328 2349

Receipt Number: 1275209

File Number DB047695

DB047695

ARTICLES OF INCORPORATION

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**

Chris Nelson

Secretary of State

Fee Received: $100.00

328 2350

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

IncorpCertBusiness Merge.doc

328 2351 12/31/2003

RECEIVED

DEC 29 '03

S.D. SEC. OF STATE

Filed this 29th day of Dec, 2003

Chris Nelson

SECRETARY OF STATE

ARTICLES 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.

0B047695

328 2352

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:

NAME	ADDRESS
Darlene A. Nesson	351 Wisconsin Avenue SW, Ste 102 Huron, South Dakota 57350

TWELVETH: The name and address of the Incorporator is:

NAME	ADDRESS
Steven R. Nesson Attorney at Law	141 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

231 3823 11/15/2004

2004 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/01/04
RECEIPT NO. 1315470

RECEIVED
NOV 9 '04
S.D. SEC. OF 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.

★ ★

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
Darlene A. Nesson	President	351 Wisconsin Ave SW	Huron	SD	57350
	Vice President				
Darlene A. Nesson	Secretary	351 Wisconsin Ave. SW.	Huron	SD	57350
Darlene A. Nesson	Treasurer	351 Wisconsin Ave, SW	Huron,	SD	57350

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
25,000	Common		1.00

5. NUMBER OF SHARES ACTUALLY ISSUED

NUMBER OF SHARES ACTUALLY ISSUED	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 11/9/04

Darlene A Nesson
(Signature)

President
(Title)

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

SOS CRP 07/04

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 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)

Revised 07/04

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. 1493881
RECEIVED
NOV 16 05
S.D. SEC. OF STATE

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

DB047695
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	

6. NUMBER OF ISSUED AND OUTSTANDING SHARES

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 [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

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)

342 7283

Receipt Number: 1506395

File Number DB047695

DB047695

ARTICLES OF AMENDMENT

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**

Chris Nelson

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

Chris Nelson
Secretary of State

AmendCertificate Merge.doc

342 7285

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

Filed this 23rd day of Dec, 2005
SECRETARY OF STATE

RECEIVED
DEC 23 '05
S.D. SEC. of STATE

Amendment of Articles of Incorporation

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

d b047685

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

256 0774 12/13/2006

2006 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/01/06
RECEIPT NO. 1621711
RECEIVED
DEC 01 2006
S.D. SEC. OF STATE

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

DB047695
DB047695 DEC/2005
GENE R. ELLENSON CPA & COMPANY, P.C.
NESSON, STEVEN R
141 N MAIN AVEN STE 400
PO BOX 2117
SIOUX FALLS SD 57101-2117

Telephone # 605-353-1040
FAX # 605-352-2097

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

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

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

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

★ ★

2. The address of the principal office ____________________

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

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

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

____________________ Director ____________________

____________________ Director ____________________

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

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 11/ 30 /06

[signature]
Signature

Gene R. 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

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)

351 4805

Receipt Number: 167898

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
351WISCONSIN 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**

Chris Nelson

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

RECEIVED
File Date
Receipt No MAY 15 2007
S.D. SEC. OF STATE

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

Filed this 15th day of May 2007
SECRETARY OF STATE

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 (name of registered agent), hereby give my consent to serve as the registered agent for GENE R. ELLENSON CPA & COMPANY, P.C. (corporate name)

Dated MAY 14, 2007

(signature)

statementofchange July 2005

DB047695

271 1958 01/23/2008

2007 ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 01/08/08
RECEIPT NO. 1752854

RECEIVED
JAN 08 2008
S.D. SEC. OF STATE

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

DB047695

DB047695 DEC/2006
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.

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

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

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

★ ★

2. The address of the principal office ______________

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

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

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

______________ Director ______________

______________ Director ______________

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

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 1-5-2008

[signature]
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

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

File Date _____
Receipt No: _____

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

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)

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 1860723
RECEIVED
DEC 02 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB047695

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 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)

300 0797 01/13/2010

2009 ANNUAL REPORT
DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 01/04/10
RECEIPT NO 198040

RECEIVED
JAN 04 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DB047695
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.

☒	Gene R Ellenson	670 Oregon Ave SE	Huron	SD	57350-2829
	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)

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 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 | HURON | SD | 57350-2446
   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 | 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

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)

PRESIDENT
(Title)

Statementofchangeentity July2008

2010 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: $50 Make check payable to SECRETARY OF STATE

FILE DATE 12/22/10
RECEIPT NO 209406

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

314 1822 12-27-2010

1. Corporate Name, Registered Agent Name and Address:

DB047695

DB047695 DEC/2009
GENE R. ELLENSON CPA & COMPANY, P.C.
ELLENSON, GENE R
670 OREGON AVE SE
HURON SD 57350-2829

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.

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.

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

Mailing Address (Optional)	City	State	ZIP+4
SAME			

4. The name of the South Dakota Registered Agent GENE R ELLENSON

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
670 OREGON AVE SE	HURON	SD	57350-2829

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.

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

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)

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

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
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.

X	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)

1/2/2012 9:26:56PM

2012 Enter Filing Year

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: $50.00 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.

[X]	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)

12/1/2012 11:53:18 AM

2013 Enter Filing Year

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: $50.00 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.

[X]	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)

12/9/2013 8:00:03 PM

2014 Enter Filing Year

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: $50.00 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.

X	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

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC

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

FILE DATE 11/16/2015

RECEIPT NO 351673

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.

X	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)

*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.

11/16/2015 6:09:10 PM