larson Ave, Lake Mills, IA	50450
Patricia Larson	2333 Eastbrook Drive, Brookings, SD	57006
Maree Larson	2333 Eastbrook Drive, Brookings, SD	57006
Robert Jackson	2333 Eastbrook Drive, Brookings, SD	57006
Bridget Larson Ennevor	2333 Eastbrook Drive, Brookings, SD	57006
Carmelle Jackson	2333 Eastbrook Drive, Brookings, SD	57006
Gerald Nelson	2333 Eastbrook Drive, Brookings, SD	57006

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK.

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

FILE DATE 3-10-99
RECEIPT NO. 780666

RECEIVED

MAR 10 1999

1. Corporate Name, Registered Agent and Registered Address:

DB-003550 MAR/98
LARSON MANUFACTURING COMPANY OF SOUTH DA
LARSON, O. DALE
2333 EASTBROOK DR.
BROOKINGS, SD 57006-2899

S.D. SEC. OF STATE
Telephone # 605-696-6419
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 MRS SPURIN JONES & HARRIS

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>P. J. ...</u>	President	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>
<u>...</u>	Vice President	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>
<u>...</u>	Secretary	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>
<u>...</u>	Treasurer	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>

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 3/8 1994

By 
(Signature)

Its SECRETARY
(Title)

STATE OF South Dakota SS
COUNTY OF Brookings

1. James A. Bridger a notary public, do hereby certify that on this 8th day of MARCH 1999,
personally appeared before me BEN REIMER who, being by me first duly sworn, declared that he/she is the
SECRETARY of LARSON MFG CO OF SD 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

MY COMMISSION
(Notarized Seal) 5/9/2002

and the statements therein contained are true.

James C. Krueger
Notary Public

SOS CRP 6/98

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

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

File Date _____
Receipt No. _____

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

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

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____

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

ZIP + 4 _____

4. The name of its previous registered agent is _____
5. The name of its successor registered agent is " _____

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

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

7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____ 19 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

2000

RETURN TO
SECRETARY OF STATE
500 E. CAPITOL
PIERRE, S.D. 57501-5077
[REDACTED] 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 5-1-2000
RECEIPT NO. 000330

RECEIVED
RECEIVED

MAY 3 2000 APR 21 '00

SD. SEC. OF STATE SD. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-003550 MAR/1999
LARSON MANUFACTURING COMPANY OF SOUTH DA
LARSON, G. DALE
2333 EASTBROOK DR.
BROOKINGS SD 57006-2899

Telephone # _____

FAX # _____

Federal Taxpayer ID [REDACTED]

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 MANUFACTURE STORM DOORS
E. WINDOWS

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>O. DALE LARSON</u>	President	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>BILL R. MAY</u>	Vice President	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>CRAIG H. JOHNSON</u>	Secretary	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>DALE LARSON</u>	Treasurer	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>

SD law requires at least one director.

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

Director _____
Director SEE ATTACHED

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
<u>2,000,000</u>	<u>common A</u>		<u>.20</u>
			<u>4,000,000 common B</u>

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>100,000</u>	<u>common A</u>		<u>.20</u>
			<u>400,000 common B</u>

6. The amount of its stated capital is \$ 100,000 (Money received for issued shares)

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

Dated 4-17-2000

By [Signature]
(Signature)

Its Secretary
(Title)

STATE OF SD
COUNTY OF BROOKINGS ss

On this the 17th day of April, 2000, before me, Joyce Krueger
personally appeared CRAIG H. JOHNSON, 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 _____

Joyce C. Krueger
Notary Public

MY COMMISSION
EXPIRES 5/9/2002

SOS CRP 11/99

(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 LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.
2. The previous street address, or a statement that there is no street address, of its registered office 2333 EASBROOK DR BROOKINGS SD ZIP + 4 57006
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.
Same ZIP + 4 _____
4. The name of its previous registered agent is BOB REMER
5. The name of its successor registered agent is CRAIG H. JOHNSON
*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 4-17-2000

(Signature)

(Title)

STATE OF SD
COUNTY OF BROOKINGS ss

On this the 17th day of APRIL, 2000, before me, JOYCE KRUGER
personally appeared O. DALE LARSON, 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: MY COMMISSION
EXPIRES 5/9/2002

(Notarial Seal)

Notary Public

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, CRAIG H. JOHNSON, hereby give my consent to serve as the
(name of registered agent)
registered agent for LARSON MFG CO OF SD INC.
(corporate name)
Dated 4-17-2000
(signature)

0005202.2298
5/3/00

LARSON MANUFACTURING COMPANY of SD, INC.

Board of Directors

<u>NAME</u>	<u>Address</u>	<u>Zip</u>
O. Dale Larson	2333 Eastbrook Drive, Brookings, SD	57006
Bill R. Hay	500 N. Larson Ave, Lake Mills, IA	50450
Patricia Larson	2333 Eastbrook Drive, Brookings, SD	57006
Maree Larson	2333 Eastbrook Drive, Brookings, SD	57006
Robert Jackson	2333 Eastbrook Drive, Brookings, SD	57006
Bridget Larson Ennevor	2333 Eastbrook Drive, Brookings, SD	57006
Carmelle Jackson	2333 Eastbrook Drive, Brookings, SD	57006
Gerald Nelson	2333 Eastbrook Drive, Brookings, SD	57006
Craig H. Johnson	2333 Eastbrook Drive, Brookings, SD	57006

2001

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-28-01
RECEIPT NO. 990471

RECEIVED

MAR 28 '01

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-003550 MAR/2000
LARSON MANUFACTURING COMPANY OF SOUTH DA
JOHNSON, CRAIG H.
2333 EASTBROOK DR.

BROOKINGS SD 57006-2899

Telephone # _____

FAX # _____

Federal Taxpayer II

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 MEG AND DISTRIBUTE STORM
DOORS AND WINDOWS

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>O. DALE LARSON</u>	President	<u>3333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>BILL R HAY</u>	Vice President	<u>400 N LARSON AVE</u>	<u>LAKE MILLS</u>	<u>IA</u>	<u>50450</u>
<u>CRAIG H. JOHNSON</u>	Secretary	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>CRAIG H. JOHNSON</u>	Treasurer	<u>3333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>

SD law requires at least one director.

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

Director

Director

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

NUMBER OF SHARES CAN ISSUE (authorized) CLASS COMMON SERIES 1, 20 PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS COMMON SERIES 1, 20

6. The amount of its stated capital is \$ 100,000 (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 3/26/01

By

(Signature)

Its

(Title)

STATE OF SDCOUNTY OF BROOKINGS ssOn this the 26th day of MARCH 2000, before me, LORA FARSENpersonally appeared CRAIG JOHNSON

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 7-31-05

Notary Public

(Notarial Seal)

SOS CRP 11/00

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____, known to me, or proved to me, personally appeared _____, 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 INKFILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGSFILE DATE 3-4-02
RECEIPT NO. 1075478
RECEIVED

MAR 04 02

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DB-003550 MAR/2001

LARSON MANUFACTURING COMPANY OF SOUTH DA
JOHNSON, CRAIG H.
2333 EASTBROOK DR.
BROOKINGS SD 57006-2899

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 MFG STORM SEARS

E WINDOWS

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
DALE LARSON	President	2333 EASTBROOK DR	BROOKINGS	SD	57006
BILL HAY	Vice President	2333 EASTBROOK DR	BROOKINGS	SD	57006
CRAIG H. JOHNSON	Secretary	2333 EASTBROOK DR	BROOKINGS	SD	57006
CRAIG H. JOHNSON	Treasurer	2333 EASTBROOK DR	BROOKINGS	SD	57006

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) 5,000.000 CLASS COMMON SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE \$1.20

5. NUMBER OF SHARES ACTUALLY ISSUED 517,500 CLASS COMMON SERIES \$1.20

6. The amount of its stated capital is \$ 103,500 (Money received for issued shares)

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

Dated 2/27/02

By (Signature)

Its SECRETARY (Title)

STATE OF SD

COUNTY OF BROOKINGS ss

On this 27th day of FEB 20 02, before me, JEAN OSTHUS

personally appeared CRAIG H. JOHNSON, 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 5-22-2006

Notary Public

(Notarial Seal)

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

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)

2003

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGSFILE DATE 57203
RECEIPT NO. 1212813

RECEIVED

RECEIVED

MAR 12 '03

MAR 31 '03

1. Corporate Name, Registered Agent and Registered Address:



DB-003550 MAR/2002

LARSON MANUFACTURING COMPANY OF SOUTH DA
JOHNSON, CRAIG H.
2333 EASTBROOK DR.
BROOKINGS SD 57006-2899

Telephone #

S.D. SEC. OF STATE

FAX #

S.D. SEC. OF STATE

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 MANUFACTURE & DISTRIBUTESTORM DOORS & WINDOWS

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>C. DALE LARSON</u>	President	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>BILL R MAY</u>	Vice President	<u>500 LARSON AVE</u>	<u>LAKE MULLS</u>	<u>IA</u>	<u>50450</u>
<u>CRAIG H JOHNSON</u>	Secretary	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>
<u>CRAIG H. JOHNSON</u>	Treasurer	<u>2333 EASTBROOK DR</u>	<u>BROOKINGS</u>	<u>SD</u>	<u>57006</u>

SD law requires at least one director.

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

Director

Director

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

NUMBER OF SHARES CAN ISSUE (authorized) 1,000,000 CLASS COMMON SERIES A PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE -.20 4,000,000 COMMON -.205 NUMBER OF SHARES ACTUALLY ISSUED 1,035,000CLASS COMMON SERIES A PAR VALUE -.206. The amount of its stated capital is \$ 1,449,657 (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 3-27-03By [Signature]
(Signature)Its Secy / Treas.
(Title)STATE OF SD
COUNTY OF BROOKINGS ssOn this the 27th day of MARCH, 2003, before me, JEAN OSTHUS,
personally appeared CRAIG H. JOHNSON, known to me, or proved to me,
to be the Secy/Treas 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 May 22, 2006[Signature]
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL PIERRE, S.D. 57501-5077
PHONE: 605-773-4545 FAX: (605) 773-4550
www.state.sd.us/sos/sos.htm

SCS CRP 11/01

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

RECEIVED
FILE DATE 03/29/04
RECEIVED MAR 29 '04 1311308

S.D. SEC. of STATE

1. Corporate Name, Registered Agent and Registered Address:



* D B 0 0 3 5 5 0 *

LARSON MANUFACTURING COMPANY OF SOUTH DA
JOHNSON, CRAIG H.
2333 EASTBROOK DR.
BROOKINGS SD 57006-2899

Telephone #

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.

2. The character of the business in which it is actually engaged in South Dakota MANUFACTURE STORM DOORS
& WINDOWS

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
O. DALE LARSON	President	2333 EASTBROOK DR	BROOKINGS	SD	57006
	Vice President				
CRAIG H. JOHNSON	Secretary	2333 EASTBROOK DR	BROOKINGS	SD	57006
CRAIG H. JOHNSON	Treasurer	2333 EASTBROOK DR	BROOKINGS	SD	57006

SD law requires at least one director.

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

Director

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
1,000,000	Common	VOTE	.20
4,000,000	Common	NON-VOTE	.20
NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	
035340	Common	VOTE	.20
49969	Common	NON-VOTE	.20

6. The amount of its stated capital is \$ 2,447,497. (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 3/24/04

By _____
(Signature)
Its SECRETARY
(Title)

STATE OF SD
COUNTY OF BROOKINGS SS

On this the 24th day of MARCH, 2004, before me, LORA FARGEN
personally appeared CRAIG H. JOHNSON, known to me, or proved to me,
to be the Sec of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 7-31-05

Notary Public

(Notarial Seal)

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

SOS CRP 07/03

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)

03/16/2005
234 1540

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

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 3-10-05
RECEIPT NO. 1416187

MAR 10 '05

1. Corporate Name, Registered Agent and Registered Address:

DB003550

Larson Manufacturing Company of South Dakota, Inc.
Attn: Craig H Johnson
2333 Eastbrook Drive
Brookings, SD 57006

3-2005

Telephone # 605-696-6381 S.D. SEC. of STATE

FAX #

Federal Taxpa

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

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

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, a statement of change must be filed.

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 Manufacture storm doors and windows

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
O. Dale Larson	President	2333 Eastbrook Drive	Brookings	SD	57006
	Vice President				
Craig H Johnson	Secretary	2333 Eastbrook Drive	Brookings	SD	57006
Craig H Johnson	Treasurer	2333 Eastbrook Drive	Brookings	SD	57006

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 <u>CAN</u> ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>1,000,000</u>	<u>A</u>	<u>Voting</u>	<u>\$0.20</u>
<u>4,000,000</u>	<u>B</u>	<u>Nonvoting</u>	<u>\$0.20</u>

5. NUMBER OF SHARES <u>ACTUALLY</u> ISSUED	CLASS	SERIES
<u>99,969</u>	<u>A</u>	<u>Voting</u>
<u>835,390</u>	<u>B</u>	<u>Nonvoting</u>

6. The amount of its stated capital is \$ 2,447,497 (Money received for issued shares)

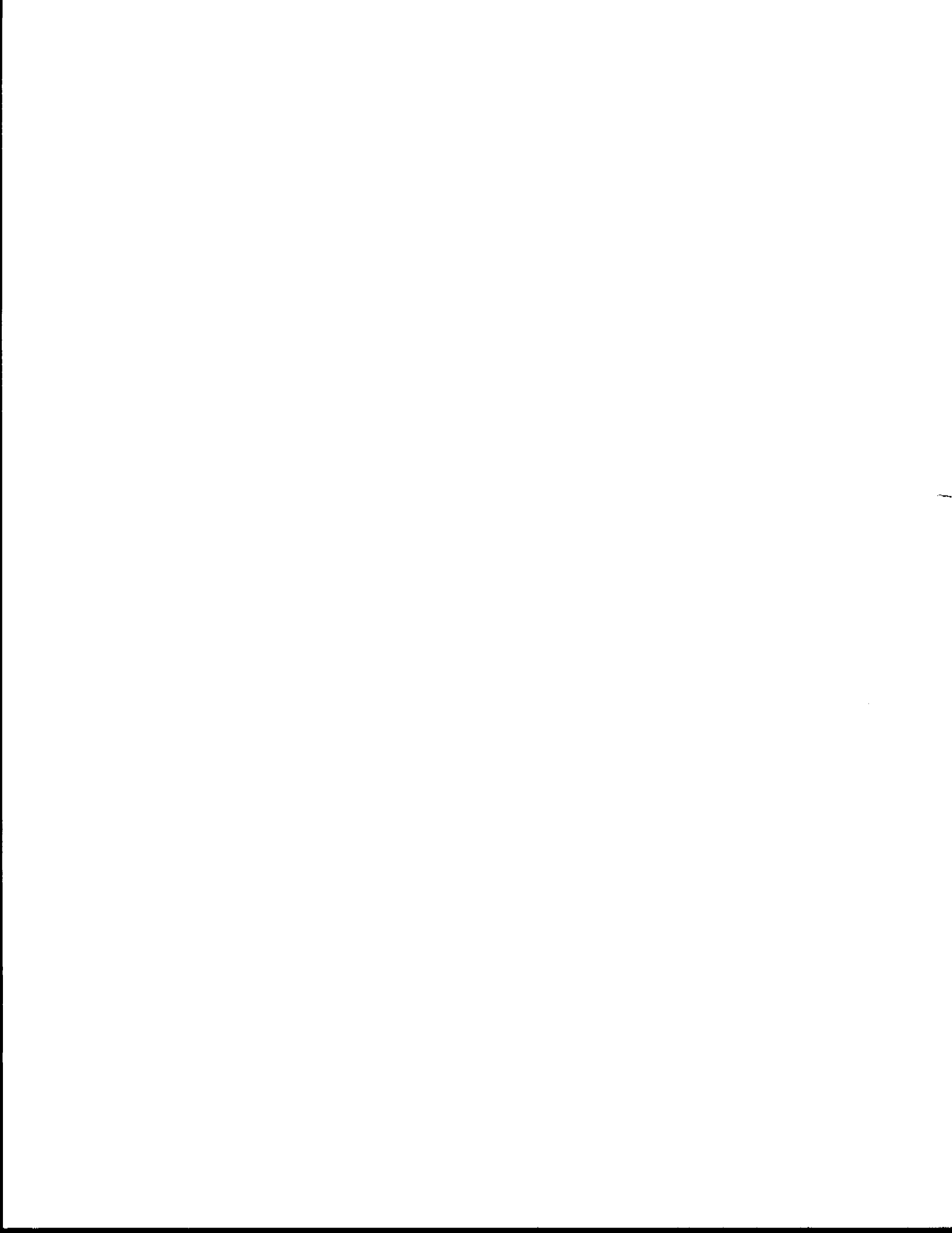
The report must be signed by the chairman of the board of directors, its president, or any other officer.

Dated

(Signature)

Secretary

(Title)



2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 03/01/06

RECEIPT NO. 1527971

RECEIVED

FEB 13 '06

U.S. SEC. of STATE

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

Larson Manufacturing Company of South Dakota, Inc.
Craig H Johnson
2333 Eastbrook Drive
Brookings, SD 57006

DB003550

Telephone #

FAX #

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, a statement of change must be filed. **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.

[illegible]

2. The address of the principal office 2333 Eastbrook Drive Brookings, SD 57006

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
O Dale Larson	President	2333 Eastbrook Drive	Brookings, SD	57006	
	Vice President				
Craig H Johnson	Secretary	2333 Eastbrook Drive	Brookings, SD	57006	
Craig H Johnson	Treasurer	2333 Eastbrook Drive	Brookings, SD	57006	

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

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
1,000,000	A	Voting
4,000,000	B	Non voting

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

99,969	A	Voting
835,390	B	Non Voting

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

Dated 12-29-2005

Signature

Printed Name _____

Title

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

domesticannualreport July 2005

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

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

RECEIVED

ATE
MAY 07 2007

S.D. SEC. OF STATE

FILE DATE 5-7-07

RECEIPT NO. 673594

RECEIVED

MAR 30 2007

S.D. SEC. OF STATE



DB003550 MAR/2006

LARSON MANUFACTURING COMPANY OF SOUTH DA
JOHNSON, CRAIG H.
2333 EASTBROOK DR.
BROOKINGS SD 57006-2899

Telephone # _____

FAX # _____

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

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

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

[illegible]

2. The address of the principal office _____

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
------	--------	----------------	------	-------	-------

President

Vice President

Secretary

Treasurer

SD law requires at least one director.

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

Director _____

Director

4. Provide a brief description of the nature of the business _____

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

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

6. NUMBER OF ISSUED SHARES	CLASS	SERIES
----------------------------	-------	--------

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

Dated 03/28/07

Signature

CRAIG H. JOHNSON

Printed Name _____

SEC/TREAS

Title

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

SOS CRP 07/05

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

File Date _____

Receipt No. _____

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

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

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____

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

ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

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

RECEIVED

ATE
MAY 07 2007

S.D. SEC. OF STATE

FILE DATE 5-7-07

RECEIPT NO. 673594

RECEIVED

MAR 30 2007

S.D. SEC. OF STATE



DB003550 MAR/2006

LARSON MANUFACTURING COMPANY OF SOUTH DA
JOHNSON, CRAIG H.
2333 EASTBROOK DR.
BROOKINGS SD 57006-2899

Telephone # _____

FAX # _____

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

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

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

[illegible]

2. The address of the principal office _____

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
------	--------	----------------	------	-------	-------

President

Vice President

Secretary

Treasurer

SD law requires at least one director.

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

Director _____

Director

4. Provide a brief description of the nature of the business _____

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

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

6. NUMBER OF ISSUED SHARES	CLASS	SERIES
----------------------------	-------	--------

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

Dated 03/28/07

Signature

CRAIG H. JOHNSON

Printed Name _____

SEC/TREAS

Title

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

SOS CRP 07/05

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

File Date _____

Receipt No. _____

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

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

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____

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

ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

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

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3/1/08
RECEIPT NO. 1772728

RECEIVED

FEB 27 2008

S.D. SEC. OF STATE

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



DB003550 MAR/2007

LARSON MANUFACTURING COMPANY OF SOUTH DA
JOHNSON, CRAIG H.
2333 EASTBROOK DR.
BROOKINGS SD 57006-2899

Telephone # _____

FAX # _____

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

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

★ ★ ★ ★ ATTENTION - PLEASE INSTRUCTIONS

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

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

[illegible]

2. The address of the principal office _____

3. The names and business addresses of its directors and principal officers:					
NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4

SD law requires at least one director.

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

Director _____

Director _____

4. Provide a brief description of the nature of the business _____

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES

6. NUMBER OF ISSUED SHARES	CLASS	SERIES
----------------------------	-------	--------

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

Dated 02/25/08

Signature C. B. R.

CRAGG H. JOHNSON
Printed Name

Sect/TREAS

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

SOS CRP 07/05

(signature)

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

2009 ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 04/27/09
RECEIPT NO 1903334
RECEIVED
APR 27 2009
S.D. SEC. OF STATE

Telephone # _____
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 ID and Name:

DB003550

Larson Manufacturing Company of South Dakota, Inc.
2333 Eastbrook Drive
Brookings, SD 57006-2838

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

2333 Eastbrook Drive	Brookings	SD	57006-2838
Street Address	City	State	ZIP+4

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

3. The name of the South Dakota Registered Agent Craig H Johnson


2333 Eastbrook Drive	Brookings	SD	57006-2838
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/> O Dale Larson	2333 Eastbrook Drive	Brookings	SD	57006-2838
President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Vice President	Street Address	City	State ZIP+4
<input checked="" type="checkbox"/> Craig H Johnson	2333 Eastbrook Drive	Brookings	SD	57006-2838
Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/> Maree Larson	2333 Eastbrook Drive	Brookings	SD	57006-2838
Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/> Jeff Rief	2333 Eastbrook Drive	Brookings	SD	57006-2838
Director	Street Address	City	State	ZIP+4
<input type="checkbox"/> Patricia Larson	2333 Eastbrook Drive	Brookings	SD	57006-2838
Director	Street Address	City	State	ZIP+4

Dated


(Signature of an authorized officer)

Craig H Johnson
(Printed Name)

Secretary
(Title)

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

RECEIPT NO

RECEIVED

FEB 18 2010

S.D. SEC. OF STATE

Telephone #

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 ID and Name:

DB003550

Larson Manufacturing Company of South Dakota, Inc.
Craig H Johnson
2333 Eastbrook Drive
Brookings, SD 57006

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

2333 Eastbrook Drive	Brookings	SD	57006
Street Address	City	State	ZIP+4
Same			
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Craig H Johnson

2333 Eastbrook Drive	Brookings	SD	57006
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Same			
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	Jeff Rief	2333 Eastbrook Drive	Brookings	SD	57006
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Craig H Johnson	2333 Eastbrook Drive	Brookings	SD	57006
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Maree Larson	2333 Eastbrook Drive	Brookings	SD	57006
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	O Dale Larson	2333 Eastbrook Drive	Brookings	SD	57006
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Carmelle Jackson	2333 Eastbrook Drive	Brookings	SD	57006
	Director	Street Address	City	State	ZIP+4

Dated February 16, 2010

(Signature of an authorized officer)

Craig H Johnson

(Printed Name)

Secretary

(Title)

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

03/03/11

RECEIPT

RECEIVED

MAR 03 2011

S.D. SEC. OF STATE

Telephone # _____

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 ID and Name:

DB003550

Larson Manufacturing Company of South Dakota, Inc.
Johnson, Craig H
2333 Eastbrook Drive
Brookings, SD 57006-2899

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.

2333 Eastbrook Drive	Brookings	SD	57006-2899
Street Address	City	State	ZIP+4
Same			
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Craig H Johnson

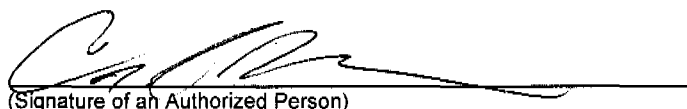
2333 Eastbrook Drive	Brookings	SD	57006-2899
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Same			
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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"/> Jeff Rief	2333 Eastbrook Drive	Brookings	SD	57006-2899
President	Street Address	City	State	ZIP+4
<input type="checkbox"/>				
Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/> Craig H Johnson	2333 Eastbrook Drive	Brookings	SD	57006-2899
Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/> Maree Larson	2333 Eastbrook Drive	Brookings	SD	57006-2899
Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/> O Dale Larson	2333 Eastbrook Drive	Brookings	SD	57006-2899
Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/> Carmelle Jackson	2333 Eastbrook Drive	Brookings	SD	57006-2899
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 _____


(Signature of an Authorized Person)

Craig H Johnson
(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE DATE 03/30/2012

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

DOMESTIC

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

RECEIPT NO 32930

1. Corporate ID and Name:

DB003550

LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.

2333 EASTBROOK DRIVE

BROOKINGS, SD 57006-2838

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

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

2333 EASTBROOK DRIVE

Street Address

BROOKINGS

City

SD

State

57006-2838

ZIP+4

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

CRAIG H. JOHNSON

2333 EASTBROOK DR.

Street Address or Rural Route Box Number in This State and

BROOKINGS

City

SD

State

57006-2899

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

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



JEFF RIEF

President

2333 EASTBROOK DRIVE

Street Address

BROOKINGS

City

SD

State

57006

ZIP+4



Vice President

Street Address

City

State

ZIP+4



CRAIG H JOHNSON

Secretary

2333 EASTBROOK DRIVE

Street Address

BROOKINGS

City

SD

State

57006

ZIP+4



MAREE LARSON

Treasurer

2333 EASTBROOK DRIVE

Street Address

BROOKINGS

City

SD

State

57006

ZIP+4



O DALE LARSON

Director

2333 EASTBROOK DRIVE

Street Address

BROOKINGS

City

SD

State

57006

ZIP+4



CARMELLE JACKSON

Director

2333 EASTBROOK DRIVE

Street Address

BROOKINGS

City

SD

State

57006

ZIP+4

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

Dated 03/30/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

CRAIG H JOHNSON

(Printed Name)

3/30/2012 10:39:33AM

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 7/12/2013

RECEIPT NO 128196

1. Corporate ID and Name:

DB003550
LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.
2333 EASTBROOK DRIVE
BROOKINGS, SD 57006-2838

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

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

2333 EASTBROOK DRIVE	BROOKINGS	SD	57006-2838
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: CRAIG H. JOHNSON

2333 EASTBROOK DR.	BROOKINGS	SD	57006-2899
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	JEFF RIEF	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CRAIG H JOHNSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MAREE LARSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	O DALE LARSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CARMELLE JACKSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Director	Street Address	City	State	ZIP+4

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

Date 07/12/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

CRAIG H JOHNSON

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 3/25/2014

RECEIPT NO 187368

1. Corporate ID and Name:

DB003550
LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.
2333 EASTBROOK DRIVE
BROOKINGS, SD 57006-2838

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

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

2333 EASTBROOK DRIVE	BROOKINGS	SD	57006-2838
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: CRAIG H. JOHNSON

2333 EASTBROOK DR.	BROOKINGS	SD	57006-2899
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	JEFF RIEF	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CRAIG H JOHNSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MAREE LARSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	O DALE LARSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CARMELLE JACKSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Director	Street Address	City	State	ZIP+4

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

Date 03/25/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

CRAIG H JOHNSON

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 3/27/2015

RECEIPT NO 286890

1. Corporate ID and Name:

DB003550
LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.
2333 EASTBROOK DRIVE
BROOKINGS, SD 57006-2838

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

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

2333 EASTBROOK DRIVE	BROOKINGS	SD	57006-2838
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: CRAIG H. JOHNSON

2333 EASTBROOK DR.	BROOKINGS	SD	57006-2899
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

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

<input checked="" type="checkbox"/>	JEFF RIEF	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CRAIG H JOHNSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MAREE LARSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	O DALE LARSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CARMELLE JACKSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Director	Street Address	City	State	ZIP+4

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

Dated 03/27/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

CRAIG H JOHNSON

(Printed Name)

2016

STATEMENT OF CHANGE OF REGISTERED OFFICE

Enter Filing Year

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

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 6/6/2016

RECEIPT NO 423292

1. Corporate ID and Name:

DB003550

Enter Corporate ID

LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.

Enter Corporate Name

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

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

Agent Name: CRAIG H. JOHNSON

2333 EASTBROOK DR. BROOKINGS SD 57006-2899

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

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

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

New Agent Name: WILLIAM RETTERATH

2333 EASTBROOK DRIVE BROOKINGS SD 57006

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

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

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 06/06/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM RETTERATH

(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.

6/6/2016 3:05:07 PM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 6/6/2016

RECEIPT NO 423292

1. Corporate ID and Name:

DB003550

Enter Corporate ID

LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, 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).

2333 EASTBROOK DRIVE BROOKINGS SD 57006-2838

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

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

4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM RETTERATH

2333 EASTBROOK DRIVE BROOKINGS SD 57006

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

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

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

<input checked="" type="checkbox"/>	JEFF RIEF	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	President	Actual Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	CRAIG H JOHNSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	WILLIAM RETTERATH	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Treasurer	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	O DALE LARSON	2333 EASTBROOK DRIVE	BROOKINGS	SD	57006
	Director	Actual Street Address	City	State	ZIP+4



CARMELLE JACKSON

2333 EASTBROOK DRIVE

BROOKINGS

SD

57006

Director

Actual Street Address

City

State

ZIP+4

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

Dated 06/06/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

WILLIAM RETTERATH

(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.

6/6/2016 3:05:07 PM