1994

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

9 4 0 3 1 7 2 3 2 1 3

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 4-28-94
RECEIPT NO. 3 23976

RECEIVED
APR 28 1994
Secretary of State

RECEIVED
MAR 21 1994

1. Corporate Name, Registered Agent and Registered Address:

DF-030186 JAN/93
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
RR 1 BOX 234
PLATTE, SD 57369-9794

Telephone # ____________

FAX # ____________

Federal Taxpayer ID # ____________

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

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

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

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

* *

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

3. The names and addresses of its directors and officers. (Both officers and directors must be listed in the spaces provided).

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

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

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

5. NUMBER OF SHARES ISSUED CLASS SERIES

6. The amount of its stated capital is $ ____________.

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

Dated March 17 19 94

By Carlyle Pheifer
(Signature)

Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF CHARLES MIX ss

I, AVIS I. SWIFT, a notary public, do hereby certify that on this 17th day of March 19 94, personally appeared before me CARLYLE PHEIFER who, being by me first duly sworn, declared that he/she is the PRESIDENT of PHIEFER FARMS LTD. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 3-6-02

Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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

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

File Date: _____
Receipt No.: _____

FILING FEE: $5 In addition to annual report fee

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

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____

3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.

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

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

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

Date _____ 19____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19____

_____
(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 4-28-94
FILE NO. _____

RECEIVED
APR 28 1994
Secretary of State

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report

1 The name of the corporation is [illegible]

The state of incorporation is [illegible]

2 The name of the registered agent in South Dakota and the registered office address is [illegible]
[illegible] Zip + 4 57369

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

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

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

*6 The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 7660. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7 **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

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

Dated [illegible] 19 94

By [illegible]
(Signature)

Its [illegible]
(Title)

STATE OF [illegible]
COUNTY OF [illegible] ss

I, [illegible], a notary public, do hereby certify that on this [illegible] day of [illegible] 19 94, personally appeared before me [illegible] who, being by me first duly sworn, declared that he/she is the [illegible] of [illegible] that he/she signed the foregoing document as officer of the corporation and the statements therein contained are true

My Commission Expires [illegible]

[illegible]
Notary Public

(Notarial Seal)

K/9502176 •2316

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 2-1-95
RECEIPT NO. 444197

RECEIVED
FEB 01 1995
SECRETARY OF STATE

RECEIVED
JAN 13 1995
SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address:

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DF-030186                JAN. 94
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
RR 1 BOX 234
PLATTE, SD 57369-9794
```

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 6th January 1995

By Carlyle Pheifer
(Signature)
Its President
(Title)

STATE OF So. Dak.
COUNTY OF Charles Mix ss

I, Sharon L. Kissack, a notary public, do hereby certify that on this 6th day of January 1995 personally appeared before me Carlyle Pheifer who, being by me first duly sworn, declared that [✓ he]/she is the President of Pheifer Farms LTD. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 10/30/98

Notary Public

(Notarial Seal)

SOS CRP 410 11/94

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

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

File Date: _____
Receipt No.: _____

FILING FEE: $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)

K195021

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 2-1-95
FILE NO. _____

RECEIVED
FEB 01 1995 JAN 13 1995
SECRETARY OF STATE SECRETARY OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Pheifer Farms LTD
   The state of incorporation is SD
2. The name of the registered agent in South Dakota and the registered office address is Carlyle Pheifer
   RR1 Box 234 Platte SD Zip+4 57369-9794
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation
   80 A - 16-98-67 160 A 4-98-67 Charles Mix added
   76 A 9-98-67 120 A 9-98-67 Charles Mix added
5. **List only the changes** of the names or addresses of the officers and directors

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000.
   (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated January 6 1995

By Carlyle Pheifer
(Signature)
Its President
(Title)

STATE OF So. Dak
COUNTY OF Charles Mix ss

I, Sharon J. Visscher, a notary public, do hereby certify that on this 6th day of January 1995 personally appeared before me Carlyle Pheifer who, being by me first duly sworn, declared that he/she is the President of Pheifer Farm LTD. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 10/30/98

Sharon J. Visscher
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1996
RETURN TO
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845
FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 2-16-96
RECEIPT NO. 522057

RECEIVED
FEB 16 1996
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DP030186 PHEIFER FARMS LTD.
PHEIFER, CARLYLE
RR 1 BOX 234
PLATTE SD 57369-9794

Telephone # ______

FAX # ______

Federal Taxpaye

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.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
	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 2-15 19 95

By Helen Pheifer
(Signature)
Its Secretary
(Title)

STATE OF SD
COUNTY OF Charles Mix ss

I, Ruth A Vanzeel a notary public, do hereby certify that on this 15th day of Feb 19 96 personally appeared before me Helen Pheifer who, being by me first duly sworn, declared that he/she is the Sec of Pheifer Farms LTD that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 9-28-98

Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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

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

File Date: _____
Receipt No.: _____

FILING FEE: $5 in addition to annual report fee

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

1. The name of the corporation is _____

_____

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

_____ ZIP + 4 _____

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

_____ ZIP + 4 _____

4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Date _____ 19____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19____

_____
(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

RECEIVED FEB 1 6 1996 S.D. SEC. OF STATE

FILE DATE 2-16-96
FILE NO.

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is PHEIFER FARMS LTD

   The state of incorporation is SD

2. The name of the registered agent in South Dakota and the registered office address is CARLYLE PHEIFER RR1 BOX 234 PLATTE SD Zip + 4 57369 9794

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

4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
   Added in Charles Mix County, Darlington TWP, Section 9 142 A leased

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 7600. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-19 19 96

By Carlyle Pheifer (Signature)

Its President (Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, David D Nelson, a notary public, do hereby certify that on this 19 day of January 19 96, personally appeared before me Carlyle Pheifer who, being by me first duly sworn, declared that he/she is the President of Pheifer Farms that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 8-10-03

David D Nelson
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

9 7 0 2 1 8 6 : 2 5 6 9

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 1-27-97
RECEIPT NO [illegible]

1 Corporate Name, Registered Agent and Registered Address

DF-030186 JAN/96
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
RR 1 BOX 234
PLATTE, SD 57369-9791

Telephone # 337 3867
FAX # 337 3752
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 Farming

3 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
Carlyle Pheifer	President	27541 369th Ave	Platte	SD	57369
Randall Pheifer	Vice President	27537 369th Ave	Platte	SD	57369
Helen Pheifer	Secretary	27541 369th Ave	Platte	SD	57369
Roderic Pheifer	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**

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
10,000			$10.00

5 NUMBER OF SHARES ACTUALLY ISSUED 10,000 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 1-23 1997

By Helen Pheifer
(Signature)
Its Sec.
(Title)

STATE OF So. Dak.
COUNTY OF Charles Mix ss

I, Sharon J. Vissebur a notary public, do hereby certify that on this 23rd day of January 1997, personally appeared before me Helen Pheifer who, being by me first duly sworn, declared that he/she is the Secretary of Pheifer Farms LTD that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 10/30/98

Notary Public

(Notarial Seal)

SOS CRP 410 10/95

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

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

File Date _____
Receipt No _____

FILING FEE: $5 In addition to annual report fee

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

1. The name of the corporation is Pheifer Farms LTD

2. The previous street address, or a statement that there is no street address, of its registered office
RR1 Box 234 Platte SD ZIP + 4 57369

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. 27541 369th Ave
Platte SD 57369 ZIP + 4 [illegible]

4. The name of its previous registered agent is Carlyle Pheifer

5. The name of its successor registered agent is * same
   * 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 1-23 1997

[illegible]
(signature)

[illegible]
(title)

STATE OF So. Dak
COUNTY OF Charles Mix ss

I, Sharon J. Visscher, a notary public, do hereby certify that on this 23rd day of January 1997, personally appeared before me Helen Pheifer who, being by me first duly sworn, declared that he/she is the Secretary of Pheifer Farms LTD that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 10/30/98

[illegible]
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 1 9 7 8 2 1 8

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 1-27-97
FILE NO.

RECEIVED
JAN 2 7 1997
S.D. SEC. OF STATE

Phone # 337-3867

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report

1. The name of the corporation is Pheifer Farms LTD
   The state of incorporation is SD
2. The name of the registered agent in South Dakota and the registered office address is Carlyle Pheifer
   27541 369th Ave. Platte, SD 57369 Zip+4 6336
3. If a foreign corporation the address of its principal office, or registered office in its state of incorporation is
4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation
5. **List only the changes** of the names or addresses of the officers and directors

NAME	REPLACED	AS OFFICER OR DIRECTOR
Randall Pheifer	27597 369th Ave	Platte SD 57369
Roderick Pheifer	37029 Nez 44	Platte SD 57369
Nelen Pheifer	27541 369th Ave	Platte SD 57369-6336

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 2
   (Degree of kindred is defined as number of generations with each generation being a degree) #6 applies only to FAMILY FARM CORPORATIONS
7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-23 19 97

By Nelen Pheifer
(Signature)

Its Sec.
(Title)

STATE OF So. Dak.
COUNTY OF Charles Mix ss

I, Sherman J. Vissscher a notary public, do hereby certify that on this 23rd day of January 1997 personally appeared before me Helen Pheifer who, being by me first duly sworn, declared that he/she is the Secretary of Pheifer Farms LTD that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 10/30/98

Sherman J. Vissscher
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

*K198031904477

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 1-20-98
RECEIPT NO. 687272

RECEIVED
JAN 20 1998
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-030186 JAN/97
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
27541 369TH AVE
PLATTE, SD 57369-6336

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 _____

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 1-15 1998

By Helen Pheifer
(Signature)

Its Sec
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF CHARLES MIX ss

I, Tonya Standy, a notary public, do hereby certify that on this 15th day of January 1998, personally appeared before me Helen Pheifer who, being by me first duly sworn, declared that he/she is the Secretary of Pheifer Farms LTD that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 6/8/99

Tonya Standy
Notary Public

(Notarial Seal)

SOS CRP 6/97

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

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

File Date: _____
Receipt No.: _____

FILING FEE: $10 In addition to annual report fee

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

1. The name of the corporation is _____

_____

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

_____ ZIP + 4 _____

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

_____ ZIP + 4 _____

4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
   * The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Date _____ 19 ____.

_____
(signature)

_____
(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 ____

_____
(signature)

K/980

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 1-2085
FILE NO. _____

RECEIVED
JAN 20 1998
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Pheifer Farms LTD
   The state of incorporation is SD
2. The name of the registered agent in South Dakota and the registered office address is Carlyle Pheifer 27541 269th Ave Platte SD 57369 Zip + 4 6336
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
5. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 7600. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
Carlyle Pheifer	27541 269th Ave	1276	1
Helen Pheifer	27541 269th Ave	1276	1
Roderick Pheifer	33030 Hwy 41	2426	2
Randall Pheifer	27519 269th Ave	2426	2

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-15 19 98

By Helen Pheifer
(Signature)

Its Secretary
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF CHARLES MIX ss

I, Tonya Standy, a notary public, do hereby certify that on this 15th day of January 19 98, personally appeared before me Helen Pheifer who, being by me first duly sworn, declared that he/she is the Secretary of Pheifer Farms LTD that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires [redacted]

Tonya Standy
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

*K/9903195.2437

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 1-19-99
RECEIPT NO. 769721

RECEIVED
JAN 19 1999
SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-030186 JAN/98
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
27541 369TH AVE
PLATTE, SD 57369-6336

Telephone # 337 3867
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 1/15 1999

By Helen Pheifer
(Signature)

Its Secretary
(Title)

STATE OF SD
COUNTY OF Charles Mix ss

I, Mark Hegge, a notary public, do hereby certify that on this 15th day of Jan 1999, personally appeared before me Helen Phefer who, being by me first duly sworn, declared that he/she is the Secretary of Phefer Farms the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 6-21-2004

Mark Hegge
Notary Public

(Notarial Seal)

SOS CRP 6/98

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 _____ 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)

K 1998 0 5 1 9 0 0 2 4 5

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED
APR 19 1999
SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is PHEIFER FARMS LTD
   The state of incorporation is SD
2. The name of the registered agent in South Dakota and the registered office address is
   CARLYLE PHEIFER 27591 369th Ave Zip + 4 57369-6336
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
4. **List only the changes** since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
5. **List only the changes** of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 7600.
   (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-15 1999

By Helen Pheifer
(Signature)

Its Secretary
(Title)

STATE OF SD
COUNTY OF Charles Mix ss

I, Mark Hegge, a notary public, do hereby certify that on this 15th day of Jan 1999 personally appeared before me Helen Pheifer who, being by me first duly sworn, declared that he/she is the Secretary of Pheifer Farms that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 6-21-2004

Mark Hegge
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

*K/00032014733

2000

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

ANNUAL REPORT

0000201.4733
3/21/00

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 1-27-00
RECEIPT NO. _____

RECEIVED
JAN 27 2000
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-030186 JAN/99
~~PHEIFER FARMS~~ LTD.
PHEIFER, CARLYLE
27541 369TH AVE
PLATTE SD 57369-6335

Telephone # 605 337 3867
FAX # _____
Federal Taxpayer ID [redacted]

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

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

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

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

★ ★

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

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 1-24-2000

By Carlyle Pheifer
(Signature)

Its President
(Title)

STATE OF S.D. DAK
COUNTY OF Charles Mix ss

On this the 24TH day of January, 2000, before me, Sharon J. Visscher personally appeared Carlyle Pheifer, 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 12/30/2004

Sharon J. Visscher
Notary Public

(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.

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

   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____ _____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____ _____
(signature)

K/008

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED
JAN 2 7 2000
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Pheifer Farms LTD
   The state of incorporation is SD
2. The name of the registered agent in South Dakota and the registered office address is Carlyle Pheifer 27541 369th Ave Platte SD 57369 Zip + 4 6336
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
4. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
5. **List only the changes** of the names or addresses of the officers and directors

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 7600. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. **List changes only** of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 %. (Applies only to AUTHORIZED FARM CORPORATION)

Dated January 24th 2000

By Carlyle Pheifer
(Signature)
Its President
(Title)

STATE OF So. Dak.
COUNTY OF Charles Mix ss

I, Sylvan J. Vinsche, a notary public, do hereby certify that on this 24th day of January 2000 personally appeared before me Carlyle Pheifer who, being by me first duly sworn, declared that he/she is the President of Pheifer Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 10/30/2004

Notary Public

(Notarial Seal)

SOS CRP 410 10/92

2001

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 2-12-01
RECEIPT NO. 955730

RECEIVED
FEB 02 '01
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-030186 JAN/2000
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
27541 369TH AVE

PLATTE SD 57369-6336

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 1-25-01

By Helen Pheifer
(Signature)

Its Secretary
(Title)

STATE OF
COUNTY OF Charles Mix ss

On this the 25th day of Jan, 2001, before me, ~~Helen Pheifer~~ Mark Heggie personally appeared Helen Pheifer, 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 6-21-2004

Mark Heggie
Notary Public

(Notarial Seal)

SOS CRP 11/00

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 in addition to annual report fee

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

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

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

Dated _____

_____
(Signature)

_____
(Title)

STATE OF _____
COUNTY OF _____ ss

On this the ____ day of _____, 20____, before 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, _____ (name of registered agent), hereby give my consent to serve as the registered agent for _____ (corporate name)

Dated _____

_____
(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED
FEB 12 '01
S.D. SEC. OF STATE

RECEIVED
FEB 02 '01

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report

1. The name of the corporation is PHELPS FARMS LTD
   The state of incorporation is SD
2. The name of the registered agent in South Dakota and the registered office address is Arlie Phelps
   [illegible] Zip + 4 [illegible]
3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation
   [illegible]
5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 9640
   (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS
7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-25-01

By Helen Phelps
(Signature)

Its Secretary
(Title)

STATE OF SD
COUNTY OF Charles Mix } ss

On this the 25 day of January, 2001, before me, Mark Hegge personally appeared Helen Phelps, 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 6-21-2004

Mark Hegge
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

2002

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

ANNUAL REPORT

0202212 2901
2719702

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 1-2-02
RECEIPT NO. 1056328

RECEIVED
DEC 31 '01
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-030186 JAN/2001
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
27541 369TH AVE
PLATTE SD 57369-6336

Telephone #
FAX #
Federal Taxpayer I[

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

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

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

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

★ ★

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

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

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

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

	Director	
	Director	

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 12-20-2001

By Helen Pheifer
(Signature)

Its Secretary
(Title)

STATE OF S D
COUNTY OF Chas. Mix
ss

On this the 20th day of Dec 2001, before me, ~~Helen Pheifer~~ mH Mark Hegg personally appeared Helen Pheifer, 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 6-21-2004

Mark Hegg
Notary Public

(Notarial Seal)

SOS CRP 11/01

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 in addition to annual report fee

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

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

   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____

_____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

_____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

_____
(signature)

*K/0202

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

0209 2.2901
2715702

FILE DATE _____
RECEIPT NO. _____

RECEIVED
DEC 31 '01
S.D. SEC. OF STATE

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

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Pheifer Farms LTD

   The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Carlyle Pheifer
   27541 369th Ave Platte SD 57369

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

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

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 7600. (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 %.
   (Applies only to AUTHORIZED FARM CORPORATION)

Dated 12-20-01

Helen Pheifer
(Signature)
Secretary
(Title)

STATE OF SD
COUNTY OF Chas. Mix
On this the 20th day of Dec, 2001, before me, Mark Heggi
personally appeared Helen Pheifer, 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.

6-21-2004
My Commission Expires

Mark Heggi
(Notary Public)

(Notarial Seal)

farmrep.pdf

3564

2003 ANNUAL REPORT

0303219.3564
3/20/03

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 1-24-03
RECEIPT NO. 1182244
RECEIVED
JAN 24 '03
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-030186
DF-030186 JAN/2002
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
27541 369TH AVE
PLATTE SD 57369-6336

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 [illegible]

By [illegible]
(Signature)

Its [illegible]
(Title)

STATE OF SDak
COUNTY OF Charles Mix
ss

On this the 23rd day of Jan, 2003, before me, Steve Backer personally appeared Helen Pheifer, 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 4-1-05

Steve Backer
Notary Public

(Notarial Seal)

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

SOS CRP 11/01

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

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

File Date_____
Receipt No._____

FILING FEE: $10 in addition to annual report fee

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

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

   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____ _____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF_____

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

My Commission Expires_____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for_____
(corporate name)

Dated_____ _____
(signature)

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

ANNUAL FARM REPORT

0203219 3564
320403

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE _____
RECEIPT NO. _____

RECEIVED
JAN 24 '03
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Pheifer Farm LTD

   The state of incorporation is SD

2. The name of the registered agent in South Dakota and the registered office address is Carlton Pheifer
   27541 266th Ave Platte SD 57369

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

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

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 100 %. (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 %.
   (Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-12-03

(Signature) [signature]

(Title) Secretary

STATE OF South Dakota
COUNTY OF Charles Mix
On this the 22nd day of January, 2003, before me, Lisa Creasey
personally appeared Helen Pheifer, 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 10-17-2006

(Notary Public) Lisa Creasey

(Notarial Seal)

farmrep.pdf

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE RECEIVED

DEC 30 '03

S.D. SEC. OF STATE

225 0745

1. Corporate name and address:

DF030186

DF030186 JAN/2003
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
27541 369TH AVE
PLATTE SD 57369-6336

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Carlyle Pheifer 27541 369th AVE. Platte, So. Dak. 57369

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

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

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

7. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 1376. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

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

Dated 12/29/03.

Carlyle Pheifer
(Signature)

President
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix

On this the 29 day of Dec, 2003, before me, Dennis VanDerWerff personally appeared CARLYLE PHEIFER, 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.

5/25/07
My Commission Expires

(Notarial Seal)

Dennis VanDerWerff
(Notary Public)

farmrep.pdf

225 0744

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 01/02/04
RECEIPT NO 12800235
RECEIVED
DEC 31 '03
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF030186
DF030186 JAN/2003
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
27541 369TH AVE
PLATTE SD 57369-6336

Telephone # 605-337-2867
FAX #
Federal Taxpa

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

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

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

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

★ ★

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

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

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

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

______ Director ______
______ Director ______

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES

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

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

Dated 12/29/03

By Carlyle P Pheifer
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

On this the 29 day of Dec, 2003, before me, Dennis VanDerWerff personally appeared Carlyle Pheifer, 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 5/25/07

Dennis VanDerWerff
Notary Public

(Notarial Seal)

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

SOS CRP 07/03

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

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

File Date _____
Receipt No. _____

FILING FEE: $10 In addition to annual report fee

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

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

   *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated _____ _____
(Signature)

_____
(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____ _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ _____
(signature)

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

232 5303

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

RECEIVED JAN 11 '05 S.D. SEC. of STATE

FILE DATE _____

RECEIVED JAN 05 '05 S.D. SEC. OF STATE

1. Corporate name and address:

DF030186

DF030186 JAN/2004
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
27541 369TH AVE
PLATTE SD 57369-6336

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

2. The state of incorporation is So. Dak.

3. The name of the registered agent in South Dakota and the registered office address is
Randy Pheifer 27541 369th Ave Platte, So. Dak. 57369

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

5. **List only the changes since the last report** of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.
None

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

NAME	REPLACED	AS OFFICER OR DIRECTOR
New address		
Carlyle Pheifer - 36807 275ST Platte, SoDak, 57369		

7. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 10,000. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

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

Dated 12-30-04.

Carlyle Pheifer
(Signature)

President
(Title)

232 5302 01/18/2005

2005 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 1/11/05
RECEIPT NO. 1396909

RECEIVED
JAN 11 '05
S.D. SEC. of STATE

RECEIVED
JAN 05 '05
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF030186
DF030186 JAN/2004
PHEIFER FARMS LTD.
PHEIFER, CARLYLE
27541 369TH AVE
PLATTE SD 57369-6336

Telephone #
FAX #
Federal Taxpa

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

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

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may **check** the **box** below and sign the report. 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
Farming + Ranching

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Carlyle Pheifer	President	36807 275th St.	Platte	S.D.	57369
Randy Pheifer	Vice President	27541 369th AVE.	Platte	S.D.	57369
Nancy Pheifer	Secretary	27541 369th AVE.	Platte	S.D.	57369
Rod Pheifer	Treasurer	37029 So. Dak Hwy 44.	Platte	S.D.	57369

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

Carlyle Pheifer Director Rod Pheifer
Randy Pheifer 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
10,000			

5. NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	
10,000			$10.00 Par value

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.

Dated 12-30-04

Carlyle Pheifer
(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 Pheifer Farms L.T.D.
2. The previous street address, or a statement that there is no street address, of its registered office
   27541 369th AVE. ZIP + 4 57369
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.
   27541 369th AVE. ZIP + 4 57369
4. The name of its previous registered agent is Carlyle Pheifer
5. The name of its successor registered agent is * Randy Pheifer

***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 12-30-04

Carlyle Pheifer
(Signature)

President
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Randy Pheifer (name of registered agent), hereby give my consent to serve as the registered agent for Pheifer Farms LTD (corporate name)

Dated 12-30-04

Randy Pheifer
(signature)

Revised 07/04

2006 ANNUAL REPORT

DOMESTIC

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 01/06/06

RECEIPT NO. 1513008

RECEIVED
JAN 06 '06
S.D. SEC. OF STATE

RECEIVED
DEC 22 '05
S.D. SEC. OF STATE

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

DF030186

DF030186 JAN/2005
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

Telephone # (605) 337-3752

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 27541 369th Ave Platte SD 57369

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Carlyle Pheifer	President	36807 275th St.	Platte	SD	57369
Randy Pheifer	Vice President	27541 369th Ave	Platte	SD	57369
Helen Pheifer	Secretary	36807 275th St	Platte	SD	57369
Rod Pheifer	Treasurer	37029 SD Hwy 44	Platte	SD	57369

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
10000	one	one

6.

NUMBER OF ISSUED SHARES	CLASS	SERIES
7600	one	one

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

Dated 12-20-05

Randy Pheifer
Signature

Randy Pheifer
Printed Name

Vic. Pres.
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)

247 0084

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

FILE DATE _____
RECEIPT NO. _____
RECEIVED
MAR 10 '06
SEC. of STATE

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

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Pheifer Farms LTD DF030186

   The state of incorporation is S.D.

2. The name of the registered agent in South Dakota and the registered office address is Randy Pheifer 27541 369th Ave Platte S.D 57369

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

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

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 7600. (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

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

Dated 3-9-06.

Randy Pheifer
(Signature)

Vice President
(Title)

farmannualreport July 2005

2007 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 01/11/07
RECEIPT NO. 1633161
RECEIVED
JAN 11 2007
S.D. SEC. OF STATE

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

DF030186
DF030186 JAN/2006
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

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 1-8-07

Randy Pheifer
Signature

Randy Pheifer
Printed Name

Vice President
Title

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

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 AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

257 2394

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 01/11/07

RECEIVED
JAN 11 2007
S.D. SEC. OF STATE

1. Corporate name and address:

DF030186
DF030186 JAN/2006
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Randy Pheifer
27541 369TH Ave PLATTE SD 57369

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

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

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

7. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is all 100% . (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

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

Dated 1-8-07.

Randy Pheifer
(Signature)

Vice President
(Title)

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 01/14/08

RECEIVED
JAN 14 2008
S.D. SEC. OF STATE

271 3626

1. Corporate name and address:

DF030186
DF030186 JAN/2007
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Randy Pheifer
27541 369th Ave Platte SD

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

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

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

NAME	REPLACED	AS OFFICER OR DIRECTOR

7. The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 7600. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

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

Dated 1-10-08.

Randy Pheifer
(Signature)

Vice President
(Title)

271 3625 02/01/2008

2008 ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK
FILING FEE: $30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 01/14/08
RECEIPT NO. 1755512

RECEIVED
JAN 14 2008
S.D. SEC. OF STATE

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

DF030186
DF030186 JAN/2007
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

Telephone # 605-337-3752
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 1-10-08

Randy Pheifer
Signature

Randy Pheifer
Printed Name

Vice 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)

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: $30 Make check payable to SECRETARY OF STATE

FILE DATE 01/01/09
RECEIPT NO 1963767
RECEIVED
DEC 18 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:

DF030186
DF030186 JAN/2008
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

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.

Street Address	City	State	ZIP+4
27541 369TH Ave	Platte	SD	57369

Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Randy Pheifer

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
27541 369TH Ave	Platte	SD	57369

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.

		Street Address	City	State	ZIP+4
☐	President: Carlyle Pheifer	36807 275TH St	Platte	SD	57369
☑	Vice President: Randy Pheifer	27541 369TH Ave	Platte	SD	57369
☐	Secretary: Nancy Pheifer	27541 369TH Ave	Platte	SD	57369
☐	Treasurer: Rod Pheifer	37029 SD Hwy 44	Platte	SD	57369
☐	Director:				
☐	Director:				

Dated 12-15-08

Randy Pheifer
(Signature of an authorized officer)

Randy Pheifer
(Printed Name)

Vice Pres.
(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)

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

ANNUAL FARM REPORT
Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 01/01/09
RECEIPT NO

RECEIVED
DEC 18 2008
S.D. SEC. OF STATE

Telephone #
FAX #
FILING DATE: To be filed with the Annual Report.

284 1891

1. Corporate ID, Name and Address:

DF030186
DF030186 JAN/2008
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

2. The name of the South Dakota Registered Agent Randy Pheifer
27541 369TH AVE PLATTE SD 57369
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

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

County	Section	Township	Acres
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	7600
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	0 %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred

Dated 12-15-08

Randy Pheifer
(Signature of an authorized officer)

Randy Pheifer
(Printed Name)

Vice Pres.
(Title)

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

ANNUAL FARM REPORT
Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 01/27/10
RECEIPT NO
RECEIVED
JAN 27 2010
S.D. SEC. OF STATE

Telephone #
FAX #
FILING DATE: To be filed with the Annual Report.

300 3441

1. Corporate ID, Name and Address:

DF030186
DF030186 JAN/2009
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

2. The name of the South Dakota Registered Agent Randy Pheifer

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
27541 369TH AVE	PLATTE	SD	57369-6336

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

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

County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The **NUMBER OF SHARES** owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	7600
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	0 %

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred

Dated 1-18-10

Randy Pheifer
(Signature of an authorized officer)

Randy Pheifer
(Printed Name)

Vice President
(Title)

2010

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

ANNUAL REPORT
DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 01/27/10
RECEIPT NO 1991669
RECEIVED
JAN 27 2010
S.D. SEC. OF STATE

300 3440

1. Corporate Name, Registered Agent Name and Address:

DF030186
DF030186 JAN/2009
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

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.

Street Address	City	State	ZIP+4
27541 369TH Ave	Platte	SD	57369-6336
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Randy Pheifer

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
27541 369th Ave	Platte	SD	57369-6336
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.

		Street Address	City	State	ZIP+4
☐	Carlyle Pheifer, President	36807 275th Str	Platte	SD	57369+6367
☑	Randy Pheifer, Vice President	27541 369th Ave	Platte	SD	57369+6336
☐	Nancy Pheifer, Secretary	27541 369th Ave	Platte	SD	57369+6336
☐	Bod Pheifer, Treasurer	37029 SD Hwy 44	Platte	SD	57369+6321
☐	Director	Street Address	City	State	ZIP+4
☐	Director	Street Address	City	State	ZIP+4

Dated 1-18-10

Randy Pheifer
(Signature of an authorized officer)

Randy Pheifer
(Printed Name)

Vice 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)

2011 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 01/20/11
RECEIPT NO 211308K
RECEIVED
JAN 20 2011
S.D. SEC. OF STATE

315 2537

1. Corporate Name, Registered Agent Name and Address:

DF030186
DF030186 JAN/2010
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

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 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
27541 369th Ave.	Platte	SD	57369-6336
Mailing Address (Optional)	City	State	ZIP+4
same.			

4. The name of the South Dakota Registered Agent Randy Pheifer

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
27541 369th Ave	Platte	SD.	57369-6336
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.

	Street Address	City	State	ZIP+4
☐ Carlyle Pheifer (President)	36807 275th St	Platte	SD	57369-6367
☐ Randy Pheifer (Vice President)	27541 369th Ave	Platte	SD	57369-6336
☐ Nancy Pheifer (Secretary)	27541 369th Ave	Platte	SD	57369-6336
☐ Rod Pheifer (Treasurer)	37029 [redacted] SD Hwy 44	Platte	SD	57369-6321
☐ (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 1-18-11

Randy Pheifer
(Signature of an Authorized Person)

Randy Pheifer
(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	City	State	ZIP+4

5. If the address has changed, its new address

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

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)

315 2538 02/24/2011

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

ANNUAL FARM REPORT
Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 01/20/11
RECEIPT NO.
RECEIVED
JAN 20 2011
S.D. SEC. OF STATE

Telephone # _____
FAX # _____
FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:

DF030186
DF030186 JAN/2010
PHEIFER FARMS LTD.
PHEIFER, RANDY
27541 369TH AVE
PLATTE SD 57369-6336

2. The name of the South Dakota Registered Agent Randy Pheifer

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
27541 369TH Ave	Platte	SD	57369-6336

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

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

County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The **NUMBER OF SHARES** owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	7600
Authorized Farm Corporation	The **PERCENTAGE** of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	%

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares

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

Dated 1-18-11

Randy Pheifer
(Signature of an Authorized Person)

Randy Pheifer
(Printed Name)

2012 Enter Filing Year

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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly In Ink

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

FILE 1/27/2013
RECEIPT NO 91093

1. Corporate Name and Address:
DF030186
PHEIFER FARMS LTD.
27541 369TH AVE
PLATTE, SD 57369-6336

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

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

Street Address	City	State	ZIP+4
27541 369TH AVE	PLATTE	SD	57369-6336
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RANDY PHEIFER

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
27541 369TH AVE	PLATTE	SD	57369-6336
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 servers as a director. South Dakota Law requires at least one director.

	CARLYLE PHEIFER P PHEIFER	36807 275TH ST	PLATTE	SD	57369
	President	Street Address	City	State	ZIP+4
X	RANDY D PHEIFER	27541 369TH AVE	PLATTE	SD	57369
	Vice President	Street Address	City	State	ZIP+4
	NANCY L PHEIFER	27541 369TH AVE	PLATTE	SD	57369
	Secretary	Street Address	City	State	ZIP+4
	ROD A PHEIFER	37029 SD HY 44	PLATTE	SD	57369
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	7600
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

Name	Street Address	City	State	ZIP+4	Shares

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

Date 01/27/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

RANDY D PHEIFER
(Printed Name)

1/27/2013 6:14:26 PM

2013 Enter Filing Year

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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly In Ink

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

FILE 12/24/2013
RECEIPT NO 162703

1. Corporate Name and Address:
DF030186
PHEIFER FARMS LTD.
27541 369TH AVE
PLATTE, SD 57369-6336

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

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

Street Address	City	State	ZIP+4
27541 369TH AVE	PLATTE	SD	57369-6336
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RANDY PHEIFER

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
27541 369TH AVE	PLATTE	SD	57369-6336
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 servers as a director. South Dakota Law requires at least one director.

	CARLYLE PHEIFER P PHEIFER	36807 275TH ST	PLATTE	SD	57369
	President	Street Address	City	State	ZIP+4
X	RANDY D PHEIFER	27541 369TH AVE	PLATTE	SD	57369
	Vice President	Street Address	City	State	ZIP+4
	NANCY L PHEIFER	27541 369TH AVE	PLATTE	SD	57369
	Secretary	Street Address	City	State	ZIP+4
	ROD A PHEIFER	37029 SD HY 44	PLATTE	SD	57369
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	7600
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

Name	Street Address	City	State	ZIP+4	Shares

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

Date 12/24/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

RANDY D PHEIFER
(Printed Name)

12/24/2013 1:07:23 PM

2014 Enter Filing Year

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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly In Ink

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

FILE DATE 12/31/2014
RECEIPT NO 259072

1. Corporate Name and Address:
DF030186
PHEIFER FARMS LTD.
27541 369TH AVE
PLATTE, SD 57369-6336

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

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

Street Address	City	State	ZIP+4
27541 369TH AVE	PLATTE	SD	57369-6336

Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RANDY PHEIFER

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
27541 369TH AVE	PLATTE	SD	57369-6336

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 servers as a director. South Dakota Law requires at least one director.

	CARLYLE PHEIFER P PHEIFER	36807 275TH ST	PLATTE	SD	57369
	President	Street Address	City	State	ZIP+4
X	RANDY D PHEIFER	27541 369TH AVE	PLATTE	SD	57369
	Vice President	Street Address	City	State	ZIP+4
	NANCY L PHEIFER	27541 369TH AVE	PLATTE	SD	57369
	Secretary	Street Address	City	State	ZIP+4
	ROD A PHEIFER	37029 SD HY 44	PLATTE	SD	57369
	Treasurer	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	7600
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

Name	Street Address	City	State	ZIP+4	Shares

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

Dated 12/31/2014

Signature Accepted Electronically
(Signature of an Authorized Person)

RANDY D PHEIFER
(Printed Name)

12/31/2014 9:31:03 PM

2015

Enter Filing Year

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

ANNUAL FARM REPORT

Corporation

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 1/10/2016

RECEIPT NO 368369

1. Corporate ID and Name:

DF030186
Enter Corporate ID

PHEIFER FARMS LTD.
Enter Corporate Name

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

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

Actual Street Address or Rural Route Box Number	City	State	ZIP+4
27541 369TH AVE	PLATTE	SD	57369-6336

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

4. The name of the South Dakota Registered Agent

Agent Name: RANDY PHEIFER

Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
27541 369TH AVE	PLATTE	SD	57369-6336

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 servers as a director. South Dakota Law requires at least one director.

☐	CARLYLE PHEIFER P PHEIFER	36807 275TH ST	PLATTE	SD	57369
	President	Actual Street Address	City	State	ZIP+4
X	RANDY D PHEIFER	27541 369TH AVE	PLATTE	SD	57369
	Vice President	Actual Street Address	City	State	ZIP+4
☐	NANCY L PHEIFER	27541 369TH AVE	PLATTE	SD	57369
	Secretary	Actual Street Address	City	State	ZIP+4
☐	ROD A PHEIFER	37029 SD HY 44	PLATTE	SD	57369
	Treasurer	Actual Street Address	City	State	ZIP+4

☐

Director	Actual Street Address	City	State	ZIP+4

☐

Director	Actual Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	7600
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

Name	Actual Street Address	City	State	ZIP+4	Shares

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

Dated 01/10/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

RANDY D PHEIFER

(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.

1/10/2016 5:56:24 PM