

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

9 5 0 7 9 3 5 7 1 2 1 1
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 7-19-93
 RECEIPT NO. 325574

RECEIVED
 JUL 19 1993
 RECEIVED
 JUL 12 1993
 Secretary of State

1 Corporate Name, Registered Agent and Registered Address:

DF-014476 JUN/92
 LUCAS FARMS, INCORPORATED
 LUCAS, PAUL
 RR #3 Box 66
 ACADEMY.. SD 57369-8960

Telephone # (605) 726-3154
 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 Farming

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 |
|----------------------------|----------------|------------------------------|-------------------|--------------|-------------------|
| <u>Betty Lucas Jenkins</u> | Director | <u>2615 Queen Anne Ave N</u> | <u>Seattle</u> | <u>Wash</u> | <u>98109</u> |
| <u>Robert G. Lucas</u> | Director | <u>526 S.E. 3rd</u> | <u>Madison</u> | <u>SD</u> | <u>57042</u> |
| <u>Paul Lucas</u> | President | <u>RR3 Box 66</u> | <u>Academy</u> | <u>SD</u> | <u>57369-8960</u> |
| <u>James R. Lucas</u> | Vice President | <u>425 Cassia</u> | <u>Nepesville</u> | <u>WV</u> | <u>26055</u> |
| <u>Ruth Lucas</u> | Secretary | <u>RR3 Box 66</u> | <u>Academy</u> | <u>SD</u> | <u>57369-8960</u> |
| <u>Ruth Lucas</u> | Treasurer | <u>RR3 Box 66</u> | <u>Academy</u> | <u>SD</u> | <u>57369-8960</u> |
| <u>Thomas D. Lucas</u> | Director | <u>RR3 Box 406A</u> | <u>Grubbi</u> | <u>Idaho</u> | <u>83316</u> |

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 |
|----------------------------|---------------|-------------|---|
| <u>500,000</u> | <u>Common</u> | <u>NONE</u> | <u>\$1.00</u> |

5. NUMBER OF SHARES ISSUED

| NUMBER OF SHARES ISSUED | CLASS | SERIES | PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE |
|-------------------------|---------------|-------------|---|
| <u>298,330</u> | <u>Common</u> | <u>NONE</u> | <u>\$1.00</u> |

6. The amount of its stated capital is \$ 298,330.

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 July 19 93
 By Ruth Lucas
 (Signature)
 Its Secretary/Treasurer
 (Title)

STATE OF South Dakota
 COUNTY OF Charles Mix
 I, Karen L. Duvick notary public, do hereby certify that on this 8th day of July 1993,
 personally appeared before me Ruth Lucas who, being by me first duly sworn, declared that he/she is the
Sec-Treasurer of Lucas Farms Incorporated
 that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
 My Commission Expires 10-19-94
Karen L. Duvick
 Notary Public

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-5077
605-772-4845

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

FILING FEE: \$65 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 Lucas Farms, Inc
Paul Lucas
2. The previous street address, or a statement that there is no street address, of its registered office RR 1 ZIP + 4 57310
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is RR 3 Box 66
Academy, S.D. ZIP + 4 57369-8960
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 July 16 1993

Beth Lucas
(signature)
Secretary/Treasurer
(title)

STATE OF South Dakota
COUNTY OF Charles Mix "

I, Loren L. Dinnick, a notary public, do hereby certify that on this 16th day of July, 1993, personally appeared before me Beth Lucas who, being by me first duly sworn, declared that he/she is the Secretary/Treasurer of Lucas Farms Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 10-19-94

Loren L. Dinnick
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)

9 0 7 2 5 7 1 2 1 1

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 7-19-93
FILE NO. BF 014076

RECEIVED
RECEIVED JUL 12 1993
JUL 19 1993
Secretary of State

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

- The name of the corporation is Lucas Farms Inc.
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Paul Lucas
RR3 Box 66 Academy S.D. Zip + 4 57269-8960
- 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

- List only the changes of the names or addresses of the officers and directors

| NAME | REPLACED | AS OFFICER OR DIRECTOR |
|-------------------|----------------------|----------------------------|
| <u>Ruth Lucas</u> | <u>Kenneth Lucas</u> | <u>Secretary/Treasurer</u> |

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 114,558
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

| NAME | ADDRESS | NUMBER OF SHARES | DEGREE OF KINDRED |
|-------------------|-------------------------------|------------------|----------------------|
| <u>Paul Lucas</u> | <u>RR3 Box 66 Academy SD.</u> | <u>114,548</u> | <u>second degree</u> |
| <u>Ruth Lucas</u> | <u>RR3 Box 66 Academy SD.</u> | <u>10</u> | |

8 The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 3 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated July 19 93
By Ruth Lucas
(Signature)
Its Secretary/Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Karen L. Dinnick, a notary public, do hereby certify that on this 8th day of July 19 93, personally appeared before me Ruth Lucas who, being by me first duly sworn, declared that he/she is the Sec. Treasurer of Lucas Farms Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 10-19-94
Karen L. Dinnick
Notary Public

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-772-4845

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

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 Lucas Farms Inc
Paul Lucas
2. The previous street address, or a statement that there is no street address, of its registered office RR 1
ZIP + 4 57310
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is RR 3 Box 66
Academy, S.D. ZIP + 4 57369-8960
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 July 16 1992

Paul Lucas
(signature)
Secretary/Treasurer
(title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Loren L. Dimick, a notary public, do hereby certify that on this 16th day of July 1992, personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the Secretary-Treasurer of Lucas Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 10-19-94

Loren L. Dimick
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

9 3 0 7 9 9 3 5 7 1 2 1 1
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 7-19-93
 RECEIPT NO. 525574

RECEIVED
 JUL 19 1993
 RECEIVED
 JUL 12 1993
 Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

OF-014476 JUN/92
 LUCAS FARMS, INCORPORATED
 LUCAS, PAUL
 RR #3 Box 66
 ACADEMY, SD 57367-8960

Telephone # (605) 726-3154
 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 Farming

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 |
|----------------------------|----------------|-------------------------------|-----------------------|-----------|-------------------|
| <u>Betty Lucas Jackias</u> | Director | <u>2615 Queen Anne Ave. N</u> | <u>Seattle, Wash</u> | <u>WA</u> | <u>98109</u> |
| <u>Robert G. Lucas</u> | Director | <u>526 S.E. 3rd</u> | <u>Madison</u> | <u>SD</u> | <u>57042</u> |
| <u>Paul Lucas</u> | President | <u>RR3 Box 66</u> | <u>Academy</u> | <u>SD</u> | <u>57367-8960</u> |
| <u>James R. Lucas</u> | Vice President | <u>425 Cassin</u> | <u>Heperville Ill</u> | | <u>62565</u> |
| <u>Ruth Lucas</u> | Secretary | <u>RR3 Box 66</u> | <u>Academy</u> | <u>SD</u> | <u>57367-8960</u> |
| <u>Ruth Lucas</u> | Treasurer | <u>RR3 Box 66</u> | <u>Academy</u> | <u>SD</u> | <u>57367-8960</u> |
| <u>Thomas D. Lucas</u> | Director | <u>RR3 Box 406A</u> | <u>Buhl Idaho</u> | | <u>83316</u> |

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 |
|----------------------------|---------------|-------------|---|
| <u>500,000</u> | <u>Common</u> | <u>NONE</u> | <u>\$1.00</u> |
| <u>298,330</u> | <u>Common</u> | <u>NONE</u> | <u>\$1.00</u> |

5. The amount of its stated capital is \$ 298,330

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 July 19 93

By Ruth Lucas
 (Signature)
 Its Secretary/Treasurer
 (Title)

STATE OF South Dakota
 COUNTY OF Charles Mds

I, Karen L. Dinnick notary public, do hereby certify that on this 8th day of July 1993

personally appeared before me Ruth Lucas who, being by me first duly sworn, declared that he/she is the Sec-Treasurer of Lucas Farms Incorporated

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

My Commission Expires: 10-19-94 Karen L. Dinnick
 Notary Public

(Notarial Seal)

9 0 7 2 6 7 1 2 1 2

Receipt No. 325574

Filed at Request of

File No. DF014476

LUCAS FARMS INC
RR 3 BOX 66
ACADEMY SD 57369

STATEMENT OF CHANGE
FOR

LUCAS FARMS, INCORPORATED

State of South Dakota

ss.

Office of Secretary of State

Filed in the office of the Secretary of State on

the 19th day of JULY 19 93



Secretary of State

By _____
Deputy

Fee Received 5

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 7 1 7 5 0 2 1
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 7-6-94
RECEIPT NO. 399912
RECEIVED RECEIVED
JUN 29 1994
Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DF-014476 JUN/93
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
RR 3 BOX 66
ACADEMY, SD 57369-8960

Telephone # _____
FAX # _____
Federal Taxpayer II
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 6-28 1994

By Ruth Lucas
(Signature)
its Secretary - Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Michelle Huelsman, a notary public, do hereby certify that on this 28th day of June 1994,
personally appeared before me Ruth Lucas who, being by me first duly sworn, declared that he/she is the
Secretary-Treas. of LUCAS FARMS, INC.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 11-9-2002
Michelle Huelsman
Notary Public

(Notarial Seal)

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

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

File Date: _____
Receipt No.: _____

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

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

1. The name of the corporation is _____

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

9 4 0 7 1 7 0 . 2 1
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 7-6-94
FILE NO. _____

RECEIVED RECEIVED

JUL 6 1994 JUN 29 1994

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 Lucas Farms Incorporated

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Paul D. Lucas
RR 3 Box 66 Academy S.Dak. Zip - 4 57369-8960

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 114548. (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 6-28 19 94

By Ruth Lucas
(Signature)

Its Secretary - Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Michelle Hackman, a notary public, do hereby certify that on this 28th day of June 1994, personally appeared before me Ruth Lucas who, being by me first duly sworn, declared that he/she is the Secretary - Treas of Lucas Farms, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 11-9-2000

Michelle Hackman
Notary Public

(Notary Seal)

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 7-3-95
RECEIPT NO. 47690
RECEIVED
JUL 3 1995
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-014476 JUN 94
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
RP 3 BOX 00
MELBURN, CO 57000-3000

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, per 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 6-10 19 95

By Lucas Farms Inc Paul Lucas
(Signature)
Its Treasurer
(Title)

STATE OF South Dakota
COUNTY OF Grand ss
I, Janet Tegethoff, a notary public, do hereby certify that on this 10 day of June 19 95,
personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the
President of Lucas Farms Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires Janet Tegethoff, Notary Public
in and for the State of SD Janet Tegethoff
Notary Public
My Commission Expires Oct. 1, 1999
(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-6077
605-773-4846

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

File Date: _____
Receipt No.: _____

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

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

1. The name of the corporation is _____

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

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 7-3-95
FILE NO. _____

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

- The name of the corporation is Lucas Farms Incorporated
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Paul Lucas
RR3 Box 66 Academy S Dak Zip - 57369-8960
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- 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

- 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 297,772. (Degree of kindred is defined as number of generations with each generation being a degree) #6 applies only to FAMILY FARM CORPORATIONS

- 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 7-1 19 95

By Lucas Farms Inc. Paul Lucas
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Tanet Tegethoff, a notary public, do hereby certify that on this 1st day of July 19 95 personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements thereon contained are true

My Commission Expires Janet Tegethoff, Notary Public
In and for the State of SD
My Commission Expires Oct. 1, 1996
(Notarial Seal)

Tanet Tegethoff
Notary Public

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

1. Corporate Name, Registered Agent and Registered Address:

DF-014476 JUN/95
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
RR 3 BOX 66
ACADEMY, SD 57369-8960

FILE DATE 6-17-96
RECEIPT NO. 252616

RECEIVED

JUN 17 1996

S.D. SEC. OF STATE

Telephone # 1-605-226-3154

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 June 13 1996

By Lucas Farms Inc.
(Signature)
its Paul Lucas Pres.
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Janet Tegethoff, a notary public, do hereby certify that on this 13th day of June 1996, personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farms Inc.

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

My Commission Expires _____

Janet Tegethoff
Notary Public

(Notarial Seal) _____ 1991

SOS CRP 410 10/95

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57601-5077
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 _____ **

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

16071940357
7/10/96

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 6-17-96
FILE NO. 552616

RECEIVED

JUN 17 1996

S.D. SEC. OF STATE

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

- The name of the corporation is Lucas Farms Incorporated
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Paul Lucas
RR 3 Box 66 Academy S Dak Zip + 4 57469 8760
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- 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.

- List only the changes of the names or addresses of the officers and directors

| NAME | REPLACED | AS OFFICER OR DIRECTOR |
|-------|----------|------------------------|
| _____ | _____ | _____ |

- 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 297 773
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

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

| NAME | ADDRESS | NUMBER OF SHARES | DEGREE OF KINDRED |
|-------|---------|------------------|-------------------|
| _____ | _____ | _____ | _____ |

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

Dated June 13, 1996

By Lucas Farms Inc.
(Signature)
Its Paul Lucas (Pres)
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Janet Tegethoff, a notary public, do hereby certify that on this 13th day of June 19 96 personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farms, Inc. that he/she signed the foregoing document

as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____
and for the State of _____
(Notarial Seal)

Janet Tegethoff
Notary Public

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 6-3-97
 RECEIPT NO. 622492
 RECEIVED
 JUN 3 1997

1. Corporate Name, Registered Agent and Registered Address:

DE-014476 JUN/96
 LUCAS FARMS, INCORPORATED
 LUCAS, PAUL
 RR 3 BOX 66
 ACADEMY, SD 57369-8960

Telephone # (605) 726-3154
 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 Farming

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

| NAME | OFFICE | STREET ADDRESS | CITY | STATE | ZIP+4 |
|-----------------------|----------------|------------------------|-------------------|-------------|-------------------|
| <u>Paul Lucas</u> | President | <u>35683 269th St.</u> | <u>Platte</u> | <u>S.D.</u> | <u>57369-6015</u> |
| <u>James R. Lucas</u> | Vice President | <u>475 Cassin</u> | <u>Hoperville</u> | <u>IL</u> | <u>60565</u> |
| <u>Ruth Lucas</u> | Secretary | <u>35683 269th St.</u> | <u>Platte</u> | <u>S.D.</u> | <u>57369-6015</u> |
| <u>Ruth Lucas</u> | Treasurer | <u>35683 269th St.</u> | <u>Platte</u> | <u>S.D.</u> | <u>57369-6015</u> |

SD law requires at least one director.

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

| | | | | | |
|----------------------------|----------|------------------------------|----------------|-------------|--------------|
| <u>Betty Lucas-Jackins</u> | Director | <u>2615 Queen Anne Ave N</u> | <u>Seattle</u> | <u>Wa.</u> | <u>98109</u> |
| <u>Robert G. Lucas</u> | Director | <u>506 S.E. 3rd</u> | <u>Madison</u> | <u>S.D.</u> | <u>57042</u> |
| <u>Thomas D. Lucas</u> | " | <u>2288B Amyr Spring Rd</u> | <u>Wendell</u> | <u>Id.</u> | <u>83155</u> |
| <u>Kenneth A. Lucas</u> | " | <u>Box 638</u> | <u>Platte</u> | <u>S.D.</u> | <u>57369</u> |

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

| NUMBER OF SHARES CAN ISSUE (authorized) | CLASS | SERIES | PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE |
|---|---------------|-------------|---|
| <u>500,000</u> | <u>Common</u> | <u>NONE</u> | <u>1.00</u> |
| <u>298,330</u> | <u>Common</u> | <u>NONE</u> | <u>1.00</u> |

5. The amount of its stated capital is \$ 298,330 (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 5-31 1997

By Paul Lucas
 (Signature)
 Its President
 (Title)

STATE OF South Dakota
 COUNTY OF Charles Mix

I, Tanet Tegethoff a notary public, do hereby certify that on this 31st day of May 1997, personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farms, Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
 My Commission Expires Janet Tegethoff, Notary Public
 In and for the State of SD
 My Commission Expires Oct. 1, 1997
Janet Tegethoff
 Notary Public

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

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

File Date: _____
Receipt No.: _____

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

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

- The name of the corporation is Lucas Farms, Incorporated
- The previous street address, or a statement that there is no street address, of its registered office, RR3 Box 66 Academy, SD ZIP + 4 57809-8960
- 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, 35683 269th St
Platte, S.D. ZIP + 4 57569-6015
- The name of its previous registered agent is Paul Lucas
- The name of its successor registered agent is MA
* The Consent of Registered Agent below must be completed by the new agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- This change has been authorized by resolution duly adopted by the board of directors.

The statement 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 5-31 19 97

Paul Lucas
(signature)
President
(title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Janet Tegothoff, a notary public, do hereby certify that on this 31st day of May 19 97, personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farms, Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Janet Tegothoff, Notary Public
and for the State of SD
My Commission Expires Oct 1, 1998

Janet Tegothoff
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

9706187.4492
4/17/97

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 6-3-97
FILE NO. 224991

RECEIVED
JUN 3 1997

CO. SEC. OF STATE

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

- The name of the corporation is Lucas Farms Incorporated
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Paul Lucas
35683 269TH ST Platte, S.D. Zip + 4 57349-6015
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A
- 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.
N/A

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

| NAME | REPLACED | AS OFFICER OR DIRECTOR |
|---|----------|----------------------------|
| <u>Paul Lucas 35683 269TH ST</u> | | <u>President</u> |
| <u>Ruth Lucas 35683 269TH ST</u> | | <u>Secretary/Treasurer</u> |

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 114,548.
(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 |
|-------------------|---|------------------|----------------------|
| <u>Paul Lucas</u> | <u>35683 269TH ST Platte SD.</u> | <u>114,548</u> | <u>second degree</u> |
| <u>Ruth Lucas</u> | <u>35683 269TH ST Platte SD.</u> | <u>10</u> | |

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 3%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated 5-31 19 97

By Paul Lucas
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Janet Tegethoff, a notary public, do hereby certify that on this 31st day of May 19 97, personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farms Inc. that he/she signed the foregoing document as officer of the corporation, and the contents of the foregoing are true.

My Commission Expires 5-31-99 to the State of SD
My Commission Expires Oct 1, 1999

Janet Tegethoff
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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 6-1-98
RECEIPT NO. 71812
RECEIVED

MAY 1 1998

S.D. SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address

DF-014476 JUN/97
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE, SD 57369-6015

Telephone # 605-726-3154

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 May 15 1998

By Paul Lucas
(Signature)
Its Pres.
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Janet Tegethoff, a notary public, do hereby certify that on this 15th day of May 1998, personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farms Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires Janet Tegethoff Notary Public
In and for the State of SD
Janet Tegethoff
Notary Public

My Commission Expires Oct. 1, 1999

1998-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
805-773-4845

**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)

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

MAY 19 1998

S.D. SEC. OF ST.

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 Lucas Farms Incorporated
The state of incorporation is South Dakota
2. The name of the registered agent in South Dakota and the registered office address is Paul Lucas
35683 269TH ST. PLATTE, S.D. ZIP # 57369-6015
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 114,558
(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 3%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated May 15 19 98

By Paul Lucas
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Janet Tegethoff, a notary public, do hereby certify that on this 15th day of May 19 98 personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farms Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires Janet Tegethoff, Notary Public
In and for the State of S.D.
My Commission Expires Oct. 1, 1999
(Notarial Seal)

Janet Tegethoff
Notary Public

SOS CRP 410 10/92

* K / 9 9 0 0 1 9 8 : 1 6 0 6

1999

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

ANNUAL REPORT 1999

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

9908198.1606

FILE DATE 6-30-99
RECEIPT NO. RECEIVED
209200
JUN 30 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-014476 JUN/98
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE, SD 57369-6015

Telephone # 605-726-3154

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 June 25 1999

By Paul Lucas
(Signature)

Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Charles Mix

I, Janet Togetherff, a notary public, do hereby certify that on this 25th day of June 1999.

personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farm, Inc. the corporation

named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Janet Togetherff, Notary Public
in and for the State of SD
(Notary Commission Expires Oct. 1, 1999)

Janet Togetherff
Notary Public

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____ 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)

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

JUN 29 1999

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 LUCAS FARMS INCORPORATED
The state of incorporation is SOUTH DAKOTA

2. The name of the registered agent in South Dakota and the registered office address is PAUL LUCAS
35683 269TH ST. PLATTE, S.D. Zip # 57369-6015

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 114,528
(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 June 25 19 99

By Paul Lucas
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Janet Tegthoff, a notary public, do hereby certify that on this 25th day of June 1999, personally appeared before me Paul Lucas who, being by me first duly sworn, declared that he/she is the President of Lucas Farms Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires Janet Tegthoff, Notary Public

In and to the State of SD

(Notary Seal) Expires Oct. 1, 1999

Janet Tegthoff
Notary Public

SOS CRP 410 10/92

2000

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 6-19-00
RECEIPT NO. 893044
RECEIVED
JUN 19 2000
S.D. SEC. OF STATE

8009304.1722
8795700

1. Corporate Name, Registered Agent and Registered Address:

DF-014476 JUN/1999
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

Telephone # 605-226-3154
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 6/15/2000

By Paul Lucas
(Signature)
Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Charles Mix

On this the 15th day of June, 2000, before me, Vicki Munneke
personally appeared Paul Lucas, 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 11/7/2002

Vicki Munneke
Notary Public

(Notarial Seal)

SOS CRP 11/99

2000-06-19 11:40:00

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ___ day of _____, 20___, before me, _____
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)

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
JUN 19 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:

- The name of the corporation is LUCAS FARMS, INCORPORATED
The state of incorporation is SOUTH DAKOTA
- The name of the registered agent in South Dakota and the registered office address is PAUL LUCAS
35683 269TH ST PLATTE SD Zip + 4 57369-6015
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

- 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.

- List only the changes of the names or addresses of the officers and directors.
NAME REPLACED AS OFFICER OR DIRECTOR

- 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 273888
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- List changes only of names, address and number of shares owned by shareholders
NAME ADDRESS NUMBER OF SHARES DEGREE OF KINDRED

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

Dated 6/15/2000 By Paul Lucas
STATE OF South Dakota (Signature)
COUNTY OF Charles Mix SS Its President (Title)

On this the 15th day of June, 2000, before me, Vicki Munneke
personally appeared Paul Lucas, 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 11/7/2002

Vicki Munneke
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 6-6-01
RECEIPT NO. 989532
RECEIVED
JUN 6 '01
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-014476 JUN/2000
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST

PLATTE SD 57369-6015

Telephone # 1-605-736-3154

FAX # NA

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 5-31-01

By Paul Lucas
(Signature)

its President
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

On this the 31st day of May 2001, before me, Janet Tegethoff
personally appeared Paul Lucas, 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 Janet Tegethoff, Notary Public
In and For the State of SD
My Commission Expires Oct. 1, 2005
(Notarial Seal)

Janet Tegethoff
Notary Public

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

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

JUN 6 01

S.D. SEC. OF STATE

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

- The name of the corporation is LUCAS Farms Incorporated
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Paul Lucas
35683 269th St Platte, S. Dak Zip + 4 57369-6015
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- 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.

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

- 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 14,558
(Degree of kindred is defined as number of generations with each generation being a degree). #8 applies only to FAMILY FARM CORPORATIONS

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

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

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

Dated 5-31-01 By Paul Lucas
(Signature)

STATE OF South Dakota SS Its President
COUNTY OF Charles Mix (Title)

On this the 31st day of May, 2001, before me, Janet Tegethoff
personally appeared Paul Lucas, 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 _____
Notary Public
and For the State of SD
My Commission Expires Oct. 1, 2005
(Notarial Seal)

Janet Tegethoff
Notary Public

2002

ANNUAL REPORT

020721501732

FILE DATE 6-11-02 RECEIVED
 RECEIPT NO. 1109104
 JUN 11 02
 SD SEC OF STATE

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

1. Corporate Name, Registered Agent and Registered Address:



DF-014476 JUN/2001
 LUCAS FARMS, INCORPORATED
 LUCAS, PAUL
 35683 269TH ST
 PLATTE SD 57369-6015

Telephone # 605-726-3154

FAX # NA

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 6-7-02

By Paul Lucas
(Signature)

Its Pres
(Title)

STATE OF South Dakota ss
 COUNTY OF Charles Mix

On this the 7th day of June, 2002, before me, Janet Tegethoff
 personally appeared Paul Lucas, 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 _____
Janet Tegethoff, Notary Public
In and For the State of SD
 My Commission Expires Oct. 1, 2005
 (Notarial Seal)

Janet Tegethoff
Notary Public

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. 57501-6077
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

020721501732
170702
ANNUAL FARM REPORT
PLEASE TYPE OR USE BLACK INK
NO FILING FEE

FILE DATE RECEIVED
RECEIPT NO. _____

11 02

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 LUCAS FARMS INCORPORATED
The state of incorporation is SOUTH DAKOTA

2. The name of the registered agent in South Dakota and the registered office address is PAUL LUCAS
35683 269TH ST PLATTE SD 57369-6015

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 27388 (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 6-7-02
STATE OF South Dakota
COUNTY OF Charles Mix
On this the 14th day of June, 2002 before me, Paul Lucas (Signature)
personally appeared Paul Lucas (Title) Pres.
to be the President known to me, or proved to me, 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 _____
Janet Togetherff (Signature)
Notary Public
My Commission Expires Oct. 1, 2005

(Notarial Seal)

farmrep.pdf

RECEIVED

NOV 1 1968

AMERICAN

2003

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 6/14/03
RECEIPT NO. RECEIVED
121042
MAY 28 '03

1. Corporate Name, Registered Agent and Registered Address:



DF-014476 JUN/2002
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35E83 269TH ST
PLATTE SD 57369-6015

Telephone # 605-221-3154

FAX # _____

Federal Taxpayer IC _____

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

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

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

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

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

3 The names and addresses of its directors and officers:

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

SD law requires at least one director.

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 5-22-03

By Paul Lucas
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

On this the 22 day of May, 2003, before me, Janet Togetherhoff, 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 Janet Togetherhoff, Notary Public
In and For the State of SD

Janet Togetherhoff
Notary Public

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

PLEASE TYPE OR USE BLOCK LETTERS
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

RECEIVED
FILE DATE MAY 22 2003

S.D. SEC. OF STATE

1. Corporate name and address:



DF-014476 JUN/2002
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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 Lucas Farms, Incorporated
Lucas Paul 35683 269TH ST Platte, SD. 57369-6015

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 _____. (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 5-22-03
STATE OF South Dakota
COUNTY OF Charles Mix

Paul Lucas
(Signature) President
(Title)

On this the 22 day of May, 2003 before me, Janet Tegethoff
personally appeared Paul Lucas, 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.

Janet Tegethoff, Notary Public
In and For the State of SD
My Commission Expires Oct. 1, 2005
(Notarial Seal)

Janet Tegethoff
(Notary Public)

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 6/14/04
RECEIPT NO. 1332006
RECEIVED
JUN 14 04

228 4527 06/22/2004

1. Corporate Name, Registered Agent and Registered Address:



DF014476 JUN/2003
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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

S.D. SEC of STAT

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.

[X] 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:

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for 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:

Table with columns: 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 5-19-04

By Paul Lucas (Signature)
President (Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

On this the 19 day of May, 2004, before me, Janet Tegethoff personally appeared Paul Lucas, 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 Janet Tegethoff, Notary Public
In and For the State of SD
My Commission Expires Oct. 1, 2005
(Notarial Seal)

Janet Tegethoff
Notary Public

**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 5-17-04

X Paul Lucas
(Signature)

President
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ^{SS}

On this the 17th day of May, 2004, before me, Janet Tegethoff
personally appeared Paul Lucas, 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 _____

Janet Tegethoff
Notary Public

Janet Tegethoff, Notary Public
Is and For the State of SD
My Commission Expires Oct. 1, 2005

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)

228 4528
06/22/2004
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 6/14/04
RECEIVED
1332086
JUN 14 '04

S.D. SEC. OF STATE

1. Corporate name and address:



* D F 0 1 4 4 7 6 *
DF014476 JUN/2003
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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 Paul Lucas
35683 269TH ST Platte, S.D. 57369-6015

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 114,558. (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 5-17-04

STATE OF South Dakota

COUNTY OF Charles Mix

Paul Lucas
(Signature)

President
(Title)

On this the 17th day of May, 2004, before me, Janet Tegethoff

personally appeared Paul Lucas, known to me, or proved to me, to be the president of the corporation that is described in and that executed the within

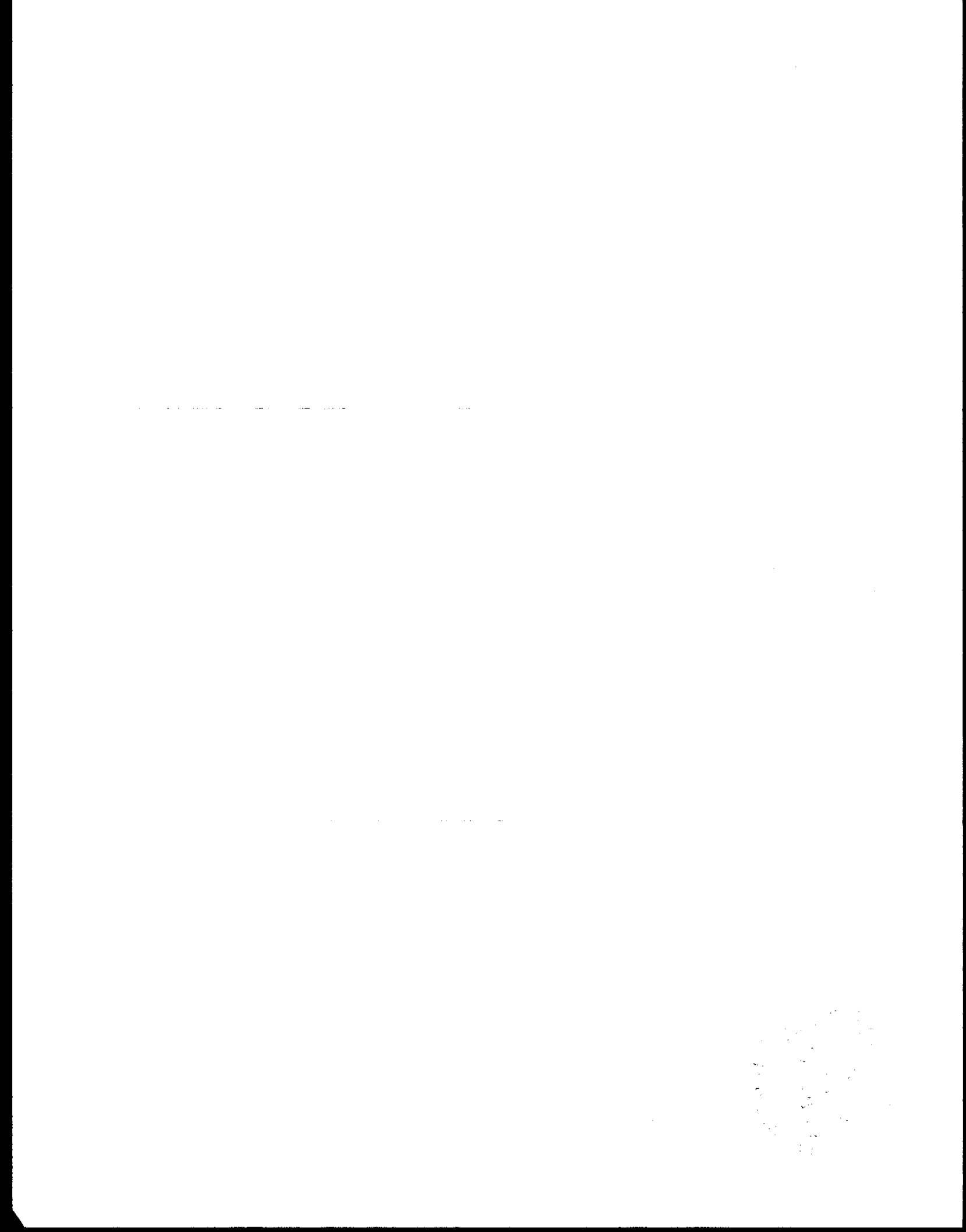
instrument and acknowledged to me that such corporation executed the same.

Janet Tegethoff, Notary Public
In and For the State of SD

My Commission Expires Oct. 1, 2005

Janet Tegethoff
(Notary Public)

(Notarial Seal)



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

File Date _____
Receipt No. _____

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

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

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

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

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

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

Dated _____ (Signature) _____

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____ (signature) _____

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

JUN 20 '05

S.D. SEC. of STATE

1. Corporate name and address:



* D F 0 1 4 4 7 6 *
DF014476 JUN/2004

LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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 Paul Lucas
35683 269TH St. Platte, S.D. 57369-6015

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 114.558. (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 |
|------|---------|------------------|-------------------|
|------|---------|------------------|-------------------|

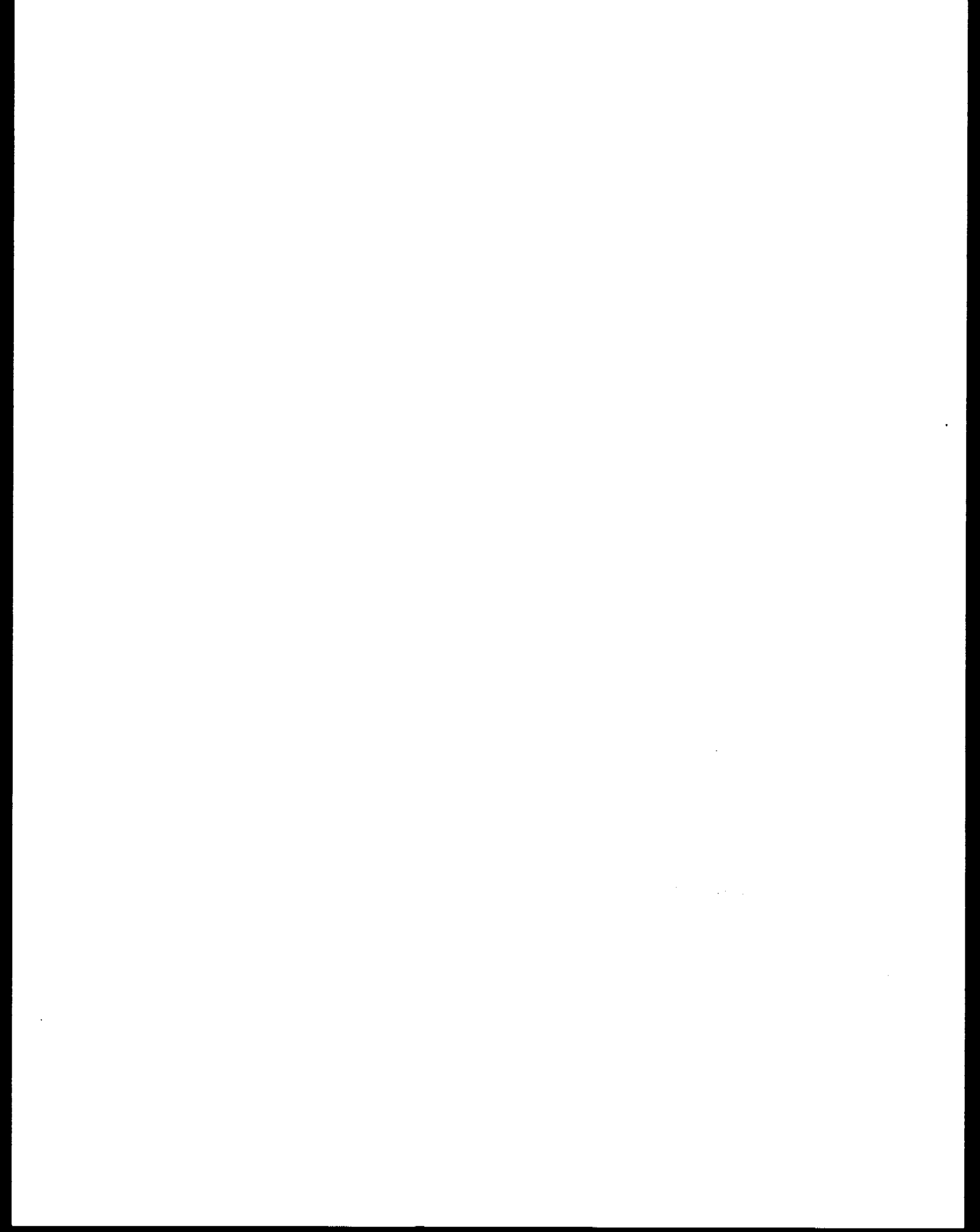
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 6-17-05

Paul Lucas
(Signature)

President
(Title)

238 3218



250 1701 06/28/2006

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 06/08/06
RECEIPT NO. 1567854
RECEIVED

JUN 08 '06

S.D. SEC. OF STATE

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



* D F O 1 4 4 7 6 *
DF014476 JUN/2005
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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 35683 269TH ST. Platte, SD. 57369-6015

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

| NAME | OFFICE | STREET ADDRESS | CITY | STATE | ZIP+4 |
|----------------------------|----------------|----------------------------------|-----------------------|-------------------|-------|
| <u>Paul Lucas</u> | President | <u>35683 269TH ST.</u> | <u>Platte, S.D.</u> | <u>57369-6015</u> | |
| <u>James R. Lucas</u> | Vice President | <u>481 Stone Creek Rd.</u> | <u>Lancaster, Pa.</u> | <u>17603</u> | |
| <u>Ruth Lucas</u> | Secretary | <u>35683 269TH ST.</u> | <u>Platte, SD.</u> | <u>57369-6015</u> | |
| <u>Ruth Lucas</u> | Treasurer | <u>35683 269TH ST.</u> | <u>Platte, SD.</u> | <u>57369-6015</u> | |
| <u>Robert G. Lucas</u> | | <u>506 S.E. 3rd</u> | <u>Madison, SD.</u> | <u>57042</u> | |
| <u>Thomas D. Lucas</u> | | <u>2288 B Niagra Springs Rd.</u> | <u>Wendell, Id.</u> | <u>83355</u> | |
| <u>Betty Lucas Jackins</u> | Director | <u>2615 Queen Anne Ave N.</u> | <u>Seattle, Wa.</u> | <u>98109</u> | |
| <u>Kenneth Lucas</u> | Director | <u>Box 695</u> | <u>Platte, SD.</u> | <u>57369</u> | |

SD law requires at least one director.

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

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 |
|-----------------------------|---------------|-------------|
| <u>500,000</u> | <u>Common</u> | <u>None</u> |

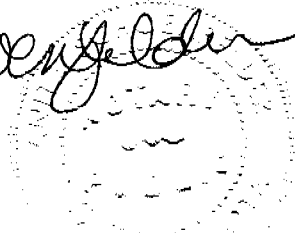
| NUMBER OF ISSUED SHARES | CLASS | SERIES |
|-------------------------|---------------|-------------|
| <u>298,330</u> | <u>Common</u> | <u>None</u> |

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

Dated 6-6-06 _____

Anita Schoenfelder

Anita Schoenfelder, Notary Public
In and for the State of SD
My Commission Expires March 7, 2010



Signature _____

Paul Lucas

Printed Name

President

Title

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

SOS CRP 07/05

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

File Date _____
Receipt No. _____

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 _____

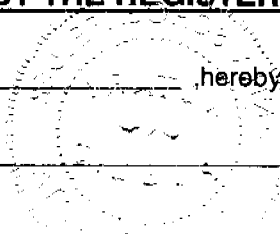
Signature

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 06/08/06
RECEIVED
JUN 08 '06
S.D. SEC. OF STATE

250 1702

1. Corporate name and address:



DF014476
DF014476 JUN/2005
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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 Paul Lucas
35683 269TH St Platte, S.D. 57369-6015

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 114,558. (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

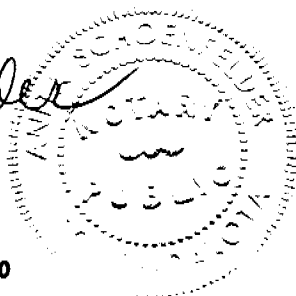
NUMBER OF SHARES

DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 3 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 6-6-06

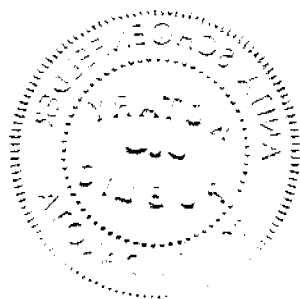
Anita Schoenfelder



Paul Lucas
(Signature)

President
(Title)

Anita Schoenfelder: Notary Public
In and for the State of SD
My Commission Expires March 7, 2010



DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

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



DF014476 JUN/2006
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

Telephone # _____
FAX # _____

RECEIVED

JUN 08 2007

S.D. SEC. OF STATE

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 6-6-07

Signature

Anita Schoenfelder; Notary Public
In and for the State of SD
My Commission Expires March 7, 2010

Paul Lucas

Printed Name

President

Title

263 2425

**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

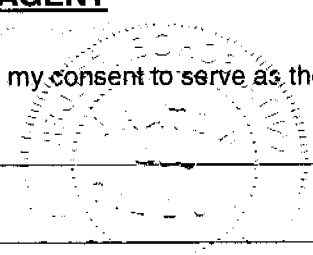
Title

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

ANNUAL FARM REPORT

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

NO FILING FEE

FILE DATE 06/08/07
1687521
RECEIVED
JUN 08 2007
S.D. SEC. OF STATE

1. Corporate name and address:



* D F O 1 4 4 7 6 *
DF014476 JUN/2006
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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 Paul Lucas
35683 269TH St. Platte, S.D. 57369-6015

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 114,558. (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)

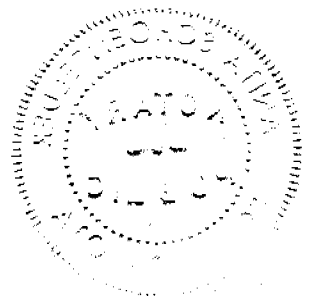
Dated 6-6-07
Anita Schoenfelder

Anita Schoenfelder; Notary Public
In and for the State of SD
My Commission Expires March 7, 2010

Paul Lucas
(Signature)

President
(Title)

263 2426



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 06/09/08

RECEIVED

JUN 09 2008

S.D. SEC. OF STATE

277 2879

1. Corporate name and address:



* D F O 1 4 4 7 6 *
DFO14476 JUN/2007
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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

Paul Lucas

35683

269TH ST.

Platte, S.D. 57369-6015

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 114,558. (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 5-16-08

Janet Teggenhoff, Notary Public
In and For the State of SD
My Commission Expires Oct. 1, 2011

(Signature)

Paul Lucas

(Title)

President



**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

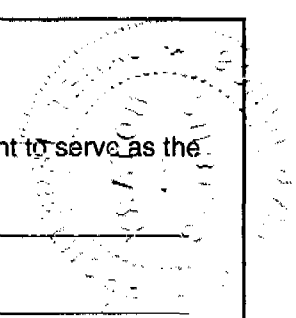
Title

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)



292 0784 06/19/2009

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 06/11/09 RECEIPT NO 1420932 RECEIVED JUN 11 2009 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF014476 JUN/2008 LUCAS FARMS, INCORPORATED LUCAS, PAUL 35683 269TH ST PLATTE SD 57369-6015

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.

35683 269th St Platte S. Dak 57369-6015 Street Address City State ZIP+4 Mailing Address (Optional) 35683 269th St Platte S. Dak 57369-6015

3. The name of the South Dakota Registered Agent

Paul Lucas 35683 269th St Platte S. Dak 57369-6015 Street Address (Required to be a South Dakota Address) City State ZIP+4 Mailing Address (Optional - Required to be a South Dakota Address) 35683 269th St Platte S. Dak 57369-6015

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.

- Paul Lucas 35683 269th St Platte S. Dak 57369-6015 President
James R. Lucas 1036 Oak St Sugar Grove Il. 60554 Vice President
Ruth Lucas 35683 269th St Platte S. Dak 57369-6015 Secretary - Treasurer
Betty Lucas Jackins 2615 Queen Anne Ave N. Seattle Wa. 98109 Treasurer/Director
Robert G. Lucas 506 S. E. 3rd Madison S. Dak 57042 Director
Thomas D. Lucas 1579C Clear Lake Road Buhl, Id. 83316 Director
Kenneth Lucas Box 695 Platte S. Dak 57369

Dated _____

Paul Lucas (Signature of an authorized officer) Paul Lucas (Printed Name) President (Title)

Darrin Erickson, Notary Public in and For the State of SD My Commission Expires Nov. 9, 2012 6-5-09

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.

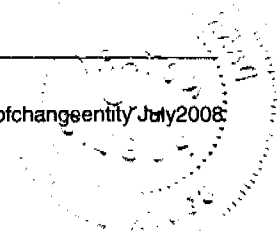
Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

Statementofchangeentity July2008



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 06/11/09
 RECEIPT NO _____
RECEIVED
JUN 11 2009
S.D. SEC. OF STATE

1. Corporate ID, Name and Address:



DF014476 JUN/2008
 LUCAS FARMS, INCORPORATED
 LUCAS, PAUL
 35683 269TH ST
 PLATTE SD 57369-6015

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

2. The name of the South Dakota Registered Agent Paul Lucas

35683 269TH ST. Platte S. Dak. 57369-6015
 Street Address (Required to be a South Dakota Address) City State ZIP+4
35683 269TH ST. Platte S. Dak. 57369-6015
 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 |
|--------|---------|----------|-------|
| | | | |
| | | | |
| | | | |

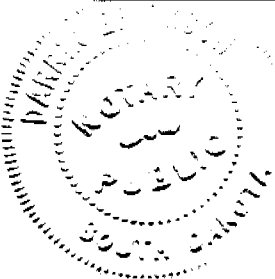
4. Please complete the appropriate section:

| | | |
|------------------------------------|--|----------------|
| 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. | <u>114,558</u> |
| Authorized Farm Corporation | The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities. | <u>0</u> % |

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

| Name | Address | City | State | Zip | Shares | Kindred |
|------|---------|------|-------|-----|--------|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

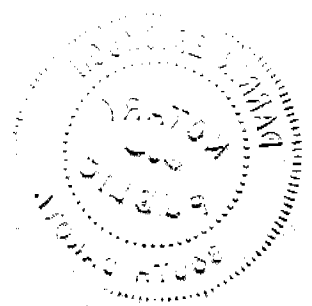
Dated _____



Darrin Erickson
 Darrin Erickson, Notary Public
 in and For the State of SD
 My Commission Expires Nov. 9, 2012
6-5-09

Paul Lucas
 (Signature of an authorized officer)
Paul Lucas
 (Printed Name)
President
 (Title)

292 0785



ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink
No Filing Fee

FILE DATE 06/16/10
RECEIPT NO. **RECEIVED**
JUN 16 2010
S.D. SEC. OF STATE

1. Corporate ID, Name and Address:



* D F O 1 4 4 7 6 *
DF014476 JUN/2009
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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

2. The name of the South Dakota Registered Agent

Paul Lucas

35683 269th St. Platte, S. Dak 57369-6015
Street Address (Required to be a South Dakota Address) City State ZIP+4
35683 269th St. Platte S. Dak. 57369-6015
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. | <u>114.558</u> |
| Authorized Farm Corporation | The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities. | <u>0</u> % |

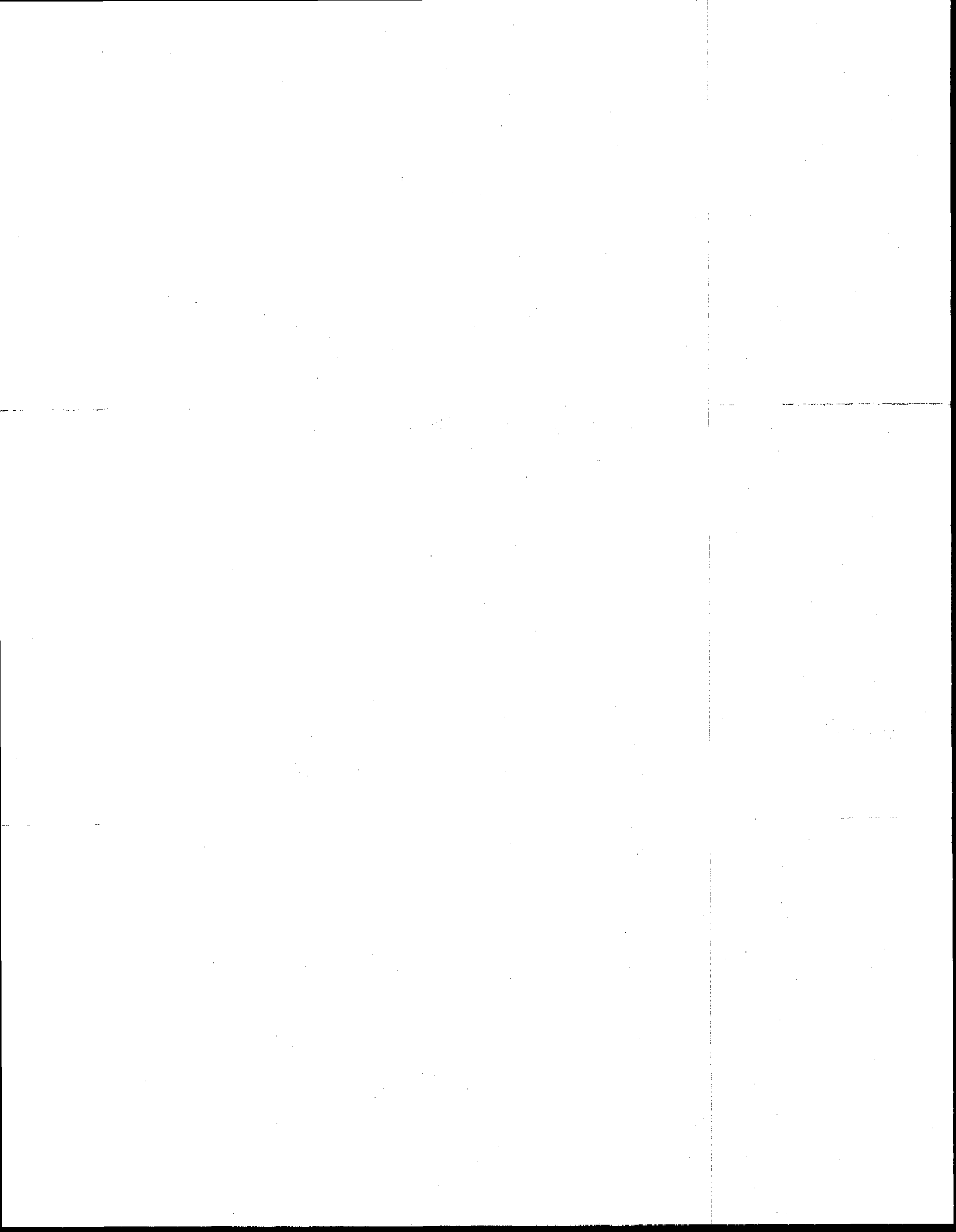
5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

| Name | Address | City | State | Zip | Shares | Kindred |
|------|---------|------|-------|-----|--------|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Dated 6-8-10

Paul Lucas
(Signature of an authorized officer)
Paul Lucas
(Printed Name)
President
(Title)

307 0995 200



2010

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 06/16/10
RECEIPT NO 2032711
RECEIVED
JUN 16 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF014476 JUN/2009
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

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.

35683 269TH ST Platte S. Dak. 57369-6015
Street Address City State ZIP+4
35683 269TH ST. Platte S. Dak. 57369-6015
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Paul Lucas
35683 269TH ST. Platte S. Dak. 57369-6015
Street Address (Required to be a South Dakota Address) City State ZIP+4
35683 269TH ST. Platte S. Dak. 57369-6015
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.

[X] Paul Lucas 35683 269TH ST. Platte S. Dak. 57369-6015
President Street Address City State ZIP+4
[X] James R. Lucas 1036 Oak St. Sugar Grove Ill. 60554
Vice President Street Address City State ZIP+4
[X] Ruth Lucas 35683 269TH ST. Platte S. Dak. 57369-6015
Secretary - Treasurer Street Address City State ZIP+4
[] Betty Lucas Jackins 2615 Queen Anne Ave. N. Seattle Wa. 98109
Treasurer Director Street Address City State ZIP+4
[] Robert G. Lucas 526 S.E. 3rd Madison S. Dak. 57042
Director Street Address City State ZIP+4
[] Thomas D. Lucas 1579C Clear Lake Road Buhl Id. 83316
Director Street Address City State ZIP+4
Kenneth Lucas Box 695 Platte S. Dak. 57369

Dated 6-8-10

Paul Lucas
(Signature of an authorized officer)
Paul Lucas
(Printed Name)
President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

322 3344 07/27/2011

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 | <u>6/3/11</u> |
| RECEIPT NO. | <u>2163260</u> |
| RECEIVED | |
| JUN 03 2011 | |
| S.D. SEC. OF STATE | |

1. Corporate Name, Registered Agent Name and Address:



* D F 0 1 4 4 7 6 *
DF014476 JUN/2010
LUCAS FARMS, INCORPORATED
LUCAS, PAUL
35683 269TH ST
PLATTE SD 57369-6015

| | |
|-------------|-------|
| Telephone # | _____ |
|-------------|-------|

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.

35683 269TH ST Platte S. Dak. 57369-6015
Street Address City State ZIP+4

35683 269TH ST Platte S. Dak. 57369-6015
Mailing Address City State ZIP+4

Email Address _____

4. The name of the South Dakota Registered Agent Paul Lucas

35683 269TH ST Platte SDak 57369-6015
Street Address or Rural Route Box Number in This State and City State ZIP+4

35683 269TH ST Platte S. Dak. 57369-6015
Mailing Address in This State, if Different from Street Address City State ZIP+4

Email Address _____

5. The names and 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.

Paul Lucas 35683 269TH ST Platte S. Dak. 57369-6015
President Street Address City State ZIP+4

James R. Lucas 1036 Oak St. Sugar Grove IL. 60554
Vice President Street Address City State ZIP+4

Ruth Lucas 35683 269TH ST Platte S. Dak. 57369-6015
Secretary - Treasurer Street Address City State ZIP+4

Betty Lucas Jackson 2615 Queen Anne Ave. N Seattle WA 98109
Treasurer Street Address City State ZIP+4

Robert G. Lucas 506 S.E. 3rd Madison SDak 57842
Director Street Address City State ZIP+4

Thomas D. Lucas 1579 C. Clearlake Road Buhl Id. 83316
Director Street Address City State ZIP+4

Kenneth Lucas Box 695 Platte SDak. 57369

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

Dated 6-1-11

Paul Lucas
(Signature of an Authorized Person)

Email _____

Paul Lucas
(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 _____
(Old Registered Agent)

The name of the successor registered agent _____
(New 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 (Old Registered Agent Address)

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

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

5. If the address has changed, list the new registered agent 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 |
|---|------|-------|-------|
|---|------|-------|-------|

Email Address _____

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)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL FARM REPORT

FILE 6/5/2012

RECEIPT NO 45602

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF014476
LUCAS FARMS, INCORPORATED
35683 269TH ST
PLATTE, SD 57369-6015

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

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

| | | | |
|-----------------|--------|-------|------------|
| 35683 269TH ST | PLATTE | SD | 57369-6015 |
| Street Address | City | State | ZIP+4 |
| 35683 269TH ST | PLATTE | SD | 57369-6015 |
| Mailing Address | City | State | ZIP+4 |

4. The name of the South Dakota Registered Agent

Agent Name: PAUL LUCAS

| | | | |
|---|--------|-------|------------|
| 35683 269TH ST | PLATTE | SD | 57369-6015 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |
| Mailing Address in This State, if Different from Street Address | City | State | ZIP+4 |

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

| | | | | | |
|-------------------------------------|---------------------|------------------------|-------------|-------|-------|
| <input checked="" type="checkbox"/> | PAUL D LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | JAMES R LUCAS | 1036 OAK ST | SUGAR GROVE | IL | 60554 |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Treasurer | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | BETTY LUCAS JACKINS | 2615 QUEEN ANNE AVE N. | SEATTLE | WA | 98109 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | THOMAS D LUCAS | 1579 C CLEAR LAKE RD | BUHL | ID | 83316 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | KENNETH A LUCAS | BOX 695 | PLATTE | SD | 57369 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | ROBERT G LUCAS | 506 SE 3RD | MADISON | SD | 57042 |
| | 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) | <u>114558</u> |
| Authorized Farm | The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities. | <u> </u> |

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

Signature Accepted Electronically _____

(Signature of an Authorized Person)

PAUL D LUCAS

(Printed Name)

2013

Enter Filing Year

ANNUAL FARM REPORT

FILE 6/5/2013

RECEIPT NO 120892

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF014476
LUCAS FARMS, INCORPORATED
35683 269TH ST
PLATTE, SD 57369-6015

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

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

| | | | |
|----------------|--------|-------|------------|
| 35683 269TH ST | PLATTE | SD | 57369-6015 |
| Street Address | City | State | ZIP+4 |

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

4. The name of the South Dakota Registered Agent

Agent Name: PAUL LUCAS

| | | | |
|--|--------|-------|------------|
| 35683 269TH ST | PLATTE | SD | 57369-6015 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |

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

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

| | | | | | |
|-------------------------------------|---------------------|------------------------|-------------|-------|-------|
| <input checked="" type="checkbox"/> | PAUL D LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | JAMES R LUCAS | 1036 OAK ST | SUGAR GROVE | IL | 60554 |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Treasurer | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | BETTY LUCAS JACKINS | 2615 QUEEN ANNE AVE N. | SEATTLE | WA | 98109 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | THOMAS D LUCAS | 1579 C CLEAR LAKE RD | BUHL | ID | 83316 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | KENNETH A LUCAS | BOX 695 | PLATTE | SD | 57369 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | ROBERT G LUCAS | 506 SE 3RD | MADISON | SD | 57042 |
| | 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) | <u>273888</u> |
| Authorized Farm | The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities. | <u> </u> |

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

Signature Accepted Electronically

(Signature of an Authorized Person)

PAUL LUCAS

(Printed Name)

2014

Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 6/3/2014

RECEIPT NO 206312

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF014476
LUCAS FARMS, INCORPORATED
35683 269TH ST
PLATTE, SD 57369-6015

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

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

| | | | |
|----------------|--------|-------|------------|
| 35683 269TH ST | PLATTE | SD | 57369-6015 |
| Street Address | City | State | ZIP+4 |

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

4. The name of the South Dakota Registered Agent

Agent Name: PAUL LUCAS

| | | | |
|--|--------|-------|------------|
| 35683 269TH ST | PLATTE | SD | 57369-6015 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |

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

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

| | | | | | |
|-------------------------------------|---------------------|------------------------|-------------|-------|-------|
| <input checked="" type="checkbox"/> | PAUL D LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | JAMES R LUCAS | 1036 OAK ST | SUGAR GROVE | IL | 60554 |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Treasurer | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | BETTY LUCAS JACKINS | 2615 QUEEN ANNE AVE N. | SEATTLE | WA | 98109 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | THOMAS D LUCAS | 1579 C CLEAR LAKE RD | BUHL | ID | 83316 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | KENNETH A LUCAS | BOX 695 | PLATTE | SD | 57369 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | ROBERT G LUCAS | 506 SE 3RD | MADISON | SD | 57042 |
| | 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) | <u>273888</u> |
| Authorized Farm Corporation | The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities. | <u> </u> |

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 06/03/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
PAUL D LUCAS
(Printed Name)

2015

Enter Filing Year

ANNUAL FARM REPORT

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

Corporation

Please Type or Print Clearly In Ink

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

FILE DATE 5/31/2015

RECEIPT NO 306612

1. Corporate Name and Address:

DF014476
LUCAS FARMS, INCORPORATED
35683 269TH ST
PLATTE, SD 57369-6015

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

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

| | | | |
|----------------|--------|-------|------------|
| 35683 269TH ST | PLATTE | SD | 57369-6015 |
| Street Address | City | State | ZIP+4 |

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

4. The name of the South Dakota Registered Agent

Agent Name: PAUL LUCAS

| | | | |
|--|--------|-------|------------|
| 35683 269TH ST | PLATTE | SD | 57369-6015 |
| Street Address or Rural Route Box Number in This State and | City | State | ZIP+4 |

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

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

| | | | | | |
|-------------------------------------|---------------------|------------------------|-------------|-------|-------|
| <input checked="" type="checkbox"/> | PAUL D LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | JAMES R LUCAS | 1036 OAK ST | SUGAR GROVE | IL | 60554 |
| | Vice President | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Secretary | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Treasurer | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | BETTY LUCAS JACKINS | 2615 QUEEN ANNE AVE N. | SEATTLE | WA | 98109 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | THOMAS D LUCAS | 1579 C CLEAR LAKE RD | BUHL | ID | 83316 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | KENNETH A LUCAS | BOX 695 | PLATTE | SD | 57369 |
| | Director | Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | ROBERT G LUCAS | 506 SE 3RD | MADISON | SD | 57042 |
| | 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.

2016

ANNUAL FARM REPORT

FILE DATE 6/7/2016

Enter Filing Year

Corporation

RECEIPT NO 423855

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

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

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DF014476

Enter Corporate ID

LUCAS FARMS, INCORPORATED

Enter Corporate Name

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

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

35683 269TH ST

PLATTE

SD

57369-6015

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

PAUL LUCAS

35683 269TH ST

PLATTE

SD

57369-6015

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

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

| | | | | | |
|-------------------------------------|--------------|-----------------------|--------|-------|-------|
| <input checked="" type="checkbox"/> | PAUL D LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | President | Actual Street Address | City | State | ZIP+4 |

| | | | | | |
|-------------------------------------|----------------|-----------------------|-------------|-------|-------|
| <input checked="" type="checkbox"/> | JAMES R LUCAS | 1036 OAK ST | SUGAR GROVE | IL | 60554 |
| | Vice President | Actual Street Address | City | State | ZIP+4 |

| | | | | | |
|-------------------------------------|--------------|-----------------------|--------|-------|-------|
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Secretary | Actual Street Address | City | State | ZIP+4 |

| | | | | | |
|-------------------------------------|--------------|-----------------------|--------|-------|-------|
| <input checked="" type="checkbox"/> | RUTH E LUCAS | 35683 269TH ST | PLATTE | SD | 57369 |
| | Treasurer | Actual Street Address | City | State | ZIP+4 |

| | | | | | |
|-------------------------------------|---------------------|------------------------|---------|-------|-------|
| <input checked="" type="checkbox"/> | BETTY LUCAS JACKINS | 2615 QUEEN ANNE AVE N. | SEATTLE | WA | 98109 |
| | Director | Actual Street Address | City | State | ZIP+4 |

| | | | | | |
|-------------------------------------|-----------------|-----------------------|---------|-------|-------|
| <input checked="" type="checkbox"/> | THOMAS D LUCAS | 1579 C CLEAR LAKE RD | BUHL | ID | 83316 |
| | Director | Actual Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | KENNETH A LUCAS | BOX 695 | PLATTE | SD | 57369 |
| | Director | Actual Street Address | City | State | ZIP+4 |
| <input checked="" type="checkbox"/> | ROBERT G LUCAS | 506 SE 3RD | MADISON | SD | 57042 |
| | 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) | <u>273340</u> |
| Authorized Farm Corporation | The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities. | <u> </u> |

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

| Name | Actual Street Address | City | State | ZIP+4 | Shares |
|-------------------|-----------------------|--------|-------|-------|--------|
| PAUL D LUCAS | 35683 269TH ST | PLATTE | SD | 57369 | 57278 |
| RUTH ELAINE LUCAS | 35683 269TH ST | PLATTE | SD | 57369 | 57278 |

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

Dated 06/07/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

PAUL D LUCAS

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to \$40 will be assessed for returned payments.

6/7/2016 10:03:47 PM