

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

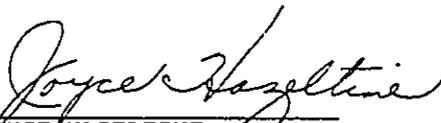
### CERTIFICATE OF AMENDMENT

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

30<sup>th</sup> June 1993  
Act of 93  
*[Signature]*

9 2 0 7 2 7 0 0 0 7

RECEIVED  
JUN 20 1993  
Secretary of State

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

Pursuant to the requirements of SDCL Section 47-2-15, LARSON MANUFACTURING COMPANY, 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.
- 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:

<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  
O. Dale Larson, President

Dated: June 28, 1993

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

Dated: June 28, 1993

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

07-07-93

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 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.

Paul Burger  
Notary Public - South Dakota

My Commission expires:  
7/31/97

(SEAL)

9307437047

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

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. 379206

RECEIVED

MAR 28 1994

1. Corporate Name, Registered Agent and Registered Address:

08-003550  
LARSON MANUFACTURING COMPANY OF SC  
LARSON, D. DALE  
2333 EASTBROOK DR.  
BROOKINGS, SD 57000-2699

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
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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 3/29 1994

By [Signature]  
(Signature)  
its Secretary  
(Title)

STATE OF South Dakota  
COUNTY OF Brookings SS

I, James C. Kridger, 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 Secretary 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)

[Signature]  
Notary Public

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

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

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

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

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

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

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

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

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ 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)

1995-2000

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. 11111  
**RECEIVED**  
MAR 15 1995  
STATE

1. Corporate Name, Registered Agent and Registered Address:

08-000544  
LARSON MANUFACTURING COMPANY OF SOUTH DA  
LAPSON, DALE  
2033 EASTBROOK DR.  
BROOKINGS, SD 57006-0000

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
----------------------------	-------	--------	---

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 10<sup>th</sup> 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 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 \_\_\_\_\_  
Ben Remer  
Notary Public

MY COMMISSION  
EXPIRES 5/3/2002  
(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: \$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 \_\_\_\_\_

95112721068  
11/17/95

0001-NNNN-0000

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

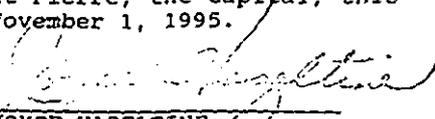
### CERTIFICATE OF AMENDMENT

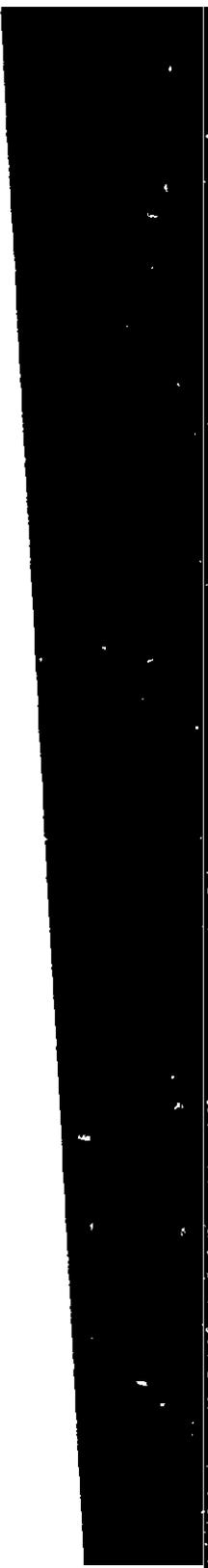
I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC. duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, 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 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 November 1, 1995.

  
JOYCE HAZELTINE  
Secretary of State



RECEIVED

Filed with 1st copy of  
1995 1995

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 capitol 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

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.

*Jasper C. Krueger*  
Notary Public - South Dakota

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

Receipt No.: 498397

95112721068  
11/17/95

File Number: DB003550

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. 52824  
RECEIVED  
MAR 06 1996  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB 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, 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 South Dakota  
COUNTY OF Brookings ss

I, Jesse Krueger, a notary public, do hereby certify that on this 4<sup>th</sup> day of MARCH 1996,  
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 5/9/2002

*[Signature]*  
Notary Public

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

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

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

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

FILING FEE: \$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 BEN REMER 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 [Signature]

(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

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-003550 MAR/97  
LARSON MANUFACTURING COMPANY OF SOUTH DA  
LARSON, O. DALE  
2333 EASTBROOK DR.  
BROOKINGS, SD 57004-2899

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 MFG STEEL JOISTS & WINDROWS

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>LX MILLS</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 X 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  
500,000 COMMON 100 .20

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE  
500,000 COMMON 100 .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 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 2002/6/5  
Jaime A. Krueger  
Notary Public

NOISSIMW  
(Notarial Seal)

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)

\*K/988

9805194.4661  
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

1999

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

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-10-99  
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 MFG SOUTH DAKOTA  
WADSWORTH

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

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

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.  
Dated 3/8 1999  
By [Signature]  
(Signature)  
Its SECRETARY  
(Title)

STATE OF South Dakota ss  
COUNTY OF Brookings  
I, James C. Krueger, a notary public, do hereby certify that on this 8<sup>th</sup> day of MARCH 1999, personally appeared before me DALE 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 \_\_\_\_\_  
James C. Krueger  
Notary Public

MY COMMISSION  
(Notary Seal)  
EXPIRES 5/9/2002

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

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 \_\_\_\_\_

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  
2,000,000 Common A .20 4,000,000 Common B

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE  
100,000 Common A .20 400,000 Common B

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 17<sup>th</sup> 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 A. Krueger  
Notary Public  
MY COMMISSION  
EXPIRES 5/9/2002

(Notarial Seal)

SOS CRP 11/99

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

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

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

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

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

- The name of the corporation is LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC
- 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
- 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 \_\_\_\_\_
- The name of its previous registered agent is Ben Remer
- The name of its successor registered agent is CRAIG H. JOHNSON  
\*The Consent of Registered Agent below must be completed by the new agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- 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] O. DALE LARSON  
(Signature)  
PRESIDENT  
(Title)

STATE OF SD  
COUNTY OF BROOKINGS ss

On this the 17<sup>th</sup> 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 [Signature]  
Notary Public

(Notarial Seal)

**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]  
(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

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

0105208.1862  
101

FILE DATE 3-28-01  
RECEIPT NO. 970471

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+4
<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 EAST BROOK 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 SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

500000 COMMON 1.20

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES 500000 COMMON 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]

(Signature)  
Its SECRETARY

(Title)  
STATE OF SD

COUNTY OF BROOKINGS ss

On this the 26<sup>th</sup> day of MARCH 2000, before me, LORA FARSEN

personally 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

[Signature]  
Notary Public

(Notarial Seal)

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

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

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

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

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

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

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

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

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

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

2002

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

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

FILE DATE 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 EASTBROCK 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 DOORS E WINDOWS

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include DALE LARSON (President), BILL HAY (Vice President), CRAIG H. JOHNSON (Secretary), and CRAIG H. JOHNSON (Treasurer).

SD law requires at least one director.

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

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

NUMBER OF SHARES CAN ISSUE (authorized) 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 PAR VALUE \$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] (Signature)

Its SECRETARY (Title)

STATE OF SD COUNTY OF BROOKINGS ss

On this 27th day of FEB 2002 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 [Signature] Notary Public

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

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

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

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

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

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

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

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

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

Dated \_\_\_\_\_

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

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

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

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, known to me, or proved to me, 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)

2003

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

6387221.2402 7/9/03

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

FILE DATE 57203 RECEIPT NO. 1212813 RECEIVED MAR 12 '03 RECEIVED 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 & DISTRIBUTE STORM DOORS & WINDOWS

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include C. DALE LARSON (President), BILL R MAY (Vice President), CRAIG H JOHNSON (Secretary), CRAIG H. JOHNSON (Treasurer).

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

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

Table with columns: NUMBER OF SHARES CAN ISSUE (authorized), CLASS, SERIES, PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE. Includes rows for 1,000,000 COMM and 1,035,000 ACTUALLY ISSUED COMM.

6. 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 3-27-03 By [Signature] Its [Title]

STATE OF SD COUNTY OF BROOKINGS On 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 Sec 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



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

FILE DATE 3-10-05  
 RECEIPT NO. 1416187  
 MAR 10 05  
 S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent and Registered Address:

DB003550  
3-2005

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

Telephone # 605-696-6381

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 \_\_\_\_\_

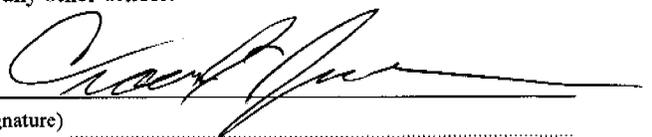
4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
1,000,000	A	Voting	\$0.20
4,000,000	B	Nonvoting	\$0.20
NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	
99,969	A	Voting	
835,390	B	Nonvoting	

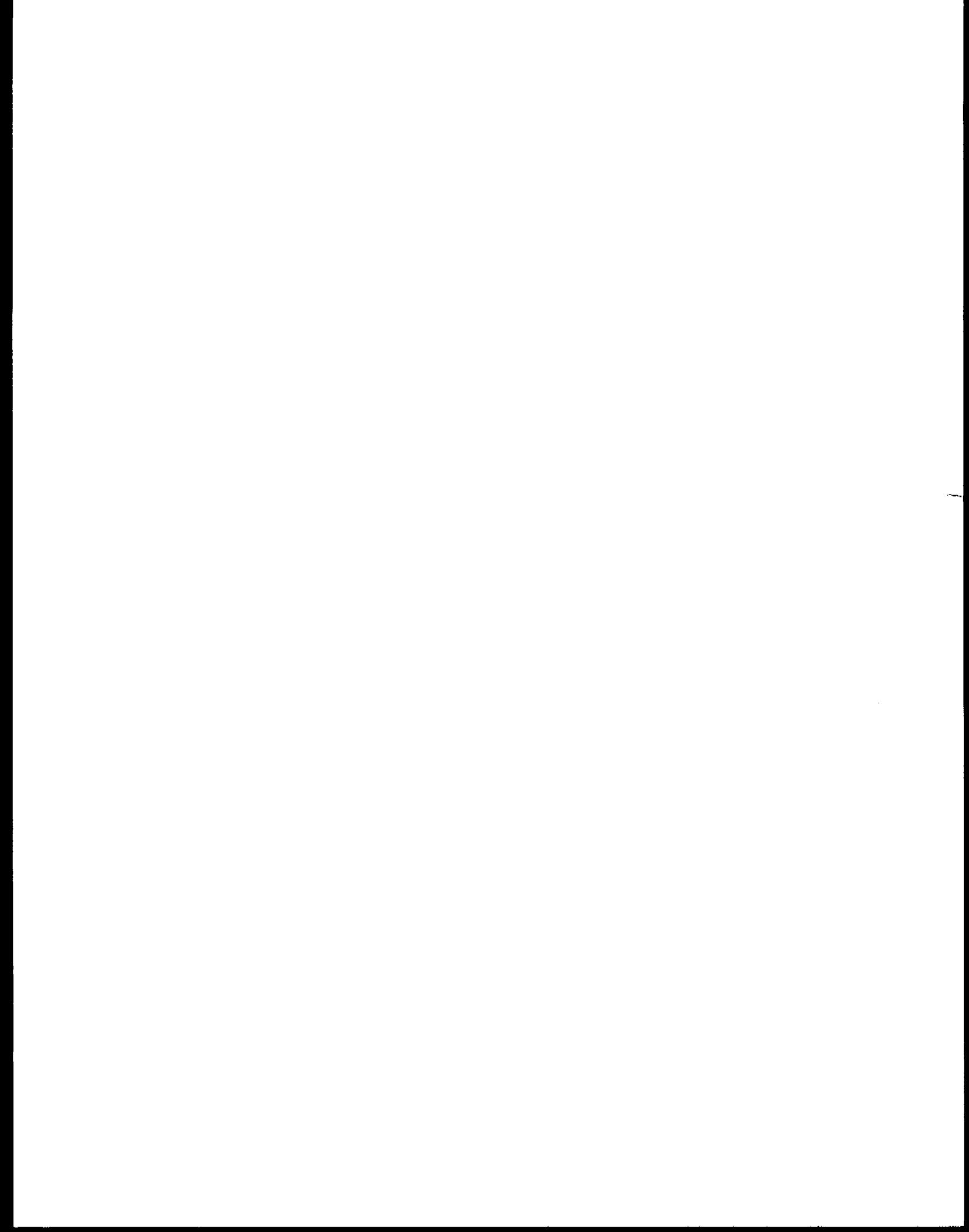
6. The amount of its stated capital is \$ 2,447,497 (Money received for issued shares)

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

Dated \_\_\_\_\_

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

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









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

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

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

Dated \_\_\_\_\_

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



SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
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 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)



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

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

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

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

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

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

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

Dated \_\_\_\_\_

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

Secretary of State 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
<b>RECEIVED</b>	
<b>APR 27 2009</b>	
<b>S.D. SEC. OF STATE</b>	

1. Corporate ID and Name:

DB003550

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

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

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

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

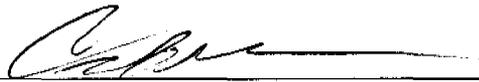
2333 Eastbrook Drive	Brookings	SD	57006-2838
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4

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"/>		Street Address	City	State	ZIP+4
	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

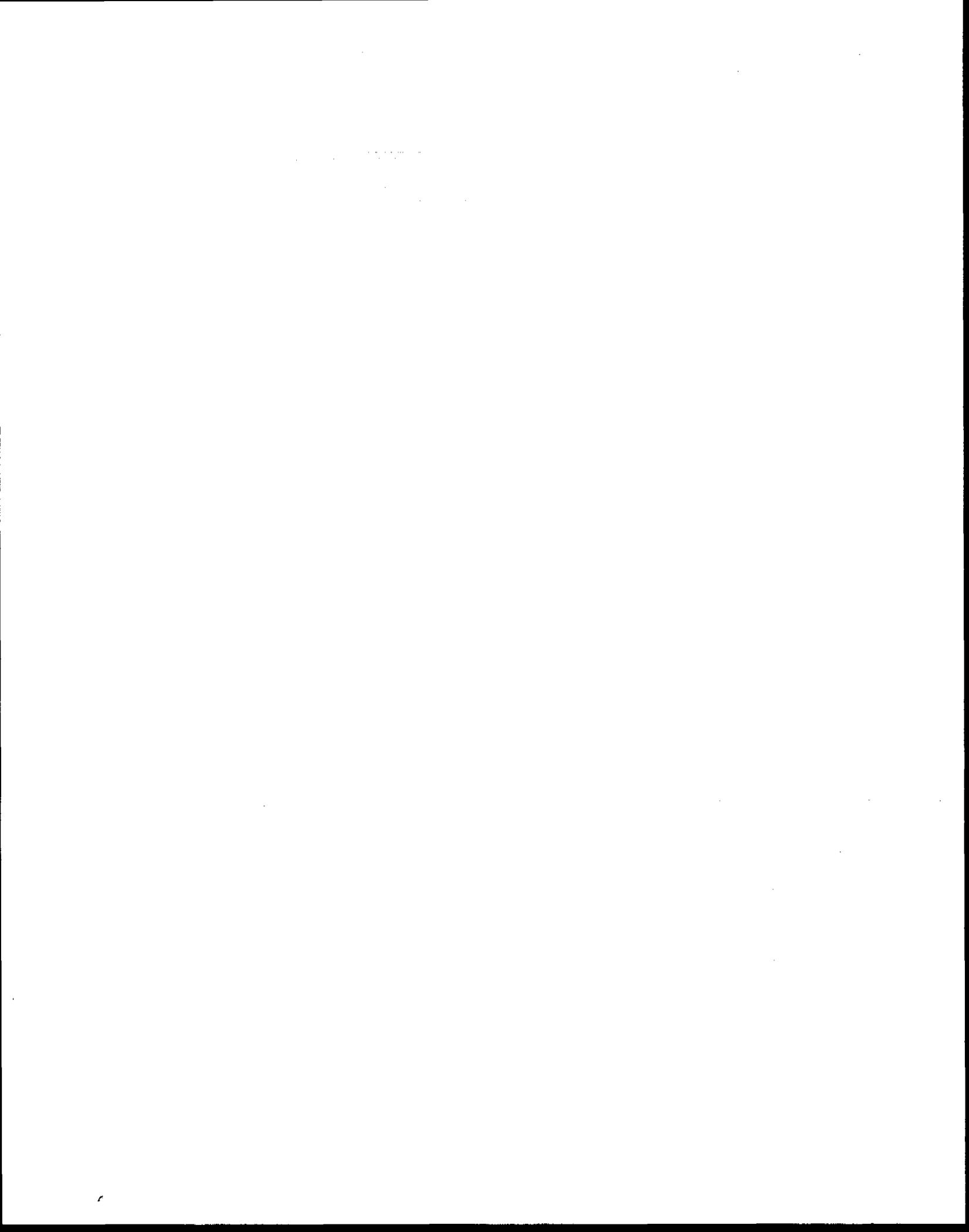
Dated \_\_\_\_\_

  
(Signature of an authorized officer)

Craig H Johnson  
(Printed Name)

Secretary  
(Title)

289 1382



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	<u>3/1/10</u>
RECEIPT NO	<u>200662</u>
<b>RECEIVED</b>	
FEB 18 2010	
<b>S.D. SEC. OF STATE</b>	

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

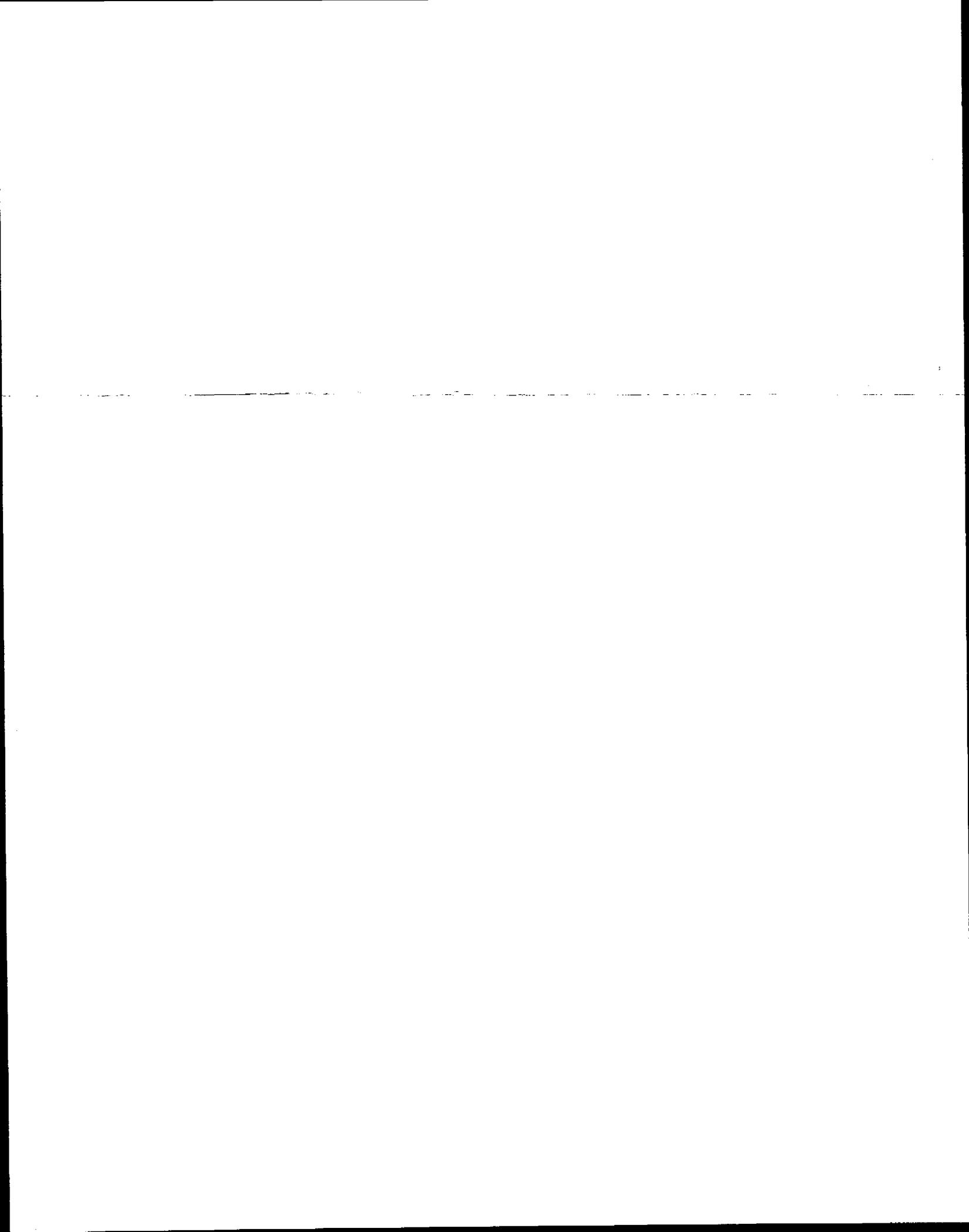
Dated February 16, 2010

  
(Signature of an authorized officer)

Craig H Johnson  
(Printed Name)

Secretary  
(Title)

302 0139



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

# ANNUAL REPORT DOMESTIC

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

FILE DATE 03/03/11  
RECEIVED  
2129990  
**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.

317 1216

2011

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

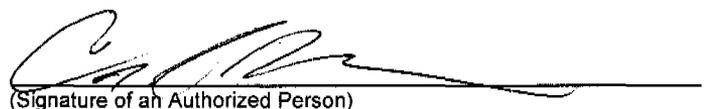
2333 Eastbrook Drive	Brookings	SD	57006-2899
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Same			
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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.

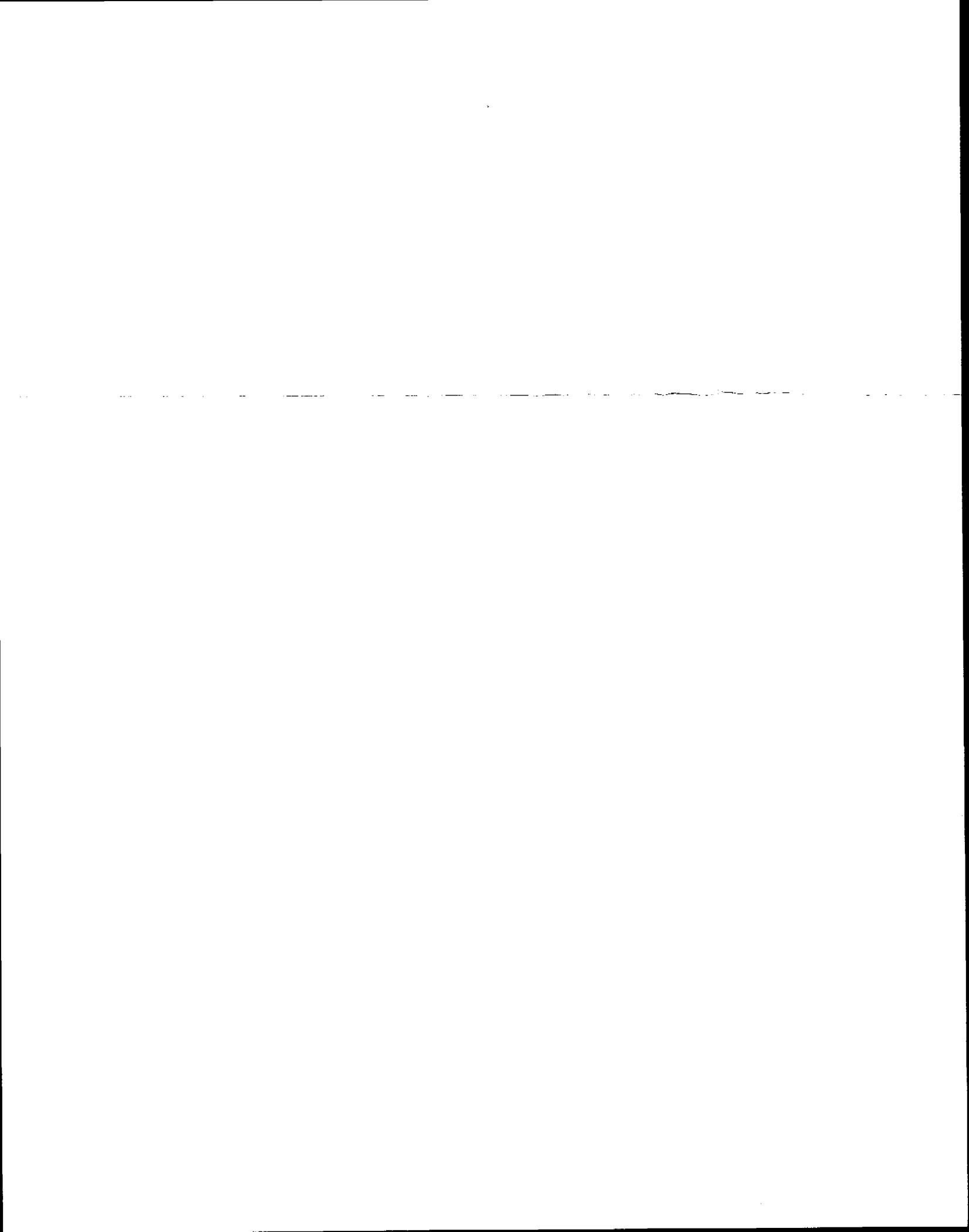
<input checked="" type="checkbox"/>	Jeff Rief	2333 Eastbrook Drive	Brookings	SD	57006-2899
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Craig H Johnson	2333 Eastbrook Drive	Brookings	SD	57006-2899
	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

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## 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	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 03/30/2012

Signature Accepted Electronically  
(Signature of an Authorized Person)

CRAIG H JOHNSON  
(Printed Name)

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

FILE 3/25/2014

RECEIPT NO 187368

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

## 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

FILE DATE 6/6/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 423292

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

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

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

## ANNUAL REPORT

FILE DATE 6/6/2016

Enter Filing Year

## DOMESTIC CORPORATION

RECEIPT NO 423292

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

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

## 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

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