

Receipt Number: _____

1275209

File Number

DB047695



* D B 0 4 7 6 9 5 *



* A R T I C L E S O F I N C O R P O R A T I O N *

ARTICLES_OF_INCORPORATION

For

DARLENE A. NESSON CPA, P.C.

Filed at the request of:

NESSON LAW OFFICE PC
STEVEN NESSON
PO Box 2117
Sioux Falls SD 57104

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Monday, December 29, 2003**

Secretary of State

Fee Received: \$100.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

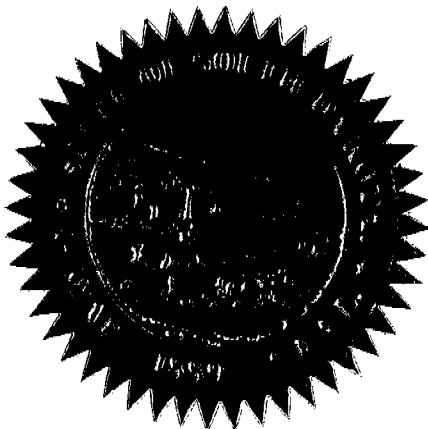
Certificate of Incorporation Business Corporation

ORGANIZATIONAL ID #: DB047695

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **DARLENE A. NESSON CPA, P.C.** duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this December 29, 2003.



Chris Nelson

Chris Nelson
Secretary of State

RECEIVED

DEC 29 '03

S.D. SEC. OF STATE

Filed this 29th day of Dec, 2003Chris Nelson
SECRETARY OF STATEARTICLES OF INCORPORATION
OF

DARLENE A. NESSON CPA, P.C.

We, the undersigned natural persons of the age of twenty-one (21) years or more, acting as Incorporators of a Professional Corporation under SDCL §47-13B et seq., the South Dakota Professional Corporations for the Practice of Public Accounting Act, adopt the following Articles of Incorporation for such Corporation:

FIRST: The name of the Corporation is:

DARLENE A. NESSON CPA, P.C.

SECOND: The Corporation shall have perpetual duration.

THIRD: The Corporation is organized solely for the purpose of engaging in the practice of accountancy through persons qualified to practice accountancy in the State of South Dakota. We shall be further empowered to make and execute any and all agreements for the purposes outlined, including the agreements for the borrowing money, and to construct, own, purchase, operate, maintain, sell, lease or dispose of real or personal property which may be necessary or advisable for the carrying-on of the business of the Corporation and to do all other things subsidiary, necessary, or contingent for the carrying-out and to effect the main purposes of the Corporation and to enter into partnerships and to accomplish all other lawful purposes for which professional corporations may be incorporated under this Act.

FOURTH: All shareholders of the Corporation shall be persons duly licensed as a public accountant or as a certified public accountant by some state and who will at all times own their shares in their own right. They shall be individuals who are actively engaged in the practice of accountancy or as certified public accountants in the offices of the Corporation.

FIFTH: Any shareholder who ceases to be eligible to be a shareholder shall be required to dispose of all his shares forthwith, either to the Corporation or to a person having the qualifications prescribed in Section Four of these Articles.

SIXTH: The Corporation shall have the authority to issue the aggregate 25,000 shares of stock, all shares being of one class, each with a par value of ONE DOLLAR (\$1.00).

SEVENTH: The Corporation will not commence business until at least ONE THOUSAND DOLLARS (\$1,000.00) has been received by it as consideration for the issuance of shares.

EIGHTH: No shareholder shall have the preemptive right to acquire additional or treasury shares of the Corporation.

DB047695

NINTH: All provisions for the regulation of the internal affairs of the Corporation will be established in By-Laws as adopted, from time to time, by the Board of Directors.

TENTH: All Shareholders of the Corporation agree that they shall be jointly and severally liable for all acts, errors and omissions of the employees of the Corporation except during periods of time when the Corporation shall maintain in good standing public accountant and/or certified public accountant's professional liability insurance which shall meet the minimum standard set forth in SDCL §47-13B-9 to SDCL §47-13B-12, inclusive.

ELEVENTH: The initial Board of Directors of the Corporation shall consist of one person, and the name and address of those person who shall serve as Director until the First Annual Meeting of Shareholders or until each successor is elected and qualified is:

NAMEADDRESS

Darlene A. Nesson

351 Wisconsin Avenue SW, Ste 102
Huron, South Dakota 57350

TWELVETH: The name and address of the Incorporator is:

NAMEADDRESSSteven R. Nesson
Attorney at Law141 North Main Avenue, Suite 400
P.O. Box 2117
Sioux Falls, SD 57101-2117

THIRTEENTH: These Articles may be amended in the manner authorized by law at the time of the Amendment.

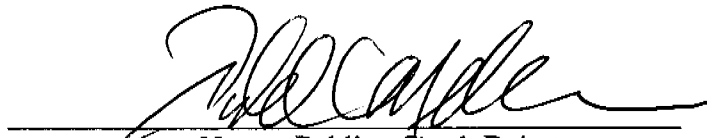
Executed in duplicate on the 24th day of December, 2003.



Steven R. Nesson, Incorporator

State of South Dakota)
: ss.
County of Minnehaha)

I, Todd C Miller, a Notary Public, hereby certify that on the 24th day of December, 2003, personally appeared before me Steven R. Nesson, who being by me first duly sworn, declared that he is the person who signed the foregoing document as Incorporator, and that the statements therein contained are true.



Notary Public - South Dakota
(SEAL)

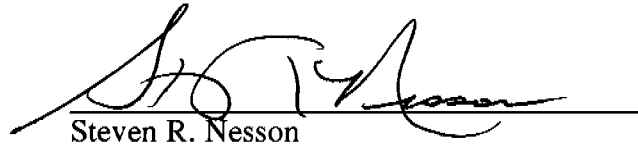
My Commission Expires: 7-19-06

328 2353

CONSENT TO SERVE AS REGISTERED AGENT

I, Steven R. Nesson, of 141 North Main Avenue, Suite 400 Sioux Falls, South Dakota 57104, hereby agree and consent to serve as the initial registered agent of DARLENE A. NESSON CPA, P.C..

Dated this 24th day of December, 2003.


Steven R. Nesson

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/01/04
RECEIPT NO. 1315470

RECEIVED

NOV 9 '04

~~S.D. SEC. CF STATE~~

1. Corporate Name, Registered Agent and Registered Address:



DB047695
DB047695 DEC/0000
NESSON (DARLENE A.) CPA, P.C.
NESSON, STEVEN R
141 N MAIN AVEN STE 400
PO BOX 2117
SIOUX FALLS SD 57101-2117

Telephone # 605-353-1040

FAX # 605-353-1040

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, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

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

[illegible]

2. The character of the business in which it is actually engaged in South Dakota public accounting
and auditing

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Darlene A. Nesson</u>	President	<u>351 Wisconsin Ave SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
	Vice President				
<u>Darlene A. Nesson</u>	Secretary	<u>351 Wisconsin Ave. SW.</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>
<u>Darlene A. Nesson</u>	Treasurer	<u>351 Wisconsin Ave. SW</u>	<u>Huron</u>	<u>SD</u>	<u>57350</u>

SD law requires at least one director.

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

Director

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
25,000	Common		1.00

5. NUMBER OF SHARES <u>ACTUALLY ISSUED</u>	CLASS	SERIES
1,000	Common	

6. The amount of its stated capital is \$ 1,000 . (Money received for issued shares)

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

Dated 11/8/04

(Signature)

(Title)

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

File Date _____
Receipt No. _____

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

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

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

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

ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

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

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

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

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

243 0617 11/21/2005

2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/01/05
RECEIPT NO. 1443887
RECEIVED
NOV 16 05
S.D. SEC. OF STATE

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



DB047695 DEC/2004
DARLENE A. NESSON CPA, P.C.
NESSON, STEVEN R
141 N MAIN AVEN STE 400
PO BOX 2117
SIOUX FALLS SD 57101-2117

Telephone # 605.353.1040

FAX # _____

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

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

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

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

2. The address of the principal office 350 Wisconsin Avenue SW, Ste. 102, Huron, SD 57350

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Gene Ellenson	President	350 Wisconsin Avenue SW, Ste. 102,	Huron,	SD	57350
	Vice President				
Gene Ellenson	Secretary	350 Wisconsin Avenue SW, Ste. 102,	Huron,	SD	57350
Gene Ellenson	Treasurer	350 Wisconsin Avenue SW, Ste. 102,	Huron,	SD	57350

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

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
25,000	Common	

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
1,000	Common	

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

Dated November 15, 2005

Signature

Gene Ellenson
Printed Name

President
Title

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

SOS CRP 07/05

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

File Date _____
Receipt No. _____

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 * _____

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

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

registered agent for _____
(corporate name)

Dated _____

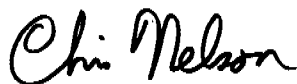
(signature)

Receipt Number: 1506395File Number **DB047695****ARTICLES_OF_AMENDMENT**

For

**DARLENE A. NESSON CPA, P.C. changing its name to GENE R. ELLENSON CPA
& COMPANY, P.C.**

Filed at the request of:

**NESSON LAW OFFICE
STEVEN R. NESSON
PO BOX 2117
SIOUX FALLS SD 57101***State of South Dakota
Office of the Secretary of State*Filed in the office of the Secretary of State on: **December 23, 2005**

Secretary of State

Fee Received: \$50

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

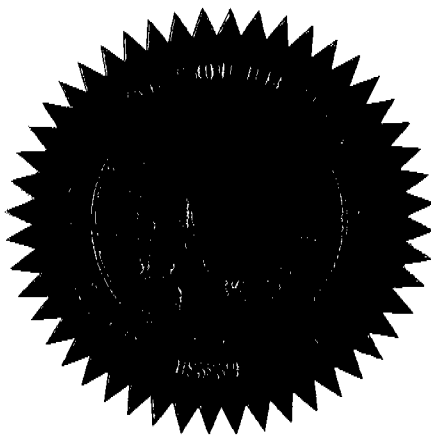
Certificate of Amendment

ORGANIZATIONAL ID #: DB047695

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **DARLENE A. NESSON CPA, P.C. changing its name to GENE R. ELLENSON CPA & COMPANY, P.C.** 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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this December 23, 2005.



Chris Nelson
Secretary of State



Secretary of State, Corporations Division
500 E. Capitol Avenue, Pierre SD 57501
Phone 605-773-4845, Fax 605-773-4550

Amendment of Articles of Incorporation

RECEIVED

DEC 23 '05

S.D. SEC. of STATE

FILING FEE: \$50

FILING INSTRUCTIONS:

1. Please list EXACT corporate name in number one.
2. Complete signature and title of the officer signing for the corporation.

An ORIGINAL and ONE EXACT COPY of the Articles of Amendment must be submitted.

1. The name of the corporation is Darlene A. Nesson CPA, P.C.

2. The following amendment of the Articles of Incorporation was adopted by the shareholders of the corporation on December 22, 20 05, in the manner prescribed by the South Dakota Corporation Act:

OR

No shares have been issued and the following amendment was adopted by the Board of Directors on _____, 20 ____.

Upon the unanimous recommendation of the Board of Directors, the Shareholders of the Corporation hereby unanimously agree that the NAME of the Corporation, DARLENE A. NESSON CPA, P.C. bbe and hereby is amended and changed to GENE R. ELLENSON CPA & COMPANY, P.C.

3. The number of shares of the corporation outstanding at the time of such amendment was 1000; and the number of shares entitled to vote thereon was 1000.

4. The designation and number of outstanding shares of each class entitled to vote thereon as a class were as follows:

Class: COMMON Number of shares: 1000

5. The number of shares voted for such amendment was 1000

The number of shares voted against such amendment was 0
The number of shares of each class entitled to vote thereon as a class voted for and against such amendment was:

Class: Common Number of shares:
For: 1000 Against: 0

2604765

342 7286

6. The manner, if not set forth in such amendment, in which any exchange, reclassification or cancellation of issued shares provided for in the amendment shall be effected, is as follows:

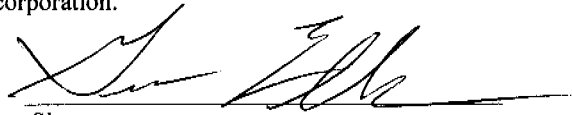
N/A

7. The manner in which such amendment effects a change in the amount of stated capital and a statement expressed in dollars, of the amount of stated capital as changed by such amendment.

Does not effect a change

Application may be signed by any authorized officer of the corporation.

Dated 12-22-2005



Signature

GENE ELLENSON

Printed Name

PRESIDENT

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)

Receipt Number: 1674898

File Number **DB047695**



STATEMENT_OF_CHANGE

For

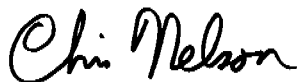
GENE R. ELLENSON CPA & COMPANY, P.C.

Filed at the request of:

GENE R ELLENSON CPA & COMPANY PC
351 WISCONSIN AVE SW STE 102
HURON SD 57350

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Tuesday, May 15, 2007**



Secretary of State

Fee Received: \$10.00

351 4806

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**

RECEIVED
File Date MAY 15 2007
Receipt
S.D. SEC. OF STATE

Filed this 15th day of May 2007

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 GENE R. ELLENSON CPA & COMPANY, P.C.
2. The street address, or a statement that there is no street address, of its current registered office _____
141 N MAIN AVEN STE 400, PO BOX 2117, SIOUX FALLS, SD ZIP + 4 57101-2117
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. _____
351 WISCONSIN AVENUE SW SUITE 102, HURON, SD ZIP + 4 57350-2446
4. The name of its current registered agent is STEVEN R NESSON
5. The name of its new registered agent is * GENE R ELLENSON

***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 MAY 14, 2007



Signature

GENE R ELLENSON

Printed Name

PRESIDENT

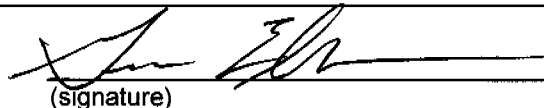
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for GENE R. ELLENSON CPA & COMPANY, P.C.
(corporate name)

Dated MAY 14, 2007


(signature)

DB047695

File Date _____
Receipt No. _____

(signature)

284 0384 01/02/2009

2008

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE

12/02/08

RECEIPT NO.

RECEIVED

1860723
DEC 02 2008

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB047695 DEC/2007
GENE R. ELLENSON CPA & COMPANY, P.C.
ELLENSON, GENE R
351 WISCONSIN AVENUE SW
SUITE 102
HURON SD 57350-2446

Telephone # (605) 352-2833

FAX # (605) 352-2833

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.

351 WISCONSIN AVE SW Suite 102A Huron SD 57350
Street Address City State ZIP+4

SAME
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

GENE R ELLENSON

351 WISCONSIN AVE SW, Suite 102A Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4

351 WISCONSIN AVE SW, Suite 102A Huron SD 57350
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.

☒ GENE R ELLENSON 670 OREGON SE Huron SD 57350
President Street Address City State ZIP+4

☐
Vice President Street Address City State ZIP+4

☐
Secretary Street Address City State ZIP+4

☐
Treasurer Street Address City State ZIP+4

☐
Director Street Address City State ZIP+4

☐
Director Street Address City State ZIP+4

Dated 11-30-2008

(Signature of an authorized officer)

GENE R ELLENSON
(Printed Name)

PRESIDENT
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2009

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATEFILE DATE 01/04/10RECEIPT NO 1984240**RECEIVED****JAN 04 2010****S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



DB047695 DEC/2008

GENE R. ELLENSON CPA & COMPANY, P.C.
ELLENSON, GENE R
351 WISCONSIN AVENUE SW
SUITE 102
HURON SD 57350-2446

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.

670 OREGON AVENUE SE Huron SD 57350-2829
Street Address City State ZIP+4

SAME
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

GENE R ELLENSON
670 OREGON AVENUE SE Huron SD 57350-2829
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.

☒	<u>GENE R ELLENSON</u>	<u>670 OREGON AVENUE SE</u>	<u>Huron</u>	<u>SD</u>	<u>57350-2829</u>
	President	Street Address	City	State	ZIP+4
☐	Vice President	Street Address	City	State	ZIP+4
☐	Secretary	Street Address	City	State	ZIP+4
☐	Treasurer	Street Address	City	State	ZIP+4
☐	Director	Street Address	City	State	ZIP+4
☐	Director	Street Address	City	State	ZIP+4

Dated 12-30-2009

(Signature of an authorized officer)

(Printed Name)

(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

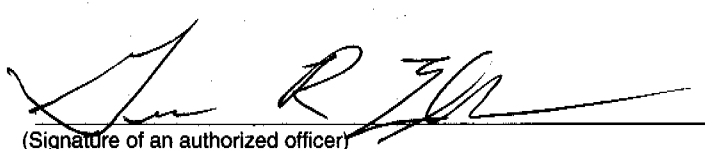
Please Type or Print Clearly in Ink

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

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

1. The name of the entity GENE R. ELLENSON CPA & COMPANY, P.C.
2. The name of the registered agent on file GENE R ELLENSON
The name of the successor registered agent GENE R ELLENSON
3. If listing a Commercial Registered Agent, please state their identification number: _____
4. The address of the agent currently on file for this entity
351 WISCONSIN AVENUE SW SUITE 102 HYRON SD 57850-2446
Street Address (Required) City State ZIP+4
SAME
Mailing Address (Optional) City State ZIP+4
5. If the address has changed, its new address
670 OREGON AVE SE HYRON SD 57350-2829
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
6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated 12-30-2009


(Signature of an authorized officer)

GENE R ELLENSON
(Printed Name)

RESIDENT
(Title)

2010

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE

12/22/10

RECEIPT NO

2097406

RECEIVED**DEC 22 2010****S.D. SEC. OF STATE**

Telephone #

353-1079

FAX #

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

1. Corporate Name, Registered Agent Name and Address:



* DB047695 * DEC/2009

GENE R. ELLENSON CPA & COMPANY, P.C.
ELLENSON, GENE R
670 OREGON AVE SE
HURON SD 57350-2829

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.

670 OREGON AVENUE SE HURON SD 57350-2829
Street Address City State ZIP+4

SAME
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent

GENE R ELLENSON
670 OREGON AVE SE HURON SD 57350-2829
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

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.

☒	<u>GENE R ELLENSON</u>	<u>670 OREGON AVE SE</u>	<u>HURON</u>	<u>SD</u>	<u>57350-2829</u>
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☐					
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

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

Dated

12-20-2010

(Signature of an Authorized Person)

GENE R ELLENSON - PRESIDENT
(Printed Name)

314 1822 12-17-2010

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2011

Enter Filing Year

ANNUAL REPORT

FILE DATE 01/02/2012

RECEIPT NO 14390

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

1. Corporate ID and Name:

DB047695
GENE R. ELLENSON CPA & COMPANY, P.C
670 OREGON AVE SE
HURON, SD57350-2829

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

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

670 OREGON AVE SE	HURON	SD	57350-2829
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: GENE R ELLENSON

670 OREGON AVE SE	HURON	SD	57350-2829
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.

☒	GENE R ELLENSON	670 OREGON AVE SE	HURON	SD	57350
	President	Street Address	City	State	ZIP+4
☐					
	Vice President	Street Address	City	State	ZIP+4
☐					
	Secretary	Street Address	City	State	ZIP+4
☐					
	Treasurer	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4
☐					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material 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 01/02/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

GENE R ELLENSON
(Printed Name)

2012

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 12/1/2012

RECEIPT NO 77657

1. Corporate ID and Name:

DB047695

GENE R. ELLENSON CPA & COMPANY, P.C.

670 OREGON AVE SE

HURON, SD 57350-2829

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

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

670 OREGON AVE SE

HURON

SD

57350-2829

Street Address

City

State

ZIP+4

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

GENE R ELLENSON

670 OREGON AVE SE

HURON

SD

57350-2829

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.



GENE R ELLENSON

670 OREGON AVE SE

HURON

SD

57350

President

Street Address

City

State

ZIP+4



Vice President

Street Address

City

State

ZIP+4



Secretary

Street Address

City

State

ZIP+4



Treasurer

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4

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

Date 12/01/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

GENE R ELLENSON

(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 12/9/2013

RECEIPT NO 158639

1. Corporate ID and Name:

DB047695

GENE R. ELLENSON CPA & COMPANY, P.C.

670 OREGON AVE SE

HURON, SD 57350-2829

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

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

670 OREGON AVE SE

HURON

SD

57350-2829

Street Address

City

State

ZIP+4

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

GENE R ELLENSON

670 OREGON AVE SE

HURON

SD

57350-2829

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.



GENE R ELLENSON

670 OREGON AVE SE

HURON

SD

57350

President

Street Address

City

State

ZIP+4



Vice President

Street Address

City

State

ZIP+4



Secretary

Street Address

City

State

ZIP+4



Treasurer

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4

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

Date 12/09/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

GENE R ELLENSON

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 12/2/2014

RECEIPT NO 250712

1. Corporate ID and Name:

DB047695

GENE R. ELLENSON CPA & COMPANY, P.C.

670 OREGON AVE SE

HURON, SD 57350-2829

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

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

670 OREGON AVE SE

HURON

SD

57350-2829

Street Address

City

State

ZIP+4

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

GENE R ELLENSON

670 OREGON AVE SE

HURON

SD

57350-2829

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.



GENE R ELLENSON

670 OREGON AVE SE

HURON

SD

57350

President

Street Address

City

State

ZIP+4



Vice President

Street Address

City

State

ZIP+4



Secretary

Street Address

City

State

ZIP+4



Treasurer

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4

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

Dated 12/02/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

GENE R ELLENSON

(Printed Name)

12/2/2014 8:23:31 PM

2015

ANNUAL REPORT

FILE DATE 11/16/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 351673

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

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB047695

GENE R. ELLENSON CPA & COMPANY, P.C.

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

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

670 OREGON AVE SE HURON SD 57350-2829

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: GENE R ELLENSON

670 OREGON AVE SE HURON SD 57350-2829

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.

☒	GENE R ELLENSON	670 OREGON AVE SE	HURON	SD	57350
President		Actual Street Address	City	State	ZIP+4

☐					
Vice President		Actual Street Address	City	State	ZIP+4

☐					
Secretary		Actual Street Address	City	State	ZIP+4

☐					
Treasurer		Actual Street Address	City	State	ZIP+4

☐

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

☐

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.

Dated	11/16/2015	Signature Accepted Electronically
		(Signature of an Authorized Person)
		GENE R ELLENSON
		(Printed Name)