

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

1994 02 17 12 22 00
1993
NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 12-31-93
RECEIPT NO. 315-119

RECEIVED

JAN 31 1994

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

NS-007310 DEC/90
RURAL OFFICE OF COMMUNITY SERVICES
SLABA, DON
BOX 70
LAKE ANDES, SD 57356-0070

Day Time Phone # 605-487-7634

Federal Identification #

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is This corporation is a community service provider to low-income and needy clientele.
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ -0-
* Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
JACK SOULEK	President	RR 2, BOX 49	LAKE ANDES	SD	57356
KEN FRINAN	Vice President	PO BOX 424	TRIPP	SD	57376
SIS. MIRIAM SHINDELAR	Secretary	PO BOX 217	MARTY	SD	57361
MARVIN SCHAMBER	Treasurer	PO BOX 471	SPRINGFIELD	SD	57062

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
KENNETH CROUSE	Director	RR 1, BOX 158	AVON	SD	57315
ALBERT NICOLAUS	Director	PO BOX 236	BURKE	SD	57523
ALBERT SOUKUP	Director	PO BOX 574	WAGNER	SD	57380

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

Dated Jan 28 19 94

By [Signature]
(Signature)
his [Signature]
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix

I, Daniel Park, a notary public, do hereby certify that on this 28th day of January 19 94

personally appeared before me Jack Soulek who, being by me first duly sworn, declared that he/she is the Board President Rural Office of Community Services

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

My Commission Expires 10-16-00

[Signature]
Notary Public

(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

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 RURAL OFFICE OF COMMUNITY SERVICES, INC.
2. The current street address, or a statement that there is no street address, of its registered office BOX 70 LAKE ANDES, SD ZIP 57356-0070
3. The street address, or a statement that there is no street address, to which the registered office is to be changed (current address) is 214 WEST MAIN, PO BOX 70
LAKE ANDES, SD ZIP 57356-0070
4. The name of its previous registered agent is SLABA, DON
5. The name of its successor (current) registered agent is CAHOY, DEBRA J.
• The Consent of Registered Agent below must be completed by the 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 a vice president in the presence of a Notary Public.

Date Jan 28 19 94
Jack Soulek
(signature)
Board Chairman
(title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Daniel Park, a notary public, do hereby certify that on this 28th day of January 19 94, personally appeared before me Jack Soulek who, being by me first duly sworn, declared that he/she is the Board President of Rural Office of Community Services that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 10-16-00

Daniel Park
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Debra J. Cahoy, hereby give my consent to serve as the
(name of registered agent)
registered agent for Rural Office of Community Services, Inc.
(corporate name)

Dated Jan 26 19 94

Debra J. Cahoy
(signature)

9 4 0 7 1 7 1 1 0 0

Receipt No. 365729


File No. NS007310

STATE OF SOUTH DAKOTA
OFFICE OF THE SECRETARY OF STATE

SS.

Statement of change
Annual Report
For
RURAL OFFICE OF COMMUNITY SERVICES

File at the request of:
RURAL OFFICE OF COMMUNITY SERVICES INC
PO BOX 70
LAKE ANDES SD 57356

Filed in the office of Secretary of State on
DATE 

Secretary of State

Deputy Secretary of State

Fee Recieved \$5

SOS CRP 491 10/93



1996

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 12-31-96
RECEIPT NO. 593709

RECEIVED

DEC 31 1996

1. Corporate Name, Registered Agent and Registered Address.

NS-007310 DEC/93
RURAL OFFICE OF COMMUNITY SERVICES
CARGY, DEBRA
214 WEST MAIN
PO BOX 70
LIME ROCK, SD 57356-0070

Day Time Phone # 605-573-0070

Federal Identification #

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is This corporation is a Community Action Agency providing services to low-income, elderly and needy clients.
3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
 B. The amount of property presently held by the corporation is \$ -0-
 * Property should include all real or personal property, or any interest therein, wherever situated.
4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
GLADYS HALL	President	151 N HARMON DRIVE	MITCHELL	SD	57301
HARRIET BAILEY	Vice President	RR 2, BOX 61	BONESTEEL	SD	57317
OLIVER HANTEN	Secretary	RR 1, BOX 10	WHITE LAKE	SD	57383
KENNETH CROUSE	Treasurer	RR 1, BOX 158	AVON	SD	57315

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
KENNETH FRIMAN	Director	PO BOX 424	TRIPP	SD	57376
ALBERT NICOLAUS	Director	PO BOX 236	BURKE	SD	57523
MARVIN SCHAMBER	Director	PO BOX 471	SPRINGFIELD	SD	57062

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

Dated December 30 19 96

By Gladys Hall
(Signature) must be signed in the presence of a notary
its Board Chairman
(Title)

STATE OF South Dakota
COUNTY OF Charles Mix ss

I, Chileen M. Pusicka, a notary public, do hereby certify that on this 31st day of December 19 96.

personally appeared before me Gladys Hall who, being by me first duly sworn, declared that he/she is the Board Chairman of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 03-01-02

Chileen M Pusicka
Notary Public

(Notarial Seal)

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

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

FILING FEE: * \$5 In addition to annual report fee
* No fee for postal renumbering. (must be stated on the form)

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 registered office address: _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) registered agent is _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors.

The statement must be signed by the chairman of the board of directors, or by its president or a vice president in the presence of a Notary Public.

Date _____ 19 _____

(signature) must be signed in the presence of a notary

(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 the corporation named
above, and 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)

NAME:	OFFICE:	STREET ADDRESS	CITY	STATE	ZIP
ALBERT SOUKUP	DIRECTOR	PO BOX 574	WAGNER	SD	57380
JACK SOULEK	DIRECTOR	RR 2, BOX 49	LAKE ANDES	SD	57356
DARLENE MCFARLAND	DIRECTOR	PO BOX 208	ARMOUR	SD	57313

1999

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE 12-13-99
RECEIPT NO. 847565

RECEIVED

DEC 13 99

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-007310 DEC/96
RURAL OFFICE OF COMMUNITY SERVICES
CAHOY, DEBRA
214 WEST MAIN
PO BOX 70
LAKE ANDES SD 57356-0070

Day Time Phone # 605-487-7634

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is this corporation is a Community Action Agency providing services to low-income, elderly and needy clients.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ -0-
*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Kenneth Crouse</u>	President	<u>RR 1, Box 158</u>	<u>Avon</u>	<u>SD</u>	<u>57315</u>
<u>Ronald Morrow</u>	Vice President	<u>PO Box 637</u>	<u>Armour</u>	<u>SD</u>	<u>57313</u>
<u>Barbara Ciesel</u>	Secretary	<u>PO Box 931</u>	<u>Wagner</u>	<u>SD</u>	<u>57380</u>
<u>Albert Nicolaus</u>	Treasurer	<u>PO Box 236</u>	<u>Burke</u>	<u>SD</u>	<u>57523</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Jack Soulek</u>	Director	<u>RR 2, Box 49</u>	<u>Lake Andes</u>	<u>SD</u>	<u>57356</u>
<u>Marvin Schamber</u>	Director	<u>PO Box 471</u>	<u>Springfield</u>	<u>SD</u>	<u>57062</u>
<u>Gladys Hall</u>	Director	<u>151 N Harmon Dr</u>	<u>Mitchell</u>	<u>SD</u>	<u>57301</u>

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

Dated Nov 29 19 99

By Kenneth M. Crouse
(Signature) must be signed in the presence of a notary
Its Chairperson
(Title)

STATE OF South Dakota ss
COUNTY OF Charles Mix

I, Colleen M. Piszicka, a notary public, do hereby certify that on this 29th day of November 1999, personally appeared before me Kenneth M. Crouse who, being by me first duly sworn, declared that he/she is the Board Chairperson of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 03-01-02

Colleen M. Piszicka
Notary Public

(Notarial Seal)

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

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

File Date _____
Receipt No. _____

FILING FEE: \$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 (old) registered office address _____
_____ 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 (current) 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) must be signed in the presence of a notary)

(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)

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Page 2. Item #5.

Name	Office	Street Address	City	State	Zip
Clarence Montgomery	Director	PO Box 714	Wagner	SD	57380
Harriet Bailey	Director	RR 2 Box 61	Bonesteel	SD	57317
Kenneth Friman	Director	PO Box 424	Tripp	SD	57376
Oliver Hanten	Director	RR 1 Box 10	White Lake	SD	57383
Arlene Wiekert	Director	PO Box 430	Elk Point	SD	57025

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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) must be signed in the presence of a notary)

(Title)

STATE OF _____ SS
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____, 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 _____

(signature of registered agent)

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1/30/93

RECEIVED

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Albert Nicolaus	Director	PO Box 236	Burke	SD	57523
Marvin Schamber	Director	1106- 10 th St	Springfield	SD	57062
Jack Soulek	Director	38038 - 289 th St	Lake Andes	SD	57366
Richard Sully	Director	PO Box 248	Marty	SD	57361
Judy Clark	Director	103 Willow St	Vermillion	SD	57069

232 0131 12/07/2004

2004 NONPROFIT REPORT

FILE DATE 12/01/04
RECEIPT NO. 1387600

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

RECEIVED

NOV 29 04

S.D. SEC. OF STATE

Corporate Name, Registered Agent and Registered Address:



* NS 007310 *
NS007310 DEC/2002
RURAL OFFICE OF COMMUNITY SERVICES
CAHOY, DEBRA
214 WEST MAIN
PO BOX 70
LAKE ANDES SD 57356-0070

Day Time Phone # 605-487-7634

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is This corporation is a Community Action Agency providing services to low-income, elderly and needy clients.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ -0-
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers: ***See Attachment

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

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
	Director				
	Director				
	Director				

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

Dated 11-22-2004

[Signature]
(Signature)

Board Chairperson
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent) _____

NS007310
2004

Board of Directors
Rural Office Of Community Services
Updated April 1, 2004

Name	Address	City	Phone	Office
Pottratz, Don	505 East 4th	Canton, SD 57013	764-5953	Chairperson
Bailey, Harriet	RR 2 Box 61	Bonesteel, SD 57317	654-2879	Secretary
Morrow, Ronald	PO Box 637	Armour, SD 57313	724-2681	Treasurer
Clark, Judy	103 Willow St.	Vermillion, SD 57069	624-9795	Vice-Chairperson
Carroll V. (Red) Allen	29170 383rd Ave	Lake Andes, SD 57356	487-7262	
Ciesel, Barbara	PO Box 931	Wagner, SD 57380-0931	384-3639	
Hall, Gladys	151 N. Harmon Dr.	Mitchell, SD 57301	996-4470	
Hanten, Oliver	24815 372nd Ave.	White Lake, SD 57383	249-2380	
Schimke, Delores M.	PO Box 395	Wess. Springs, SD 57382	539-1109	
Wendland, Rev. Scott	121 E. 5th	Winner, SD 57580	842-1809	
Russell Bechtold	PO Box 273	Avon, SD 57315	286-3435	
Montgomery, Clarence	PO Box 714	Wagner, SD 57380	384-3879	

244 3765 01/23/2006

2005 NONPROFIT REPORT

FILE DATE 01/20/06
RECEIPT NO. 1515210

PLEASE TYPE OR USE BLACK INK
FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

RECEIVED
JAN 12 '06

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



NS007310 DEC/2004
RURAL OFFICE OF COMMUNITY SERVICES
CAHOY, DEBRA
214 WEST MAIN
PO BOX 70
LAKE ANDES SD 57356-0070

Day Time Phone # 605-487-7634
Federal Tax: _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is This corporation is a Community Action Agency providing services to low-income, elderly and needy clients.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.
B. The amount of property presently held by the corporation is \$ -0-
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers: *****SEE ATTACHMENT*****

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

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
	Director				
	Director				
	Director				

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

Dated [Redacted]

Brunell Bechtold
(Signature)

BOARD CHAIRPERSON
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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 of registered agent) _____

015007310

Board of Directors Rural Office Of Community Services

Updated March 17, 2005

Name	Address	City	Phone	Office
Russell Bechtold	PO Box 273	Avon, SD 57315	286-3435	Chairperson
Hall, Gladys	151 N. Harmon Dr.	Mitchell, SD 57301	996-4470	Vice. Chairperson
Morrow, Ronald	PO Box 637	Armour, SD 57313	724-2681	Secretary
Schirke, Delores M.	PO Box 395	Wess. Springs, SD 57382	539-1109	Treasurer
Bailey, Harriet	29342 WCC Rd.	Bonesteel, SD 57317	654-2879	
Carroll V. (Red) Allen	29170 383rd Ave	Lake Andes, SD 57356	487-7262	
Ciesel, Barbara	PO Box 931	Wagner, SD 57380-0931	384-3639	
Clark, Judy	103 Willow St.	Vermillion, SD 57069	624-9795	
Hanten, Oliver	24815 372nd Ave.	White Lake, SD 57383	249-2380	
Mike F. Cahoy, Jr.	1046 E 10th St	Winner, SD 57580	842-2548	
Pottratz, Don	505 East 4th	Canton, SD 57013	764-5953	

RECEIVED JAN 11 2006



256 2409 12/21/2006

2006 NONPROFIT REPORT

FILE DATE 12/12/06
RECEIPT NO. 1621434

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

RECEIVED

DEC 12 2006

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



* NS 007310 *
NS007310 DEC/2005
RURAL OFFICE OF COMMUNITY SERVICES
CAHOY, DEBRA
214 WEST MAIN
PO BOX 70
LAKE ANDES SD 57356-0070

Day Time Phone # 605-487-7634
Federal Taxpa _____
FILING DATE: Due during the month the Certificate
of Incorporation was issued, and delinquent after
the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is This corporation is a Community Action Agency providing services to low-income, elderly & needy clients.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ -0- *
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers: ***See Attachment***

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/>	President				
<input type="checkbox"/>	Vice President				
<input type="checkbox"/>	Secretary				
<input type="checkbox"/>	Treasurer				

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/>	Director				
<input type="checkbox"/>	Director				
<input type="checkbox"/>	Director				

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

Dated _____

Brunel Becker
(Signature)

Board Chairperson
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____
_____ ZIP _____
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. The name of its previous registered agent is _____
5. The name of its successor (current) 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 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)

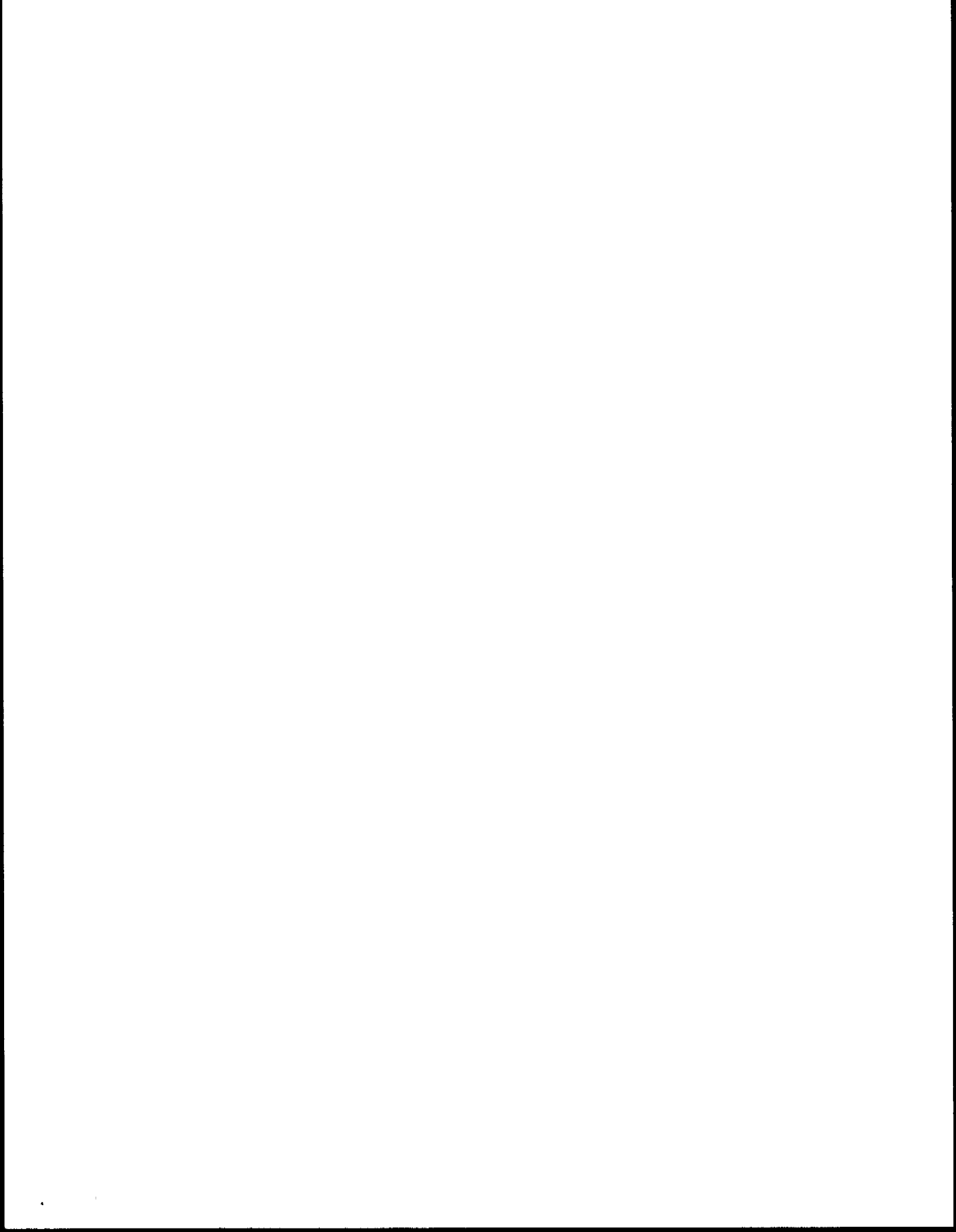
Dated _____ (signature of registered agent) _____

N5007310

BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.	DATE JOINED BOARD
		Public	Private	Low- Income		
Russell Bechtold PO Box 273 Avon, SD 57315 286-3435 Bon-Homme County	Chairperson		X		Mayor of City of Avon, involved in Avon school system.	██████
Harriet Bailey RR 2 Box 61 Bonesteel, SD 57317 654-2879 Gregory County			X		Self-employed rancher representing community of Gregory County.	██████
Judy Clark 103 Willow St Vermillion, SD 57069 624-9795 Clay County		X			Representing Clay County.	██████
Don Pottratz 505 E 4th Canton, SD 57013 764-5953 Lincoln County				X	Representing low-income sector Lincoln County	██████
Mike Cahoy 1046 E. 10th St Winner, SD 57580 842-2548 Tripp County				X	Retired business owner representating low-income sector. Tripp County	██████

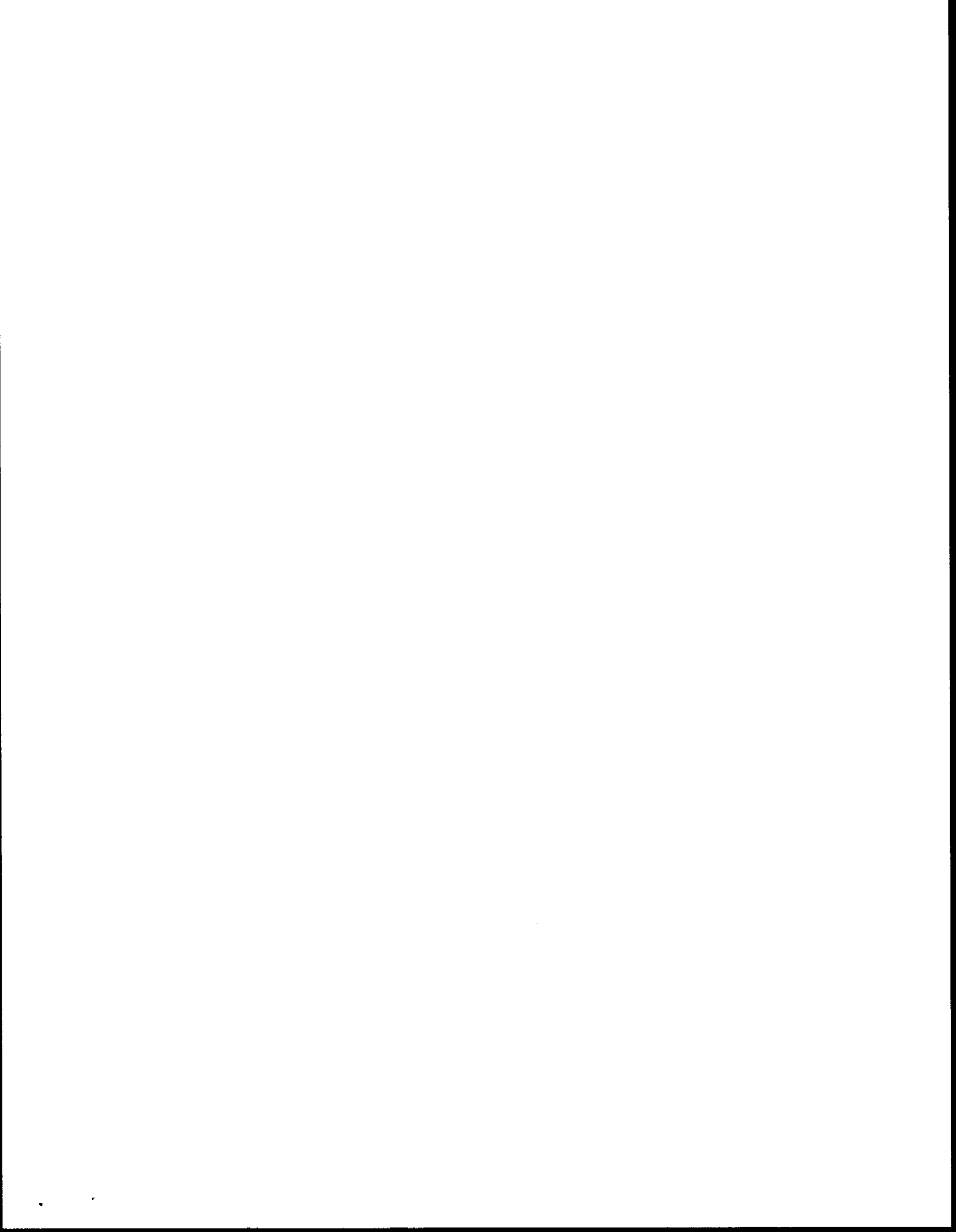


010507310

BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

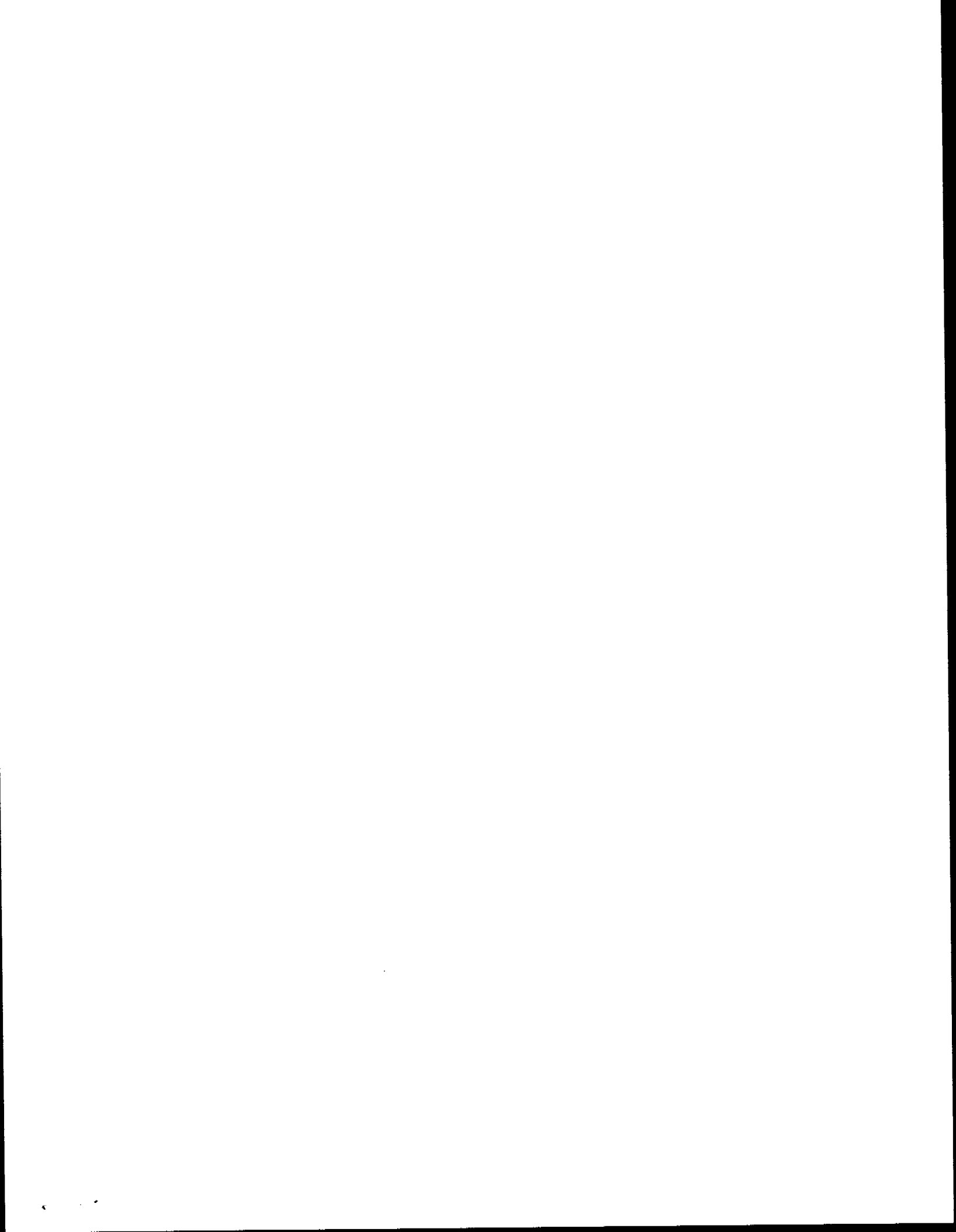
Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.	DATE JOINED BOARD
		Public	Private	Low-Income		
Oliver Hanten 24815 - 372nd Ave White Lake, SD 57383 249-2380 Aurora County		X			County Commissioner representing Aurora County	██████████
Carrol (Red) Allen 29170 - 383rd Ave Lake Andes, SD 57356 487-7262 Charles Mix County	Vice-Chairperson	X			County Commissioner representing Charles Mix County	██████████
Gladys Hall 151 N Harmon Dr Mitchell, SD 57301 996-4470 Davison County			X		Area Safehouse Director representing homeless individuals of Mitchell and surrounding communities.	██████████
Ronald Morrow PO Box 637 Armour, SD 57313 724-2681 Douglas County	Secretary	X			County Commissioner representing Douglas County	██████████
Barbara "Bitsy" Ciesel PO Box 931 Wagner, SD 57380 384-3639 Charles Mix County				X	Representing low-income sector of Charles Mix County.	██████████



BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	Check Sector		PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private		
Stephen Courmoyer, Jr. PO Box 202 Marty, SD 57361 Tribal Office 384-3804 Charles Mix County				X Representing low-income sector Yankton Sioux Tribe	3/27/2006
Delores Schimke PO Box 395 Wessington Springs, SD 57382 539-1109 Jerauld County	Treasurer		X	Retired banking employee representing Wessington Springs Transit committee.	4/28/2003



271 0807 01/08/2008

2007 NONPROFIT REPORT

FILE DATE 12/31/07
RECEIPT NO. 1748747
RECEIVED
DEC 31 2007
S.D. SEC. OF STATE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



* NS007310 *
NS007310 DEC/2006
RURAL OFFICE OF COMMUNITY SERVICES
CAHOY, DEBRA
214 WEST MAIN
PO BOX 70
LAKE ANDES SD 57356-0070

Day Time Phone # 605-487-7634
Federal Tax# _____
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is This corporation is a Community Action Agency providing services to low-income, elderly & needy clients.

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ -0-
* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers: ***See Attachment***

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/>	President				
<input type="checkbox"/>	Vice President				
<input type="checkbox"/>	Secretary				
<input type="checkbox"/>	Treasurer				

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please check the box next to the person's name above. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
	Director				
	Director				
	Director				

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

Dated

Delores M. Schimke
(Signature)

Board Chairperson
(Title)

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

**NON-PROFIT
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

FILING FEE: \$5 In addition to corporate 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, or its registered office _____

ZIP _____

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. The name of its previous registered agent is _____

5. The name of its successor (current) 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 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)

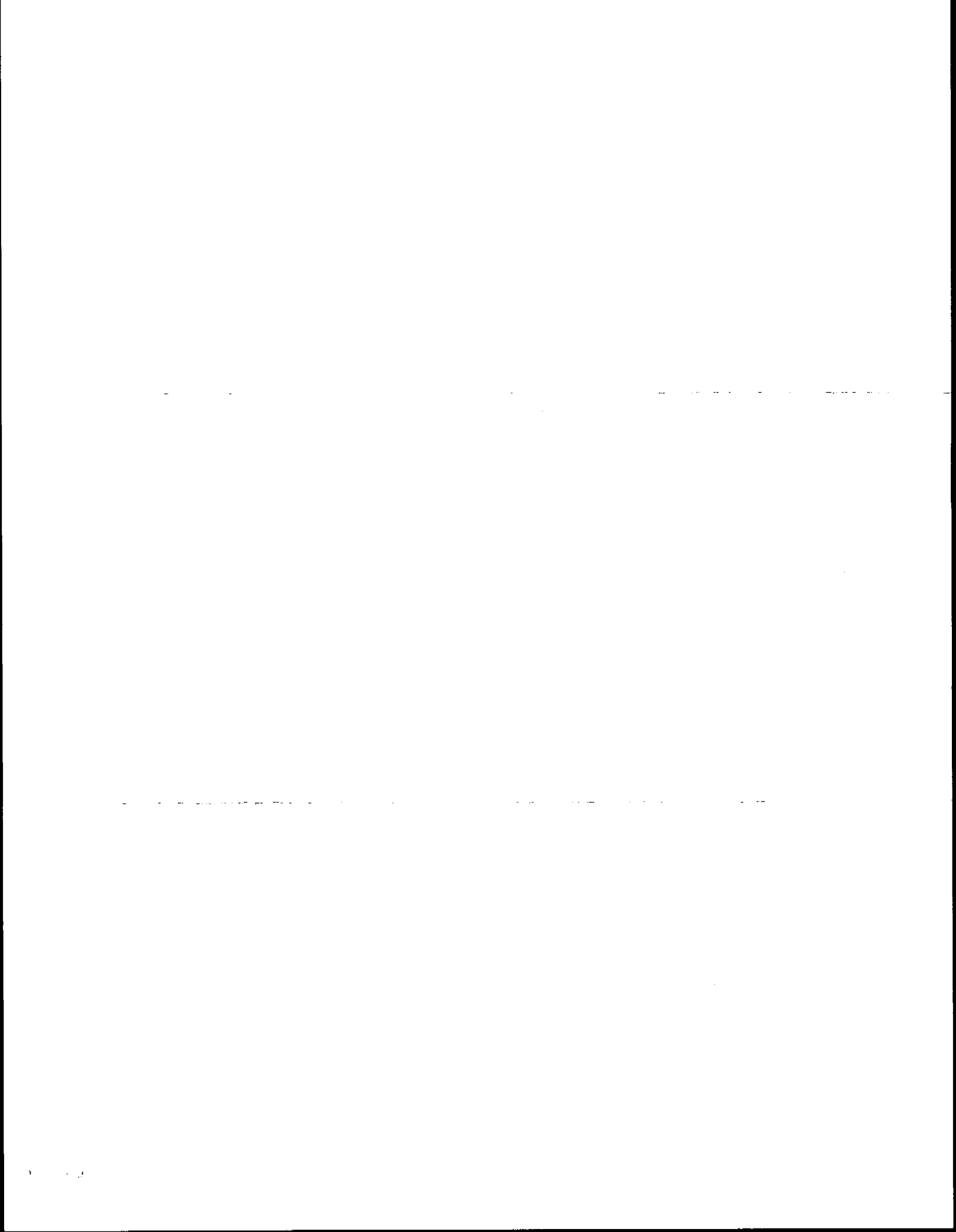
Dated _____

(signature of registered agent)

0100007310

BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.						
Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low- Income		
Russell Bechtold PO Box 273 Avon, SD 57315 286-3435 Bon-Homme County	Vice-Chairman		X		Mayor of City of Avon, involved in Avon school system.	████████
Harriet Bailey RR 2 Box 61 Bonesteel, SD 57317 654-2879 Gregory County	Treasurer		X		Self-employed rancher representing community of Gregory County.	████████
Sandie Sullivan 103 Willow St Vermillion, SD 57069 624-9795 Clay County		X			Representing Clay County.	████████
Don Pottratz 505 E 4th Canton, SD 57013 764-5953 Lincoln County				X	Representing low-income sector Lincoln County	████████
Mike Cahoy 1046 E. 10th St Winner, SD 57580 842-2548 Tripp County				X	Retired business owner representating low-income sector. Tripp County	████████



BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

13607310

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low-Income		
Oliver Hanten 24815 - 372nd Ave White Lake, SD 57383 249-2380 Aurora County		X			County Commissioner representing Aurora County	██████████
Carrol (Red) Allen 29170 - 383rd Ave Lake Andes, SD 57356 487-7262 Charles Mix County	Secretary	X			County Commissioner representing Charles Mix County	██████████
Gladys Hall 151 N Harmon Dr Mitchell, SD 57301 996-4470 Davison County			X		Area Safehouse Director representing homeless individuals of Mitchell and surrounding communities.	██████████
Ronald Morrow PO Box 637 Armour, SD 57313 724-2681 Douglas County		X			County Commissioner representing Douglas County	██████████
Delores Schimke PO Box 395 Wessington Springs, SD 57382 539-1109 Jerauld County	Chairman		X		Retired banking employee represeting Wessington Springs Transit committee.	██████████



2008

ANNUAL REPORT DOMESTIC NONPROFIT

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

Please Type or Print Clearly in Ink

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

FILE DATE 01/13/09 RECEIPT NO 1872160

RECEIVED RECEIVED JAN 13 2009 DEC 01 2008 S.D. SEC. OF STATE S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS007310 DEC/2007 RURAL OFFICE OF COMMUNITY SERVICES CAHOY, DEBRA 214 WEST MAIN PO BOX 70 LAKE ANDES SD 57356-0070

Telephone # 605-487-7634 FAX # 605-487-7883

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.

214 Main Street Lake Andes, SD 57356-0070 Street Address City State ZIP+4 PO Box 70 Lake Andes, SD 57356-0070 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Debra J. Cahoy

214 Main Street Lake Andes, SD 57356-0070 Street Address (Required to be a South Dakota Address) City State ZIP+4 PO Box 70 Lake Andes, SD 57356-0070 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 three directors. ***See Attached***

Table with 5 columns: Title, Name, Street Address, City, State, ZIP+4. Rows include President, Vice President, Secretary, Treasurer, and three Directors. A diagonal watermark 'See Attached' is present.

Dated 11/24/08

Delores M. Schimke (Signature of an authorized officer)

Delores Schimke (Printed Name)

Board Chairperson (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 _____

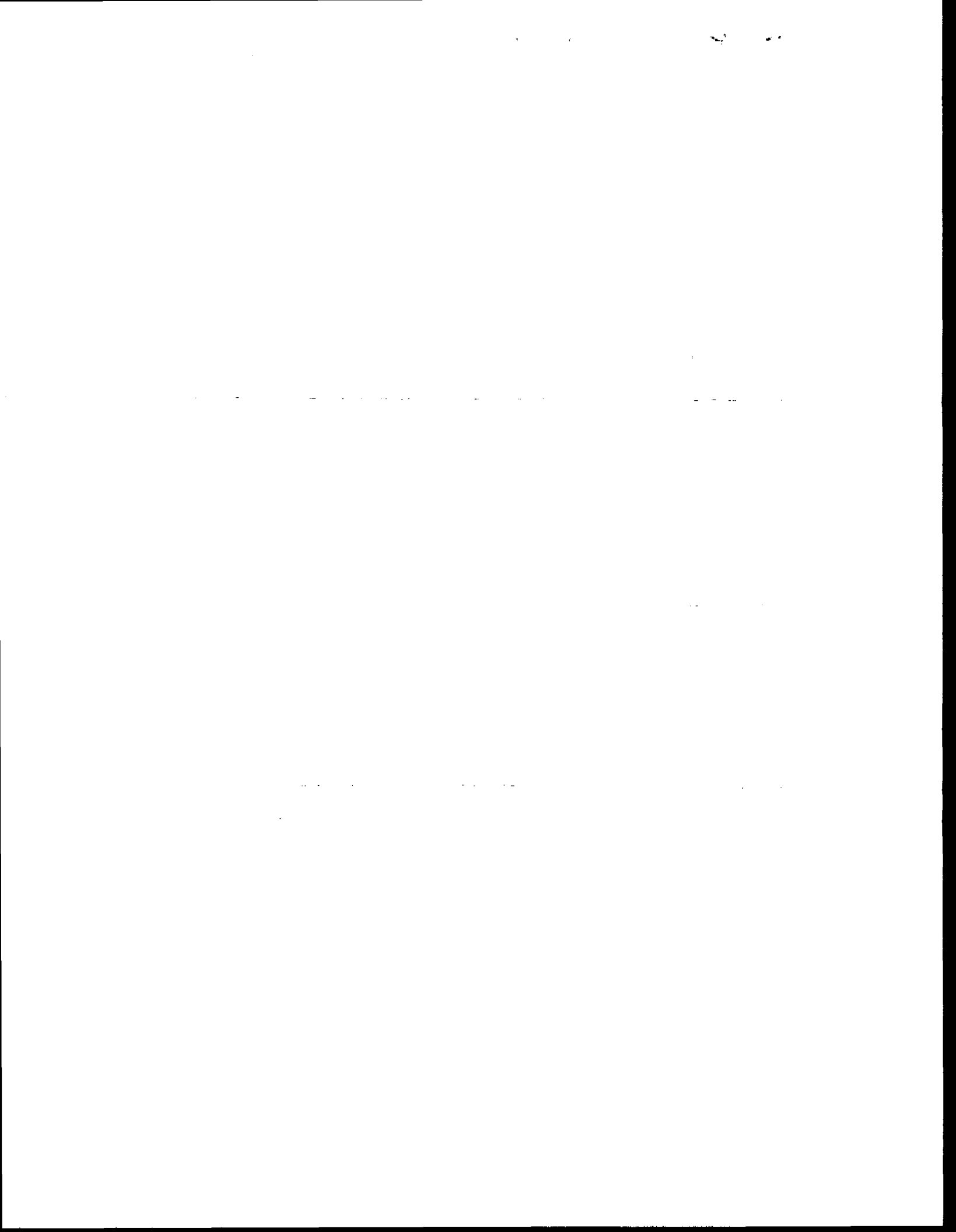
(Signature of an authorized officer)

(Printed Name)

(Title)

BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.					DATE JOINED BOARD
Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	Public	Check Sector Private	Low-Income	PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)
Russell Bechtold PO Box 273 Avon, SD 57315 286-3435 Bon-Homme County	Vice-Chairman		X		Mayor of City of Avon, involved in Avon school system.
Harriet Bailey RR 2 Box 61 Bonesteel, SD 57317 654-2879 Gregory County			X		Self-employed rancher representing community of Gregory County.
Sandie Sullivan 103 Willow St Vermillion, SD 57069 624-9795 Clay County		X			Representing Clay County.
Don Pottratz 505 E 4th Canton, SD 57013 764-5953 Lincoln County				X	Representing low-income sector Lincoln County
Mike Cahoy 1046 E. 10th St Winner, SD 57580 842-2548 Tripp County				X	Retired business owner representing low-income sector. Tripp County



BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low-Income		
Oliver Hanten 24815 - 372nd Ave White Lake, SD 57383 249-2380 Aurora County		X			County Commissioner representing Aurora County	
Carrol (Red) Allen 29170 - 383rd Ave Lake Andes, SD 57356 487-7262 Charles Mix County	Secretary	X			County Commissioner representing Charles Mix County	
Wendy Figland 1809 N Wisconsin Mitchell, SD 57301 996-6622 Davison County			X		Area Safehouse Director representing homeless individuals of Mitchell and surrounding communities.	
Marilyn Brenner 911 Braddock Street Armour, SD 57313 724-2417 Douglas County		X			Appointed by the Douglas County Commissioners Douglas County	9/29/2008
Delores Schimke PO Box 395 Wessington Springs, SD 57382 539-1109 Jerauld County	Chairman		X		Retired banking employee representing Wessington Springs Transit committee.	

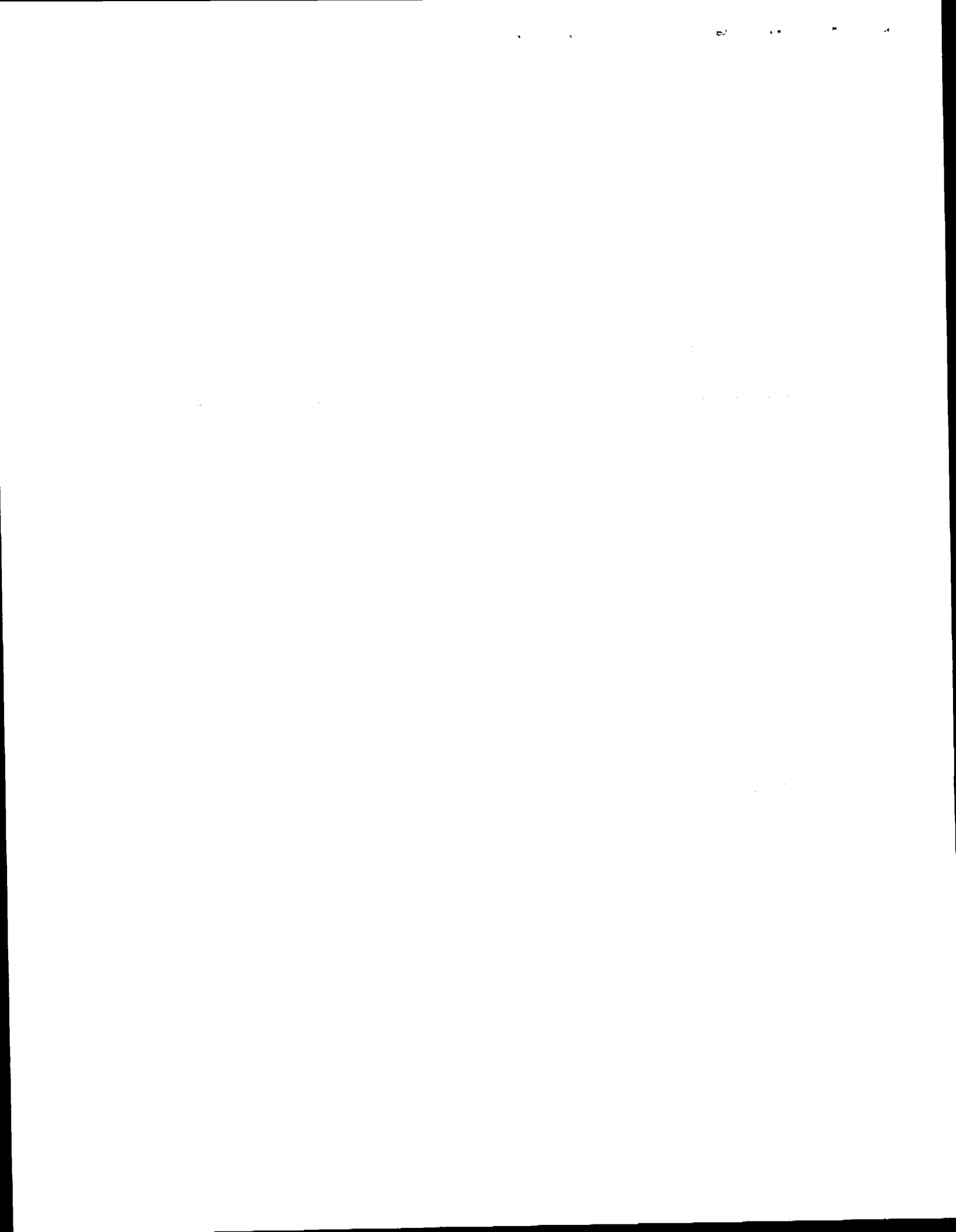
BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low-Income		
Sister Miriam Schindelar PO Box 217 Marty, SD 57361 384-3234 Charles Mix County	Treasurer			X	Representing low-income sector	12/17/2007
John Swift PO Box 426 St. Francis, SD 57572 828-0088 Todd County				X	Representing low-income sector	12/17/2007

BOARD MEMBERSHIP ROSTER

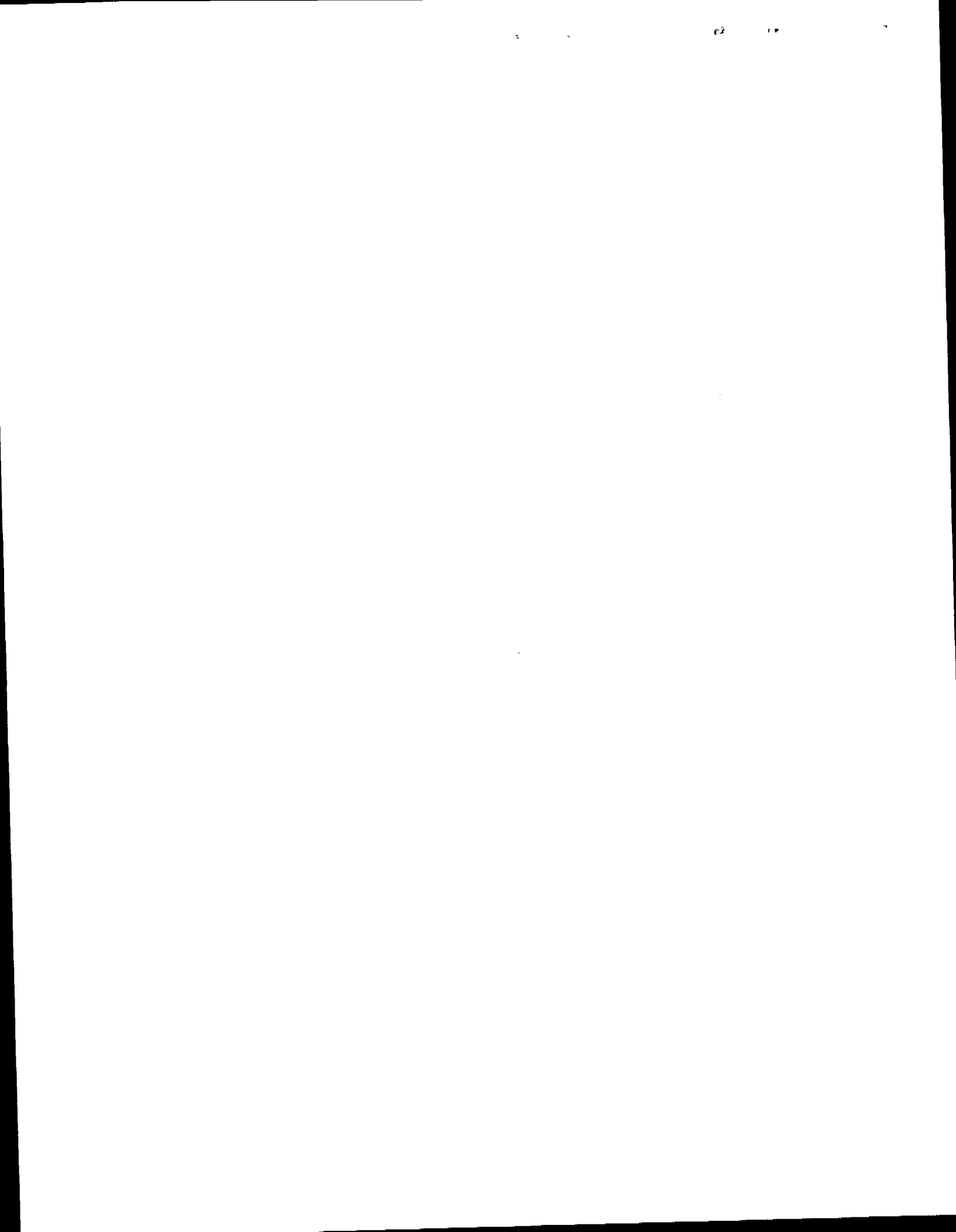
Agency Name: Rural Office of Community Services, Inc.						
Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	Check Sector			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low-income		
Russell Bechtold PO Box 273 Avon, SD 57315 286-3435 Bon-Homme County	Vice-Chairman		X		Mayor of City of Avon, involved in Avon school system.	
Harriet Bailey RR 2 Box 61 Bonesteel, SD 57317 654-2879 Gregory County			X		Self-employed rancher representing community of Gregory County.	
Sandie Sullivan 103 Willow St Vermillion, SD 57069 624-9795 Clay County		X			Representing Clay County.	
Don Pottratz 505 E 4th Canton, SD 57013 764-5953 Lincoln County				X	Representing low-income sector Lincoln County	
Mike Cahoy 1046 E. 10th St Winner, SD 57580 842-2548 Tripp County				X	Retired business owner representing low-income sector. Tripp County	



BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----		PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private		
Oliver Hanten 24815 - 372nd Ave White Lake, SD 57383 249-2380 Aurora County		X		County Commissioner representing Aurora County	1/15/1999
Carrol (Red) Allen 29170 - 383rd Ave Lake Andes, SD 57356 487-7262 Charles Mix County	Secretary	X		County Commissioner representing Charles Mix County	1/15/1999
Wendy Figland 1809 N Wisconsin Mitchell, SD 57301 996-6622 Davison County			X	Area Safehouse Director representing homeless individuals of Mitchell and surrounding communities.	1/15/1999
Marilyn Brenner 911 Braddock Street Armour, SD 57313 724-2417 Douglas County		X		Appointed by the Douglas County Commissioners Douglas County	1/15/1999
Delores Schimke PO Box 395 Wessington Springs, SD 57382 539-1109 Jerauld County	Chairman		X	Retired banking employee representing Wessington Springs Transit committee.	1/15/1999

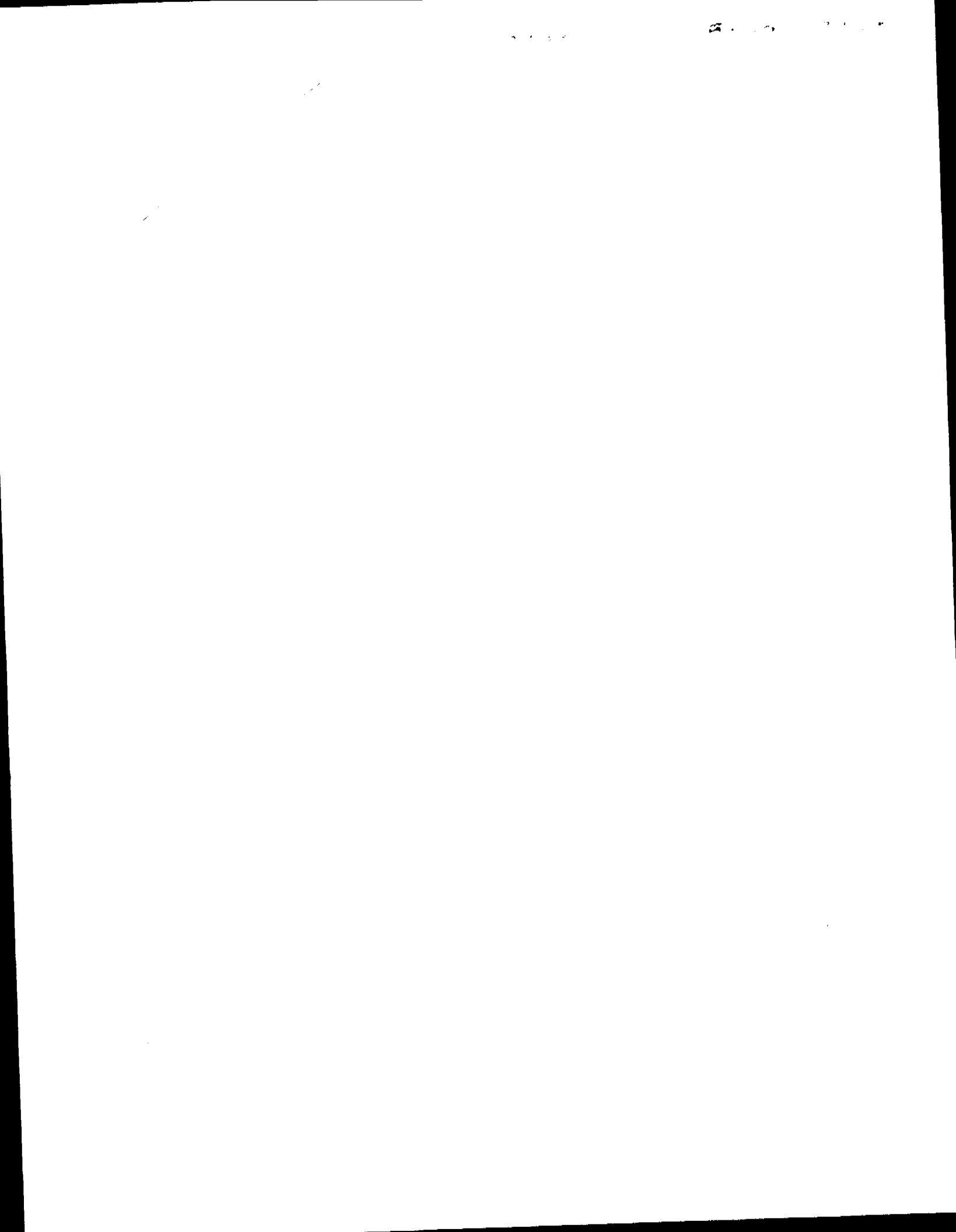


BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low-Income		
Sister Miriam Schindelar PO Box 217 Marty, SD 57361 384-3234 Charles Mix County	Treasurer			X	Representing low-income sector	12/17/2007
John Swift PO Box 426 St. Francis, SD 57572 828-0088 Todd County				X	Representing low-income sector	12/17/2007

19007310



300 1201 01/13/2010

2009

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

ANNUAL REPORT
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 01/05/10
RECEIPT NO 1984292
RECEIVED
JAN 05 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS007310
NS007310 DEC/2008
RURAL OFFICE OF COMMUNITY SERVICES
CAHOY, DEBRA
PO BOX 70
LAKE ANDES SD 57356-0070

Telephone # 605.487.7634
FAX # 605.487.7883
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.

~~214 Main Street~~ ~~Lake Andes SD 57356-0070~~
Street Address City State ZIP+4
PO Box 70 Lake Andes, SD 57356-0070
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Debra J. Cahoy

214 Main Street Lake Andes, SD 57356-0070
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 70 Lake Andes, SD 57356-0070
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 three directors. ***See Attached***

- President Street Address City State ZIP+4
- Vice President Street Address City State ZIP+4
- Secretary Street Address City State ZIP+4
- Treasurer Street Address City State ZIP+4
- Director Street Address City State ZIP+4
- Director Street Address City State ZIP+4
- Director Street Address City State ZIP+4

Dated 01-04-2010

(Signature of an authorized officer)

Sandie Sullivan
(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)

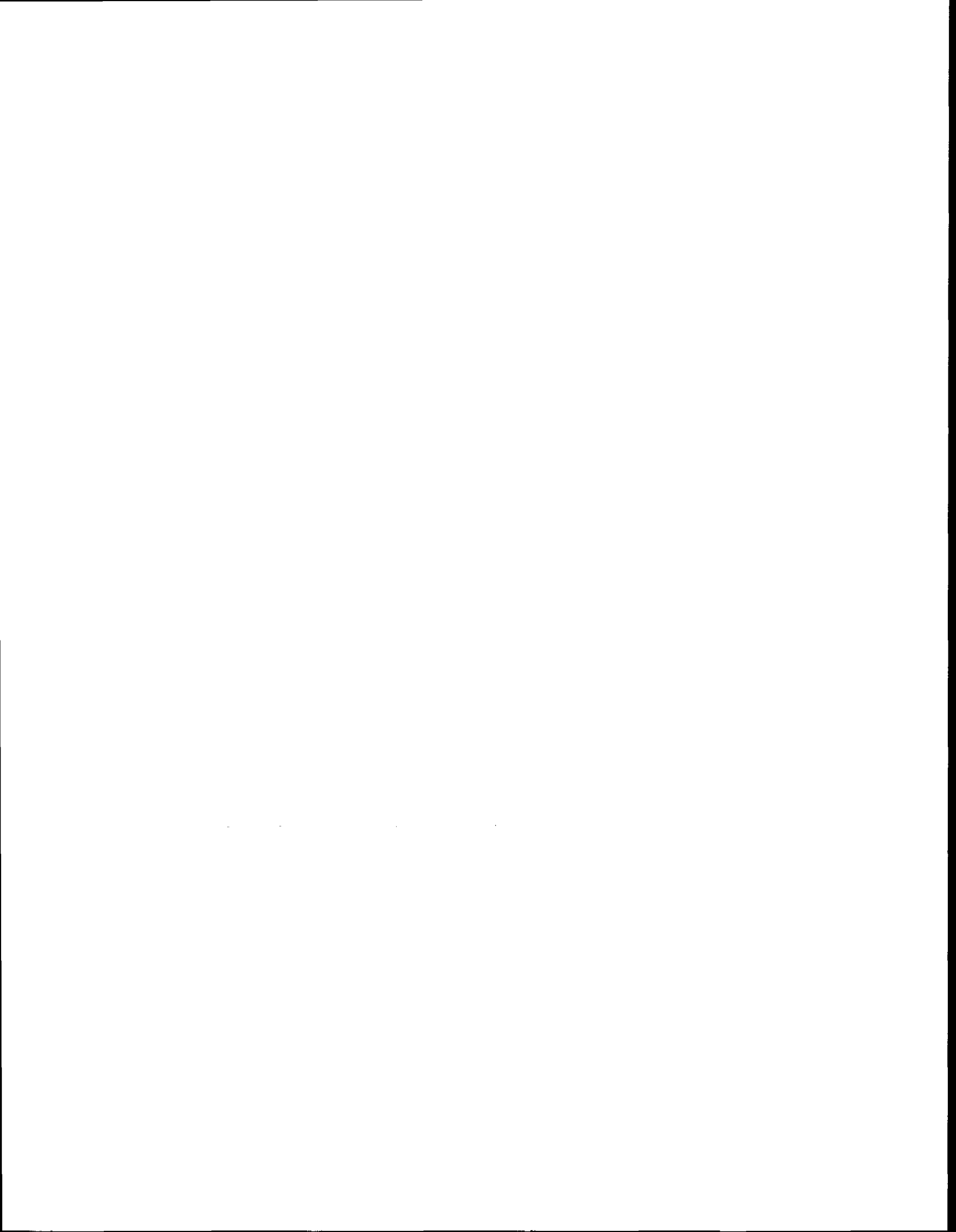
(Printed Name)

(Title)

BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

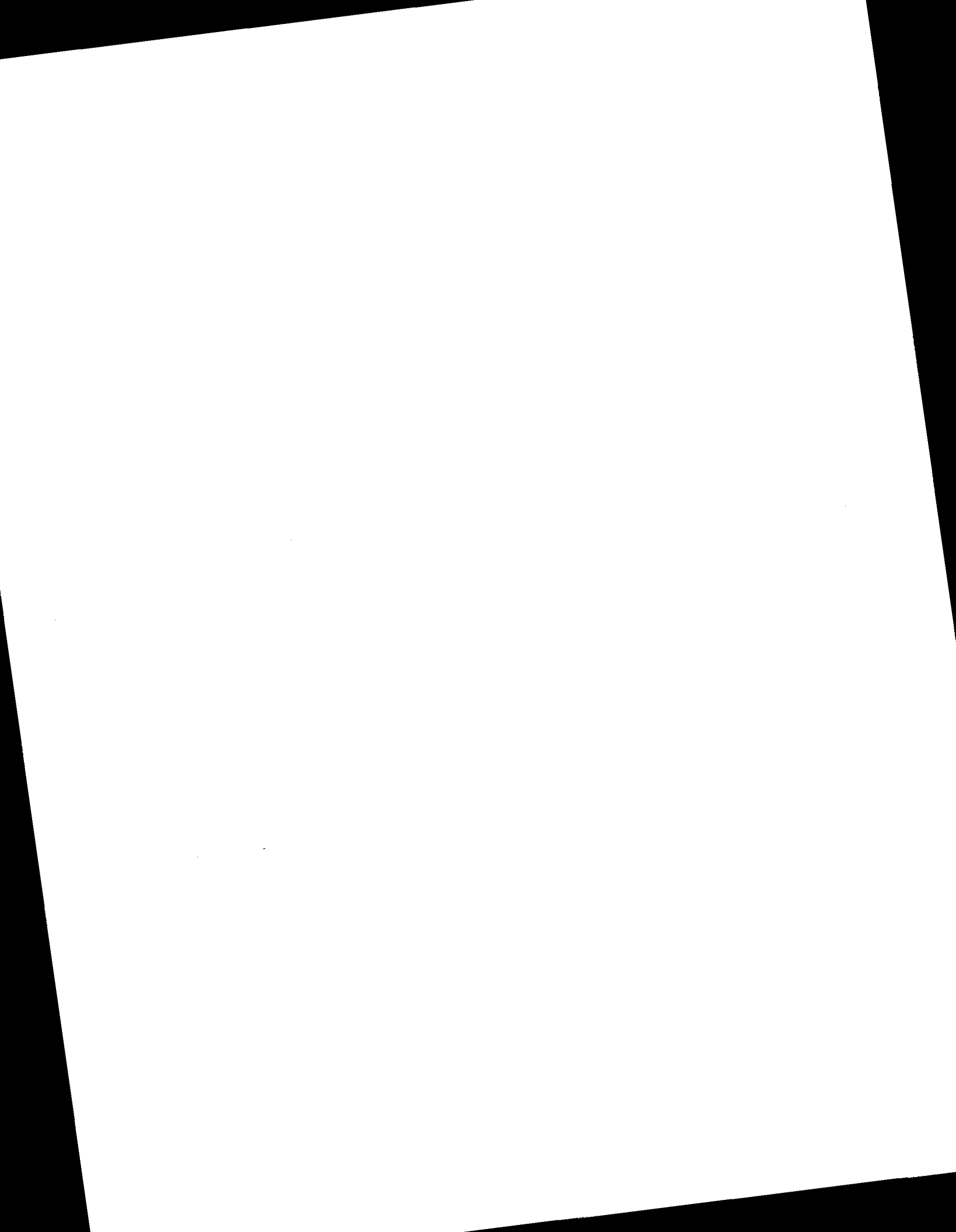
Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	Check Sector			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low- Income		
Russell Bechtold PO Box 273 Avon, SD 57315 286-3435 Bon-Homme County	Treasurer		X		Mayor of City of Avon, involved in Avon school system.	6/30/2003
Harriet Bailey RR 2 Box 61 Bonesteel, SD 57317 654-2879 Gregory County			X		Self-employed rancher representing community of Gregory County.	3/22/1993
Sandie Sullivan 103 Willow St Vermillion, SD 57069 624-9795 Clay County	Chairperson	X			Representing Clay County. Executive Director of a Women's Shelter	8/27/2007
Don Pottatz 505 E 4th Canton, SD 57013 764-5953 Lincoln County				X	Representing low-income sector Lincoln County	5/26/2000
Mike Cahoy 1046 E. 10th St Winner, SD 57580 842-2548 Tripp County				X	Retired business owner representing low-income sector. Tripp County	2/28/2005



BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	Check Sector -----		Low-Income	PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private			
Oliver Hanten 24815 - 372nd Ave White Lake, SD 57383 249-2380 Aurora County		X			County Commissioner representing Aurora County	1/25/1993
Sharon Drapeau PO Box 445 Lake Andes, SD 57356 487-7031 Charles Mix County		X			County Commissioner representing Charles Mix County	4/29/2003
Wendy Figland 1809 N Wisconsin Mitchell, SD 57301 996-6622 Davison County			X		Area Safehouse Director representing homeless individuals of Mitchell and surrounding communities.	0/20/2008
Marilyn Brenner 911 Braddock Street Armour, SD 57313 724-2417 Douglas County		X			Appointed by the Douglas County Commissioners Douglas County	0/20/2008
Delores Schimke PO Box 395 Wessington Springs, SD 57382 539-1109 Jerauld County	Vice-Chairperson		X		Retired banking employee representing Wessington Springs Transit committee.	4/28/2003

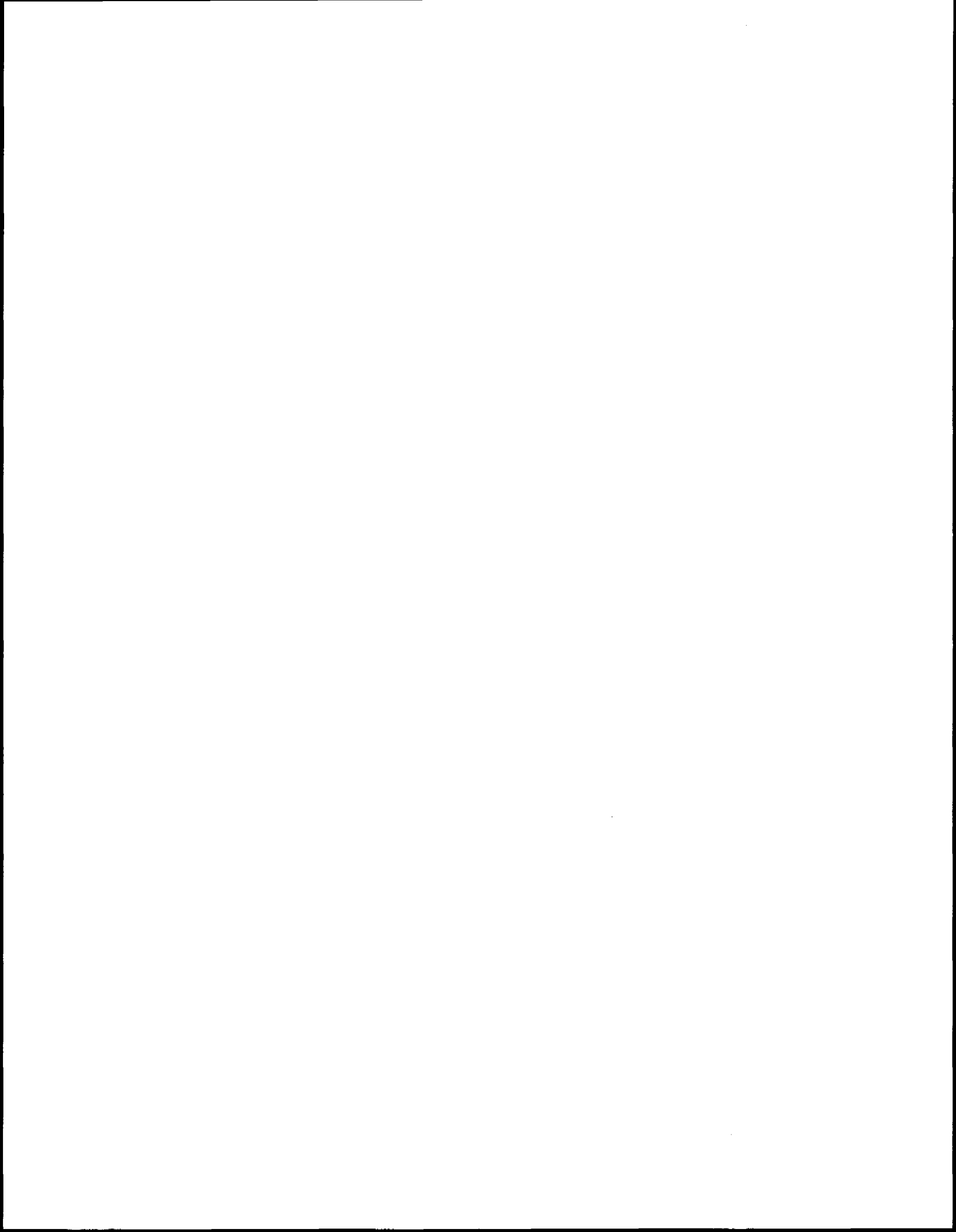


BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	Check Sector		Low-Income	PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.	DATE JOINED BOARD
Sister Miriam Schindelar PO Box 217 Marty, SD 57361 384-3234 Charles Mix County	Secretary	Public	Private	X	Representing low-income sector	12/17/2007
				X	Representing low-income sector	

0102/21/10 4021 002



2010

ANNUAL REPORT DOMESTIC NONPROFIT

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

Please Type or Print Clearly in Ink

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

FILE DATE 12/27/10 RECEIVED 2009/12/27/10 DEC 27 2010 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



NS007310 DEC/2009 RURAL OFFICE OF COMMUNITY SERVICES CAHOY, DEBRA PO BOX 70 LAKE ANDES SD 57356-0070

Telephone # 605.487.7634 FAX # 605.487.7883 FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

2. The jurisdiction under whose law it is formed South Dakota

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

214 Main Street Lake Andes SD 57356-0070 Street Address City State ZIP+4 PO Box 70 Lake Andes SD 57356-0070 Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Debra J. Cahoy

214 Main Street Lake Andes SD 57356-0070 Street Address (Required to be a South Dakota Address) City State ZIP+4 PO Box 70 Lake Andes SD 57356-0070 Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

- President Street Address City State ZIP+4 Vice President Street Address City State ZIP+4 Secretary Street Address City State ZIP+4 Treasurer Street Address City State ZIP+4 Director Street Address City State ZIP+4 Director Street Address City State ZIP+4 Director Street Address City State ZIP+4

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

Dated 12/17/10

Signature of an Authorized Person

Sandie Sullivan (Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

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

Dated _____

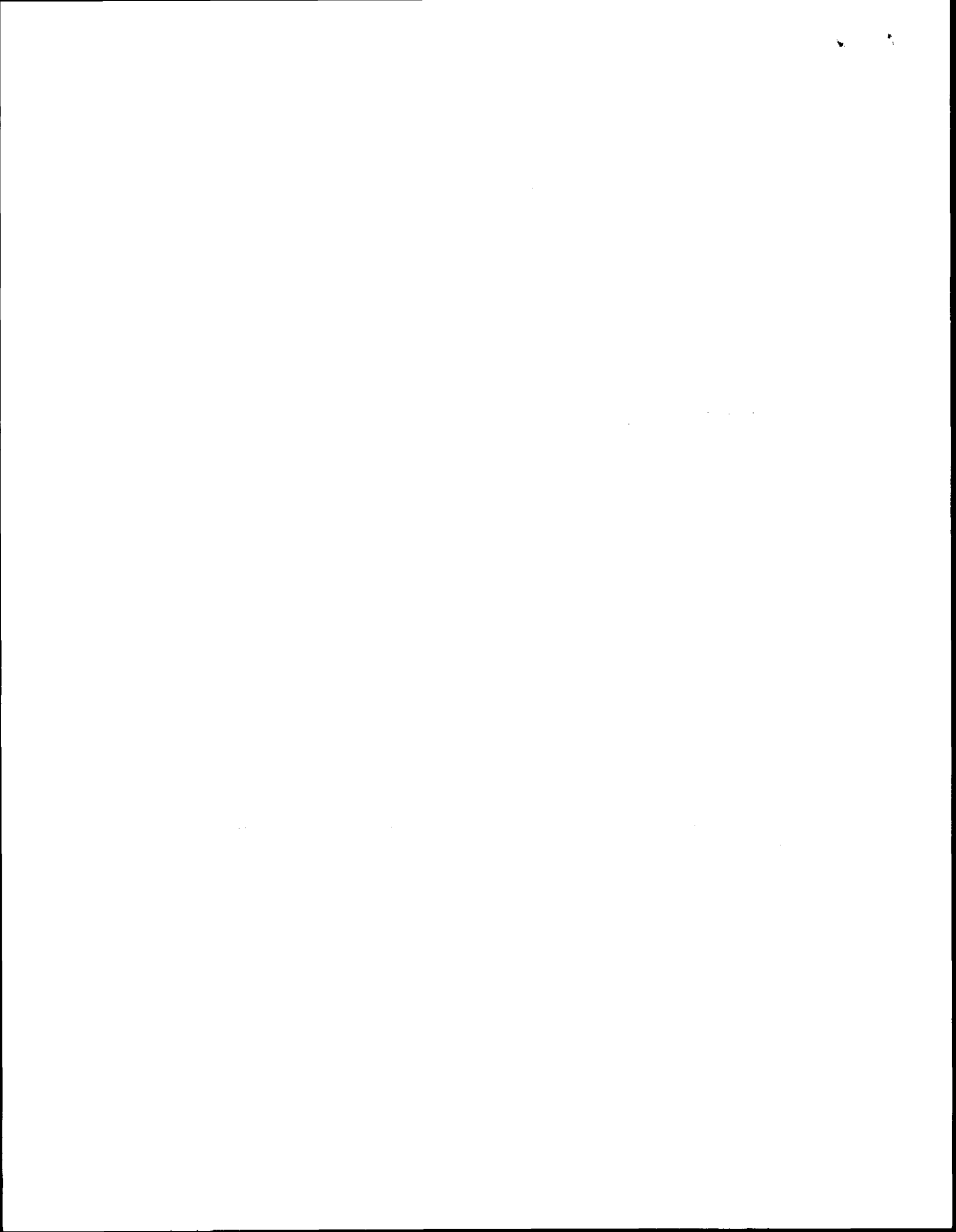
(Signature of an Authorized Person)

(Printed Name)

BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low-Income		
Russell Bechtold PO Box 273 Avon, SD 57315 286-3435 Bon-Homme County	Treasurer		X		Mayor of City of Avon, involved in Avon school system.	
Harriet Bailey RR 2 Box 61 Bonesteel, SD 57317 654-2879 Gregory County			X		Self-employed rancher representing community of Gregory County.	
Sandie Sullivan 103 Willow St Vermillion, SD 57069 624-9795 Clay County	Chairperson	X			Representing Clay County. Executive Director of a Women's Shelter	
Don Pottratz 505 E 4th Canton, SD 57013 764-5953 Lincoln County				X	Representing low-income sector Lincoln County	
Mike Cahoy 1046 E. 10th St Winner, SD 57580 842-2548 Tripp County				X	Retired business owner representing low-income sector. Tripp County	



BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	---- Check Sector ----			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low-Income		
Oliver Hanten 24815 - 372nd Ave White Lake, SD 57383 249-2380 Aurora County		X			County Commissioner representing Aurora County	█
Sharon Drapeau PO Box 445 Lake Andes, SD 57356 487-7031 Charles Mix County		X			County Commissioner representing Charles Mix County	█
Wendy Figland 1809 N Wisconsin Mitchell, SD 57301 996-6622 Davison County			X		Area Safehouse Director representing homeless individuals of Mitchell and surrounding communities.	█
Marilyn Brenner 911 Braddock Street Armour, SD 57313 724-2417 Douglas County		X			Appointed by the Douglas County Commissioners Douglas County	█
Delores Schimke PO Box 395 Wessington Springs, SD 57382 539-1109 Jerauld County	Vice-Chairperson		X		Retired banking employee representing Wessington Springs Transit committee.	█

BOARD MEMBERSHIP ROSTER

Agency Name: Rural Office of Community Services, Inc.

Name/Address/Phone Number/County of Each Board Member	Board Office Held (if any)	Check Sector			PUBLIC SECTOR: Title of public official serving or name/title of public official being represented. PRIVATE: Role in community (business, educ., etc.)	DATE JOINED BOARD
		Public	Private	Low-Income		
Sister Miriam Schindelar PO Box 217 Marty, SD 57361 384-3234 Charles Mix County	Secretary			X	Representing low-income sector	12/17/2007
				X	Representing low-income sector	

2011

Enter Filing Year

ANNUAL REPORT

FILE DATE 12/27/2011

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

RECEIPT NO 13204

1. Corporate Name and Address:

NS007310

RURAL OFFICE OF COMMUNITY SERVICES

214 MAIN STREET

LAKE ANDES, SD57356-2032

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

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

214 MAIN STREET

Street Address

LAKE ANDES

City

SD

State

57356-2032

ZIP+4

PO BOX 70

Mailing Address

LAKE ANDES

City

SD

State

57356-0070

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

DEBRA CAHOY

214 WEST MAIN

Street Address or Rural Route Box Number in This State and

LAKE ANDES

City

SD

State

57356-2032

ZIP+4

PO BOX 70

Mailing Address in This State, if Different from Street Address

LAKE ANDES

City

SD

State

57356-0070

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 three director.

<input checked="" type="checkbox"/>	JACK SOULEK	38038 289 STREET	LAKE ANDES	SD	57356
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SANDIE SULLIVAN	1027 RICE DRIVE	VERMILLION	SD	57069
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SISTER MIRIAM SHINDELAR	PO BOX 217	MARTY	SD	57361-0217
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DON POTTRATZ	505 E 4 STREET	CANTON	SD	57013
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HARRIET BAILEY	29342 WCC ROAD	BONESTEEL	SD	57317
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CLINT BARTLETT	PO BOX 58	WHITE RIVER	SD	57569-0058
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RUSSELL BECHTOLD	PO BOX 273	AVON	SD	57315-0273
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARILYN BRENNER	PO BOX 337	ARMOUR	SD	57313-0337
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	FRANK FINNEY	621 E 7 STREET	WINNER	SD	57580
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	OLIVER HANTEN	24815 372 AVENUE	WHITE LAKE	SD	57383
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DELORES SCHIMKE	PO BOX 395	WESSINGTON SPRINGS	SD	57382-0395
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	WENDY FIGLAND	1809 N WISCONSIN	MITCHELL	SD	57301
	Director	Street Address	City	State	ZIP+4

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

Dated

Signature Accepted Electronically
(Signature of an Authorized Person)

SHELLY JONS
(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 11/29/2012

RECEIPT NO 77063

1. Corporate Name and Address:

NS007310
RURAL OFFICE OF COMMUNITY SERVICES
140 SD HWY 50
LAKE ANDES, SD 57356-0070

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

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

140 SD HWY 50	LAKE ANDES	SD	57356-0070
Street Address	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DEBRA CAHOY

214 WEST MAIN	LAKE ANDES	SD	57356-2032
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
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 three director.

<input checked="" type="checkbox"/>	JACK SOULEK	38038 289 STREET	LAKE ANDES	SD	57356
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SANDIE SULLIVAN	1027 RICE DRIVE	VERMILLION	SD	57069
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SISTER MIRIAM SHINDELAR	PO BOX 217	MARTY	SD	57361-0217
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DON POTTRATZ	505 E 4 STREET	CANTON	SD	57013
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HARRIET BAILEY	29342 WCC ROAD	BONESTEEL	SD	57317
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CLINT BARTLETT	PO BOX 58	WHITE RIVER	SD	57569-0058
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RUSSELL BECHTOLD	PO BOX 273	AVON	SD	57315-0273
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARILYN BRENNER	PO BOX 337	ARMOUR	SD	57313-0337
	Director	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	FRANK FINNEY	621 E 7 STREET	WINNER	SD	57580
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JOHNNIE "SKIP" GUINDON	38599 254 STREET	PLANKINTON	SD	57368
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DELORES SCHIMKE	PO BOX 395	WESSINGTON SPRINGS	SD	57382- 0395
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	WENDY FIGLAND	1809 N WISCONSIN	MITCHELL	SD	57301
	Director	Street Address	City	State	ZIP+4

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

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

SHELLY JONS

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 10/15/2013

RECEIPT NO 146173

1. Corporate Name and Address:

NS007310
RURAL OFFICE OF COMMUNITY SERVICES
214 WEST MAIN
LAKE ANDES, SD 57356-2032

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

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

214 WEST MAIN	LAKE ANDES	SD	57356-2032
Street Address	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DEBRA CAHOY

214 WEST MAIN	LAKE ANDES	SD	57356-2032
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
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 three director.

<input checked="" type="checkbox"/>	JACK SOULEK	38038 289 STREET	LAKE ANDES	SD	57356
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SANDIE SULLIVAN	1027 RICE DRIVE	VERMILLION	SD	57069
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SISTER MIRIAM SHINDELAR	PO BOX 217	MARTY	SD	57361-0217
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HARRIET BAILEY	29342 WCC ROAD	BONESTEEL	SD	57317
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CLINT BARTLETT	PO BOX 58	WHITE RIVER	SD	57569-0058
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	RUSSELL BECHTOLD	PO BOX 273	AVON	SD	57315-0273
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARILYN BRENNER	PO BOX 337	ARMOUR	SD	57313-0337
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	FRANK FINNEY	621 E 7 STREET	WINNER	SD	57580
	Director	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	JOHNNIE "SKIP" GUINDON	38599 254 STREET	PLANKINTON	SD	57368
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DELORES SCHIMKE	PO BOX 395	WESSINGTON SPRINGS	SD	57382- 0395
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	WENDY FIGLAND	1809 N WISCONSIN	MITCHELL	SD	57301
	Director	Street Address	City	State	ZIP+4

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

Date

Signature Accepted Electronically

(Signature of an Authorized Person)

SHELLY JONS

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE DATE 10/2/2014

RECEIPT NO 235871

1. Corporate Name and Address:

NS007310
RURAL OFFICE OF COMMUNITY SERVICES
140 SD HWY 50
LAKE ANDES, SD 57356

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

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

140 SD HWY 50	LAKE ANDES	SD	57356
Street Address	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DEBRA CAHOY

214 WEST MAIN	LAKE ANDES	SD	57356-2032
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
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 three director.

<input checked="" type="checkbox"/>	JACK SOULEK	38038 289 STREET	LAKE ANDES	SD	57356
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SANDIE SULLIVAN	1027 RICE DRIVE	VERMILLION	SD	57069
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SISTER MIRIAM SHINDELAR	PO BOX 217	MARTY	SD	57361-0217
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HARRIET BAILEY	29342 WCC ROAD	BONESTEEL	SD	57317
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CLINT BARTLETT	PO BOX 58	WHITE RIVER	SD	57569-0058
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARILYN BRENNER	PO BOX 337	ARMOUR	SD	57313-0337
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	FRANK FINNEY	621 E 7 STREET	WINNER	SD	57580
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DELORES SCHIMKE	PO BOX 395	WESSINGTON SPRINGS	SD	57382-0395
	Director	Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	WENDY FIGLAND	1809 N WISCONSIN	MITCHELL	SD	57301
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JOHNNIE "SKIP" GUINDON	38599 254 STREET	PLANKINTON	SD	57368
	Treasurer	Street Address	City	State	ZIP+4

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

Dated

Signature Accepted Electronically

 (Signature of an Authorized Person)
 HILARY BROOKS

 (Printed Name)

2015

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

ANNUAL REPORT
DOMESTIC NONPROFIT
 SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

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

FILE DATE 10/7/2015

RECEIPT NO 341802

Telephone # _____

1. Corporate Name and Address:

NS007310

RURAL OFFICE OF COMMUNITY SERVICES

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

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

140 SD HWY 50	LAKE ANDES	SD	57356
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
Mailing Address, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

4. The name of the South Dakota Registered Agent

Agent Name: DEBRA CAHOY

214 WEST MAIN	LAKE ANDES	SD	57356-2032
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

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 three director.

<input checked="" type="checkbox"/>	JACK SOULEK	38038 289 STREET	LAKE ANDES	SD	57356
	Director	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SANDIE SULLIVAN	1027 RICE DRIVE	VERMILLION	SD	57069
	Secretary	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SISTER MIRIAM SHINDELAR	PO BOX 204	MARTY	SD	57361-0217
	Vice President	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	HARRIET BAILEY	29342 WCC ROAD	BONESTEEL	SD	57317
	Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	CLINT BARTLETT	PO BOX 58	WHITE RIVER	SD	57569-0058
	Director	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	MARILYN BRENNER	911 BRADDOCK ST	ARMOUR	SD	57313-0337
	Director	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	FRANK FINNEY	621 E 7 STREET	WINNER	SD	57580
	President	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	JOHNNIE "SKIP" GUINDON	38599 254 STREET	PLANKINTON	SD	57368
	Treasurer	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DELORES SCHIMKE	PO BOX 395	WESSINGTON SPRINGS	SD	57382-0395
	Director	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	WENDY FIGLAND	520 E 54TH	MITCHELL	SD	57301
	Director	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DALLAS LAFFEY	510 N. HENRY	TRIPP	SD	57376
	Director	Actual Street Address	City	State	ZIP+4

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

Dated

Email
(Optional)

Signature Accepted Electronically

 (Signature of an Authorized Person)
 HILARY BROOKS

 (Printed Name)

2016

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

ANNUAL REPORT
 DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink

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

FILE DATE 10/3/2016

RECEIPT NO 460734

1. Corporate ID and Name:

NS007310

Enter Corporate ID

RURAL OFFICE OF COMMUNITY SERVICES

Enter Corporate Name

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

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

140 SD HWY 50	LAKE ANDES	SD	57356
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: DEBRA CAHOY

214 WEST MAIN	LAKE ANDES	SD	57356-2032
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 70	LAKE ANDES	SD	57356-0070
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and addresses of its principal officers and directors (governors). South Dakota Law requires at least three directors.

<input checked="" type="checkbox"/> JACK SOULEK	38038 289 STREET	LAKE ANDES	SD	57356
Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> SANDIE SULLIVAN	1027 RICE DRIVE	VERMILLION	SD	57069
Treasurer	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> SISTER MIRIAM SHINDELAR	PO BOX 204	MARTY	SD	57361-0217
Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> HARRIET BAILEY	29342 WCC ROAD	BONESTEEL	SD	57317
Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> CLINT BARTLETT	PO BOX 58	WHITE RIVER	SD	57569-0058
Director	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	MARILYN BRENNER	911 BRADDOCK ST	ARMOUR	SD	57313-0337
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	Director	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	WENDY FIGLAND	520 E 54TH	MITCHELL	SD	57301
	Director	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DALLAS LAFFEY	510 N. HENRY	TRIPP	SD	57376
	Secretary	Actual Street Address	City	State	ZIP+4
<input type="checkbox"/>	PAULA SHAVER	1215 MADISON ST #104	VERMILLION	SD	57069
	Director	Actual Street Address	City	State	ZIP+4

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

HILARY R BROOKS

(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.

10/3/2016 10:06:18 AM