

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

9 3 1993 7 0 2 5 0 0
ANNUAL REPORT

FILE DATE 12-8-93
RECEIPT NO. 354746

RECEIVED
DEC 8 1993

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-019343
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
RR 2 BOX 92
BERESFORD, SD 57004-9571
DEC/92

Telephone # 372-4688

FAX # _____

Federal Taxpayer ID _____

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

***** ATTENTION: FILING INSTRUCTIONS *****

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

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

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

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

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

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

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

b. 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 12-3 1993

By Paul R. Sletten
(Signature)
Its Vice Pres.
(Title)

STATE OF South Dakota
COUNTY OF Lincoln ss

I, Lureen Hammerston, a notary public, do hereby certify that on this 3 day of Dec 1993.

personally appeared before me Paul R. Sletten who, being by me first duly sworn, declared that he is the
Vice Pres of Saddle Creek Farm, Inc

that he/she signed the foregoing ~~statements~~ statements in behalf of the corporation, and the statements therein contained are true.

My Commission Expires Notary Public, State of South Dakota
My commission expires June 24, 2000

Lureen Hammerston
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-6077
605-773-4845

**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 _____
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 _____

* 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 5 1 2 1 7 0 : 0

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 12-8-93
FILE NO. _____

RECEIVED

DEC 8 1993

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 SADDLE CREEK FARM LLC

The state of incorporation is SOUTH DAKOTA

2. The name of the registered agent in South Dakota and the registered office address is PAUL R. SLETTER

RR2 BOX 92 PERER, FORD, SD Zip + 4 57004-9571

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.

DELETE - 137.7 ACRES NW 1/4 32-99-50

149.9 ACRES NE 1/4 7-96-51

ADD - 149.4 ACRES NE 1/4 8-97-50

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

NAME

REPLACED

AS OFFICER OR DIRECTOR

JOY L. REMBE (DECEASED)

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 779 794

(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

JOY L. REMBE (DECEASED) 0

CYRILIA KRILL 3504 REZOME, NEW ALBANY, INDIANA 68338 2

RONALD REMBE 8601 75th Ave, SEMINOLE, FL 58338 2

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

Dated 12-3, 1993

By Paul R. Sletter
(Signature)

Its Vice Pres
(Title)

STATE OF South Dakota
COUNTY OF LINCOLN ss

I, Laverna Hammetton, a notary public, do hereby certify that on this 3 day of Dec, 1993,

personally appeared before me Paul R. Sletter who, being by me first duly sworn, declared that he/she

is the Vice Pres of Saddle Creek Farm LLC that he/she signed the foregoing document

as officer of the corporation, and the statements herein are true.

My Commission Expires Notary Public, State of South Dakota
Laverna Hammetton
My commission expires June 24, 2000

Laverna Hammetton
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

1994

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 1 1 7 3 2 9 8 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 12-6-94
RECEIPT NO. 429112
...VED

DEC 06 1994

1. Corporate Name, Registered Agent and Registered Address:

DF-019343	DEC/93
SADDLE CREEK FARM, INC.	
SLETTEN, PAUL R.	
RR 2 BOX 92	
BERESFORD, SD 57004-9571	

Telephone # (605) 372-4688

FAX # _____

Federal Taxpayer ID _____

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

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

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

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

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

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

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

4. The aggregate number of shares which it has authority to issue, itemized by classes, 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 12-2 19 94

By Paul R. Sletten
(Signature)
its Vice Pres
(Title)

STATE OF South Dakota
COUNTY OF Lincoln ss

I, Luvorne Hamnerstrom a notary public, do hereby certify that on this 2 day of Dec 19 94, personally appeared before me Paul R. Sletten who, being by me first duly sworn, declared that he/she is the Vice Pres of Saddle Creek Farms Inc

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires _____
Luvorne Hamnerstrom
Notary Public

LUVORNE HAMNERSTROM
Notary Public, State of South Dakota
(My commission expires June 24, 2000)

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

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

File Date: _____

Receipt No.: _____

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

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

1. The name of the corporation is _____

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

ZIP + 4 _____

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

ZIP + 4 _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

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

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

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)

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

9 3 0 1 1 7
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 12-6-94
FILE NO. _____

DEC 06 1994

Secretary of State

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

1. The name of the corporation is SADDLE CREEK FARM, INC.

The state of incorporation is SOUTH DAKOTA

2 The name of the registered agent in South Dakota and the registered office address is PAUL R. SLETTEN
RR2 BOX 92 HEREFORD, SD Zip + 4 57004-9571

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.

ADD - 1/11/94 33-98-50 142 6 ACRES

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 779,794
(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>OUR SHARE #1 DICKINSON</u>	<u>4924 W. GASKILL WAY WEST JORDAN UTAH</u>	<u>30,426</u>	<u>2</u>
<u>OUR SHARE DICKINSON</u>	<u>4924 W. GASKILL WAY WEST JORDAN UTAH</u>	<u>18,963</u>	<u>3</u>

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

Dated 12-2 1994

By Paul R. Sletten
(Signature)

Its Vice Pres
(Title)

STATE OF South Dakota
COUNTY OF LINCOLN ss

I, Luevne Hammerstrom, a notary public, do hereby certify that on this 2 day of Dec 1994, personally appeared before me Paul R Sletten who, being by me first duly sworn, declared that he/she is the Vice Pres of Saddle Creek Farms, Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires NOV 10 1995
LUEVNE HAMMERSTROM
Notary Public

(Notarial Seal)

SOS CRP 410 10/92

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 12/13/95
RECEIPT NO. 506895
RECEIVED
DEC 13 1995
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-019343 DEC/94
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
RR 2 BOX 92
BERESFORD, SD 57004-9571

Telephone # 605-372-4688

FAX #

Federal Taxpayer ID

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

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

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

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

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

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

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

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

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
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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 Dec 11 19 95

By Paul R. Sletten
(Signature)
its Vice President
(Title)

STATE OF South Dakota
COUNTY OF Lincoln

I, John M. Ripley, a notary public, do hereby certify that on this 11th day of December 19 95, personally appeared before me Paul R. Sletten, who, being by me first duly sworn, declared that he/she is the Vice President of Saddle Creek Farm, Inc.

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

My Commission Expires June 18, 2000

John M. Ripley
Notary Public

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
600 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 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

96011801815

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.

12-13-95

RECEIVED

DEC 13 1995

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 SADDLE CREEK FARM, INC.
The state of incorporation is SOUTH DAKOTA
- The name of the registered agent in South Dakota and the registered office address is PAUL R. SLETTEN
RR2 BOX 92 BERESFORD SD Zip + 4 57004-9571
- 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 779,794
(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 0%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated Dec 11 19 95

By Paul R. Sletten
(Signature)
its Vice President
(Title)

STATE OF South Dakota
COUNTY OF Lincoln ss

I, John M. Ripley, a notary public, do hereby certify that on this 11th day of December 19 95 personally appeared before me Paul R. Sletten who, being by me first duly sworn, declared that he/she is the Vice President of Saddle Creek Farm, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires June 18, 2000

John M. Ripley
Notary Public

(Notarial Seal)

SOS CRP 410 10/92



K/9701186-241

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 10-30-96
RECEIPT NO. 593280
RECEIVED
DEC 30 1996

1. Corporate Name, Registered Agent and Registered Address:

DF-019343
SADDLE CREEK FARM, INC. DEC/95
SLETTEN, PAUL, R.
RR 2 BOX 92 28628 472ND AVE.
BERESFORD, SD 57004 9571

Telephone # 605-372-4688
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>SAMUEL SLETTEN</u>	President	<u>47155 287th ST.</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-9571</u>
<u>PAUL SLETTEN</u>	Vice President	<u>28628 472ND AVE.</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-9571</u>
<u>GAIL SLETTEN</u>	Secretary	<u>28628 472ND AVE.</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-9571</u>
<u>GAILSLETTEN</u>	Treasurer	<u>28628 472ND AVE.</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-9571</u>

SD law requires at least one director.
Do the above listed officers serve also as directors? YES ___ NO ___ If no, list directors below.
PAULINE ALBERS Director BOX 331 GARRETSCH SD 57030
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
<u>1,000,000</u>	<u>COMMON</u>		<u>\$1.00</u>

5. NUMBER OF SHARES ACTUALLY ISSUED
784.024

6. The amount of its stated capital is \$ 784.024 (Money received for issued shares)

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

Dated 12-6 1996

By Paul R. Sletten
(Signature)
its VICE PRESIDENT
(Title)

STATE OF S.D.
COUNTY OF DeWitt

I, Paul R. Sletten, a notary public, do hereby certify that on this 6th day of Dec 1996,
personally appeared before me Paul R. Sletten who, being by me first duly sworn, declared that he/she is the
Paul R. Sletten of Saddle Creek Farm, Inc.

that he/she signed the foregoing documents on behalf of the corporation, and the statements herein contained are true.

My Commission Expires My Commission Expires Jan. 22, 1998
(Notarial Seal)

Paul R. Sletten
Notary Public

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: \$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 SADDLE CREEK FARM INC.
- The previous street address, or a statement that there is no street address, of its registered office RR2 BOX 92 BRESFORD SD 57004 ZIP + 4 9571
- 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. 28628 472ND AVE. BRESFORD SD. 57004 ZIP + 4 9571
- The name of its previous registered agent is PAUL R. SLETTER
- The name of its successor registered agent is * _____
* 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. YES
- This change has been authorized by resolution duly adopted by the board of directors. yes!

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 Dec 26 19 96:

Paul R. Sletter

(signature)

Vice President

(title)

STATE OF South Dakota

COUNTY OF Lincoln ss

I, John M. Ripley, a notary public, do hereby certify that on this 26th day of December 19 96, personally appeared before me Paul R. Sletter who, being by me first duly sworn, declared that he/she is the Vice President of

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

My Commission Expires June 18, 2000

John M. Ripley
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 12/30/96
 FILE NO. 593730

RECEIVED
 DEC 30 1996
 S.D. 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 SADDLE CREEK FARM, INC.
 The state of incorporation is SOUTH DAKOTA
- The name of the registered agent in South Dakota and the registered office address is PAUL R. SLETTEN
28628 472 ND. AVE. BERESFORD, SD Zip + 4 57004-9571

- If a foreign corporation, the address of its principal office _____
- 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	ADDRESS CHANGE	AS OFFICER OR DIRECTOR
<u>SAMUEL SLETTEN</u>	<u>47155</u>	<u>287th ET BERESFORD, SD</u>	<u>57004 PRESIDENT</u>
<u>PAUL SLETTEN</u>	<u>28628</u>	<u>472 ND. AVE. BERESFORD, SD</u>	<u>57004 VICE PRES.</u>
<u>GAIL SLETTEN</u>	<u>28628</u>	<u>472 ND. AVE. BERESFORD, SD</u>	<u>57004 SEC/TREAS.</u>

SEE ATTACHED FOR MORE SHAREHOLDER CHANGES

- 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 774 794
 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>SAMUEL SLETTEN</u>	<u>47155 287th ST BERESFORD SD 57004</u>	<u>0-SHARES</u>	<u>2</u>
<u>PAUL SLETTEN</u>	<u>28628 472 ND. AVE BERESFORD SD, 57004</u>	<u>132,251 SHARES</u>	<u>3</u>
<u>NICK SLETTEN</u>	<u>28628 472 ND. AVE. BERESFORD SD 57004</u>	<u>18,963 SHARES</u>	<u>4</u>

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

Dated 12-6 1996 By Paul R. Sletten
 (Signature)
 its VICE PRESIDENT
 (Title)

STATE OF S. Dak.
 COUNTY OF Gregory ss
 I, Drew Anderson, a notary public, do hereby certify that on this 6th day of Dec. 1996

personally appeared before me Paul R. Sletten who, being by me first duly sworn, declared that he/she is the Vice Pres of Saddle Creek Farm, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires My Commission Expires Jan. 22, 1998
 (Notarial Seal) Drew Anderson Notary Public

9

CONFIDENTIAL

CONF.
SHARE HOLDERS ADDRESS CHANGES

ADAM SLETTEN 28628 472ND AVE BERESFORD, SD 57004 18963 SHARES 4 KINDRED

CONSTANCE DICKINSON 18024 MENDOZA HEIGHTS PONCHATOULA LA 70454 30426
SHARES 3 KINDRED

CORY DICKINSON 18024 MENDOZA HEIGHTS PONCHATOULA, LA. 70454 18963 SHARES
4 KINDRED

CYNTHIA KROW 201 N THALIA RD, VIRGINIA BEACH, VA 23452-1228 68338 SHARES 3
KINDRED

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

FILE DATE 12-29-97
RECEIPT NO 680121

RECEIVED

DEC 29 1997

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-019341
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD, SD 57004-6074

Telephone # 605-372-4688

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 Dec 23, 1997 19____
By Paul R. Sletten
(Signature)
Its Vice Pres.
(Title)

STATE OF South Dakota
COUNTY OF Lincoln
I, Drew Anderson, a notary public, do hereby certify that on this 23rd day of Dec, 1997 personally appeared before me Paul R. Sletten who, being by me first duly sworn, declared that he/she is the Paul R. Sletten of Saddle Creek Farm Inc that he/she signed the foregoing document as an officer of the corporation, and the statements therein contained are true.
My Commission Expires Jan. 22, 1998
Drew Anderson
Notary Public

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: \$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, _____ (name of registered agent)	hereby give my consent to serve as the
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 12-29-97
FILE NO. 580101

RECEIVED

DEC 29 1997

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 SADDLE CREEK FARM, INC.

The state of incorporation is SOUTH DAKOTA

2 The name of the registered agent in South Dakota and the registered office address is PAUL R. SLETTEN
28628 472ND. AVE. BERESFORD, SD .57004 Zip + 4 9571

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

7 ACRES 3-97-51

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 persons) 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 779,794
(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 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated Dec 23 19 97
By Paul R. Sletten
(Signature)
Its Vice Pres
(Title)

STATE OF S.D.
COUNTY OF Minnehaha ss

I, Drew Anderson, a notary public, do hereby certify that on this 23rd day of Dec 1997 personally appeared before me Paul R. Sletten who being by me first duly sworn, declared that he/she is the V.P. of Saddle Creek Farm Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires Jan 22 1998 Drew Anderson Notary Public

(Notarial Seal) **My Commission Expires Jan. 22, 1998**

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

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

File Date: _____
Receipt No.: _____

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

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

1. The name of the corporation is _____

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

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

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____ 19 _____

(signature)



10309*

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
DEC 7 1998
S.D. SEC. OF STATE

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

- The name of the corporation is SADDLE CREEK FARM, INC.
The state of incorporation is SOUTH DAKOTA
- The name of the registered agent in South Dakota and the registered office address is PAUL R. SLETTEN
28628 472ND. AVE BERESFORD, SD Zip + 4 57004-9571
- 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.
DELETE 7 ACRES 3-97-51
ADD 249 ACRES } 32-97-48
 } 30-99-48

- 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 779,792
(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 0%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated DEC 4 19 98

By Paul R. Sletten
(Signature)
its Vice President
(Title)

STATE OF SD
COUNTY OF Sioux Falls ss

I, Bruce D. Anderson, a notary public, do hereby certify that on this 4 day of Dec 19 98 personally appeared before me Paul R. Sletten who, being by me first duly sworn, declared that he/she is the Vice President of Saddle Creek Farm, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires _____

BRUCE D. ANDERSON
Notary Public State of South Dakota
(Notarial Seal) Commission Expires Jan. 12, 2005

Bruce D. Anderson
Notary Public

1999

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12-10-99
RECEIPT NO. 846938

RECEIVED

DEC 10 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-019343
SADDLE CREEK FARM, INC. DEC/98
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-5024

Telephone # 372-4688
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 Dec. 6, 1999

By Samuel E. Sletten
(Signature)
its President
(Title)

STATE OF SD
COUNTY OF Lincoln ss

I, Bruce D. Anderson, a notary public, do hereby certify that on this 6 day of December, personally appeared before me Samuel E. Sletten, who, being by me first duly sworn, declared that he/she is the President of Saddle Creek 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 _____

BRUCE D. ANDERSON
Notary Public State of South Dakota
My Commission Expires Jan. 12, 2005

Bruce D. Anderson
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: \$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 _____

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) _____

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

0002201 0730
211700
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 12-10-99
FILE NO. 241038

RECEIVED

DEC 10 '99

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-8A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is SADDLE CREEK FARM INC
The state of incorporation is SOUTH DAKOTA
2. The name of the registered agent in South Dakota and the registered office address is PAUL P. SLETTER
28628 472ND AVE. BERESFORD SD 57004 Zip + 4 57004
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.

DELETE 249 ACRES 32-97-48
30-97-48

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 719,794
(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 Dec 6 19 99

By Samuel S. Sletter
(Signature)
Its President
(Title)

STATE OF South Dakota
COUNTY OF Lincoln

I, Bruce D. Anderson, a notary public, do hereby certify that on this 6 day of Dec 19 99, personally appeared before me Samuel S. Sletter, who, being by me first duly sworn, declared that he/she is the President of Saddle Creek Farm Inc, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Bruce D. Anderson
Notary Public

Notary Public State of South Dakota
My Commission Expires Jan. 12, 2005

(Notarial Seal)

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 12-4-00
RECEIPT NO. 138117
0101205 6889
1/10/01 RECEIVED
DEC 1 2000
S.D. SECRETARY OF STATE

1. Corporate Name, Registered Agent and Registered Address

DF-019343 DEC 1999
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

Telephone # 605-372-4688
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 DEC. 1, 2000

By Samuel E. Sletten
(Signature)
its PRESIDENT
(Title)

STATE OF SOUTH DAKOTA ss

COUNTY OF LINCOLN

On this the 1st day of December, 20 00, before me, Barbara K. Schmidt, personally appeared, Samuel E. Sletten, 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 February 12, 2004.

Barbara K. Schmidt
Notary Public

(Notarial Seal)

SOS CRP 11/99

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

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 BLOCK LETTERS

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. _____
0701205 6889
11/10/01 RECEIVED

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 SADDLE CREEK FARM, INC.
The state of incorporation is SOUTH DAKOTA

2. The name of the registered agent in South Dakota and the registered office address is PAUL R. SLETTEN
28628 479ND AVE, BERESFORD SD 57004 Zip +4 57004

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
DELETE 8-97-50 (149 ACRES)

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 799,794
(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 DEC. 1, 2000 By Samuel E. Sletten
(Signature)
STATE OF SOUTH DAKOTA its PRESIDENT
COUNTY OF LINCOLN (Title)

On this the 1st day of December, 2000, before me, Barbara K. Schmidt,
personally appeared Samuel E. Sletten, 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 February 12, 2003
Barbara K. Schmidt
Notary Public

(Notarial Seal)

2001

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 12/10/01
RECEIPT NO. 1045190

RECEIVED

DEC 07 '01

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-019343 DEC/2000
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

Telephone # 605-372-4688

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 12 _____

By Paul R. Sletten
(Signature)
Its Vice President
(Title)

STATE OF South Dakota ss
COUNTY OF Lincoln

On this the 3rd day of December, 2001, before me, Paul Sletten
personally appeared Paul Sletten, known to me, or proved to me,
to be the Vice 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 7-11-2004

Kathy M. Hoffman
Notary Public

(Notarial Seal)

SOS CRP 11/00

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____ (Signature) _____
_____ (Title) _____

STATE OF _____ 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) _____

NONO

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

ANNUAL FARM REPORT 3511
PLEASE TYPE OR USE BLACK INK
NO FILING FEE

FILE DATE
RECEIPT NO. 1045190
RECEIVED
DEC 07 '01

S.D. SEC. OF STATE

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

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

1. The name of the corporation is SADDLE CREEK FARM, INC.

The state of incorporation is SOUTH DAKOTA

2. The name of the registered agent in South Dakota and the registered office address is PAUL SLETTEN
28628 472 ND. AVE. BERESFORD SD. 57004

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 779,794 (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>ROBIE DICKINSON</u>	<u>3321 WOOD HIGHLAND DR WIPAC HON, WY, 3224</u>	<u>30,436</u>	<u>3</u>
<u>CELE DICKINSON</u>	<u>" "</u>	<u>18,963</u>	<u>4</u>

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 _____
STATE OF South Dakota
COUNTY OF Lincoln
On this the 3 day of December, 2001, before me, Paul Sletten known to me, or proved to me, to be the Vice President of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.
7-11-2004
My Commission Expires _____
Kathy M. Hoffman
(Notary Public)

2002

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

RECEIVED 12-9-02 RECEIPT NO. 116358 DEC 09 02

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

Barcode: 019343 DEC/2001 SADDLE CREEK FARM, INC. SLETTEN, PAUL R. 28628 472ND AVE BERESFORD SD 57004-6024

Telephone # (605) 372-4688

FAX # 372-4101

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.

[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

Table with 7 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.

Table with 4 columns: NUMBER OF SHARES CAN ISSUE (authorized), CLASS, SERIES, PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE.

Table with 3 columns: NUMBER OF SHARES ACTUALLY ISSUED, CLASS, SERIES.

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

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

Dated 12-4-02 By Samuel E. Sletten (Signature) Its President (Title)

STATE OF South Dakota COUNTY OF Lincoln ss

On this the 4th day of December, 2002, before me, Samuel E. Sletten, personally appeared Samuel E. Sletten, 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 7-11-2004 My Commission expires Notary Public Kathy M. Hoffman

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

FILE DATE _____

RECEIVED

DEC 09 '02

S.D. SEC. OF STATE

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.

1. Corporate name and address:



DF-019343 DEC/2001
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

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 SLETTEN
28628 472ND AVE, BERESFORD SD 57004
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.
LEASED 3-97-51 (160 ACRES) 11-98-51 (80 ACRES)
11-98-51 (160 ACRES)
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 779 794. (Degree of kindred is defined as number of generations with each generation being a degree.) =7 applies only to FAMILY FARM CORPORATIONS
8. List changes only of names, address and number of shares owned by shareholders
- | NAME | ADDRESS | NUMBER OF SHARES | DEGREE OF KINDRED |
|------|---------|------------------|-------------------|
| | | | |
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 12-4-02

STATE OF South Dakota
COUNTY OF Lincoln

Samuel E. Sletten
(Signature)
President
(Title)

On this the 4th day of December, 2002 before me, Samuel E. Sletten
personally appeared Samuel E. Sletten, 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
7-11-2004

My Commission Expires _____

(Notarial Seal)

Kathy M. Hoffman
(Notary Public)

2003

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/12/03
RECEIPT NO. 1273879
DEC 12 03
S.D. SEC. OF STATE

225 0499

1. Corporate Name, Registered Agent and Registered Address:



* D F - 0 1 9 3 4 3 *
DF-019343 DEC/2002
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

Telephone # 605-372-4688
FAX # 372-4186
Federal Tax:
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

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

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

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

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>SAMUEL E. SLETTEN</u>	President	<u>47155 287th ST</u>	<u>BERESFORD</u>	<u>SD.</u>	<u>57004</u>
<u>PAUL R. SLETTEN</u>	Vice President	<u>28628 472ND AVE</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004</u>
<u>BAIL L. SLETTEN</u>	Secretary	<u>28628 472ND AVE</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004</u>
<u>BAIL L. SLETTEN</u>	Treasurer	<u>28628 472ND AVE</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004</u>

ONLY CHANGE

SD law requires at least one director.

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

<u>NICHOLAS A. SLETTEN</u>	Director	<u>47157 287th ST</u>	<u>BERESFORD</u>	<u>SD.</u>	<u>57004</u>
<u>ADAM P. SLETTEN</u>	Director	<u>47314 292ND ST.</u>	<u>BERESFORD</u>	<u>SD.</u>	<u>57004</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
1,000,000 COMMON \$.00

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

784,024

6. The amount of its stated capital is \$ 784,024 (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 Dec. 5, 2003

By Samuel E. Sletten
(Signature)
Its PRESIDENT
(Title)

STATE OF So Dak.
COUNTY OF Bezicola ss

On this the 5th day of December, 2003, before me, Shirley Temple, personally appeared Samuel E Sletten, 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 10-2-2007

Shirley Temple
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: \$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) _____

225 0500
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

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.

1. Corporate name and address:



* D F - 0 1 9 3 4 3 *
DF-019343 DEC/2002
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

2. The state of incorporation is SOUTH DAKOTA

28628 472ND AVE, BERESFORD, SD 57004

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
<u>NICHOLAS SLETTEN</u>	<u>NEW</u>	<u>DIRECTOR</u>
<u>ADAM SLETTEN</u>	<u>NEW</u>	<u>DIRECTOR</u>

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 779,794. (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
<u>SAMUEL SLETTEN JR.</u>	<u>P.O. BOX 484 HENDON, SD 57039</u>	<u>0 SHARES</u>	<u>3</u>
<u>NICHOLAS + ADAM SLETTEN TRUST</u>	<u>28628 472ND AVE BERESFORD 57004</u>	<u>262,459 SHARES</u>	<u>3</u>

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 Dec. 5, 2003

Samuel E. Sletten
(Signature)

STATE OF So Dak

PRESIDENT

COUNTY OF Lincoln

(Title)

On this the 5th day of December, 2003, before me,

Shirley Temple

personally appeared Samuel E. Sletten, known to me, or proved to me,

to be the President of the corporation that is described in and that executed the within

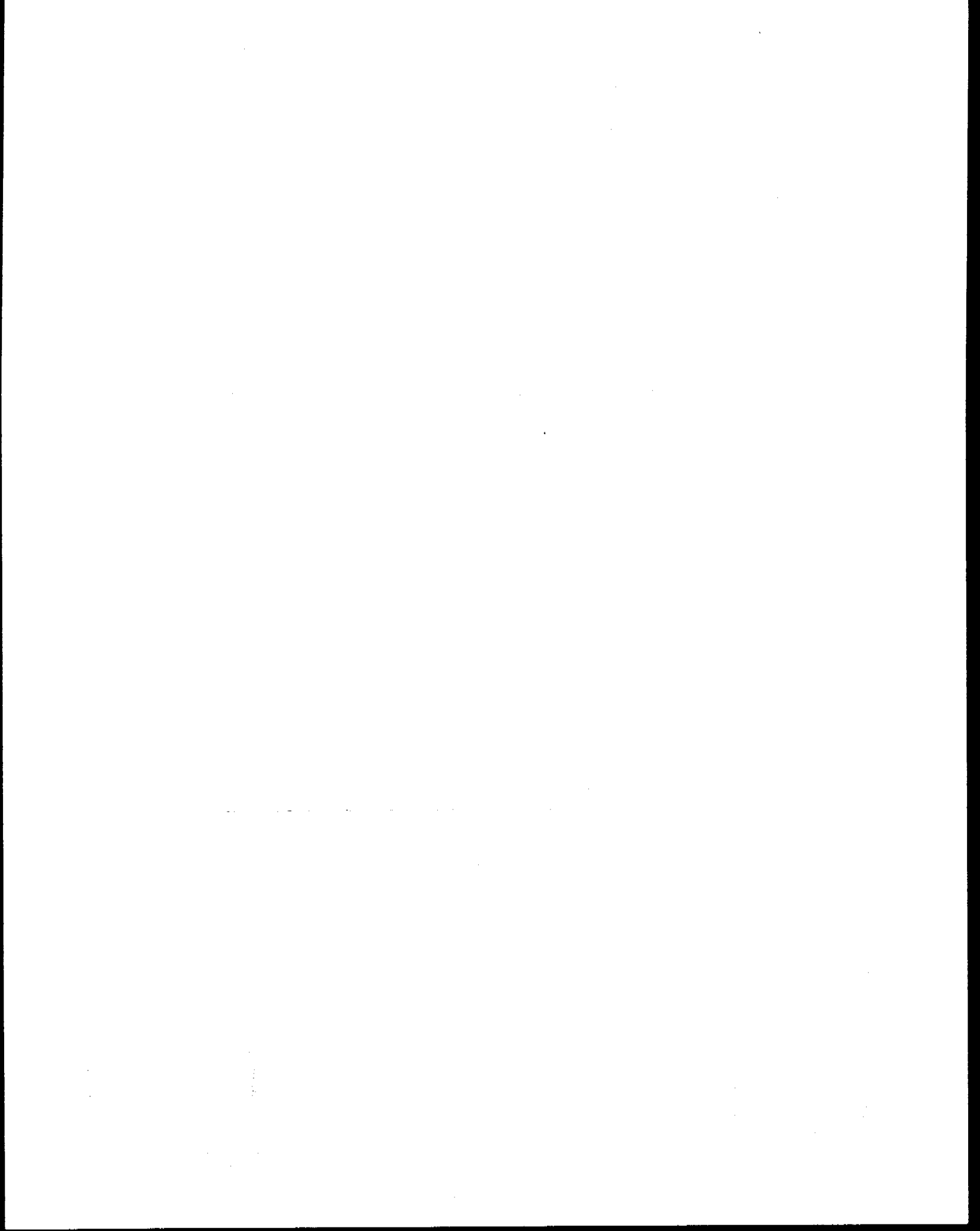
instrument and acknowledged to me that such corporation executed the same.

My commission expires

Shirley Temple
(Notary Public)

My Commission Expires

(Notarial Seal)



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

12/06/04

RECEIVED

DEC 10 2004

S.D. SEC. OF STATE

232 1704

1. Corporate name and address:



* D I O 1 9 3 4 3 *
DF019343 DEC/2003
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

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 R. SLETTEN
28628 472ND. AVE. BERESFORD, SD, 57004

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.

OWN - 33-98-50 LYNN TOWNSHIP, LINCOLN CTY 160 ACRES
LINCOLN
LOST LEASE - 18-97-50 TOWNSHIP, LINCOLN CTY 62 ACRES

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 779,794 (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

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

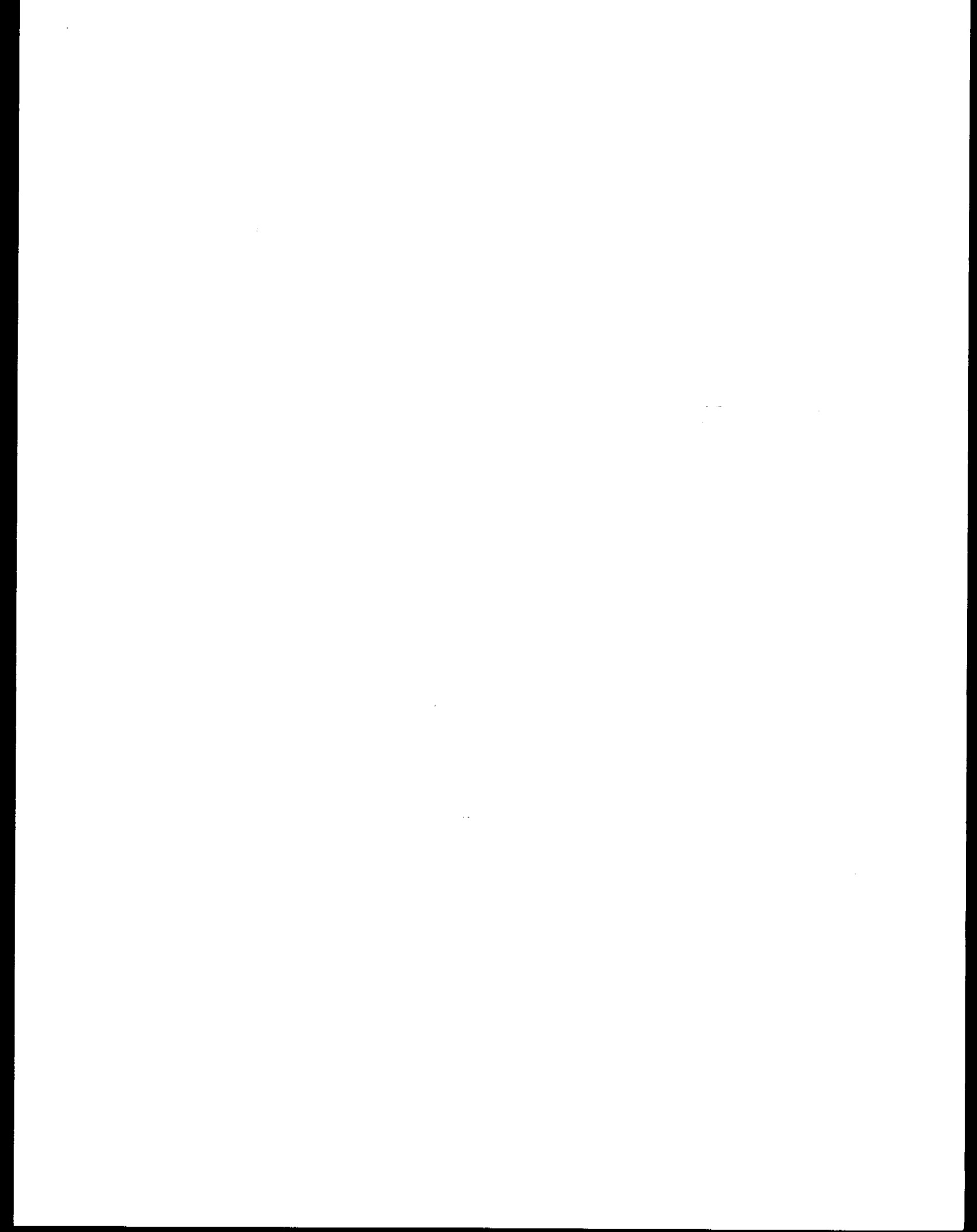
NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

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

Dated 12-3-04

Samuel L. Sletten
(Signature)

PRESIDENT
(Title)



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

File Date _____
Receipt No. _____

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

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

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

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

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

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

Dated _____ (Signature) _____

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____ (signature) _____

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 12/20/05
150/913
RECEIVED
DEC 06 '05
S.D. SEC. OF STATE

243 3286

1. Corporate name and address:



* D F 0 1 9 3 4 3 *
DF019343 DEC/2004
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

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 R. SLETTEN
28628 472ND AVE. BERESFORD, SD. 57004

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.

DELETE - 25-97-50 (80 ACRES) ~~OWN 99-98-50 (160 ACRES) REPORTED LAST YR.~~
~~DELETE 18-99-50 (62 ACRES) REPORTED LAST YR.~~

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 767.132. (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
<u>PAUL R. SLETTEN</u>	<u>28628 472ND AVE</u>	<u>0</u>	<u>2</u>
<u>NICHOLAS A. SLETTEN</u>	<u>47157 287TH ST.</u>	<u>0</u>	<u>3</u>
<u>ADAM P. SLETTEN</u>	<u>49314 292ND ST</u>	<u>0</u>	<u>3</u>
<u>PAUL SLETTEN + BAIL SLETTEN LIVING TRUST</u>		<u>170.177</u>	<u>2</u>

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

Dated 12/2/05

Paul R. Sletten
(Signature)

Sec. / Pres.
(Title)



2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/02/05
RECEIVED
DEC 06 2005
1501913
S.D. SEC. OF STATE

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


* D F 0 1 9 3 4 3 *
DF019343 DEC/2004
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

Telephone # 605-372-4688
FAX # 605-372-4186

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 28628 472ND AVE. BERESFORD, SD. 57004

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>SAMUEL E. SLETTEN</u>	President	<u>47155 287TH ST</u>	<u>BERESFORD</u>	<u>SD,</u>	<u>57004</u>
<u>PAUL R. SLETTEN</u>	Vice President	<u>28628 472ND AVE.</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004</u>
<u>GAIL L. SLETTEN</u>	Secretary	<u>28628 472ND AVE.</u>	<u>BERESFORD</u>	<u>SD,</u>	<u>57004</u>
<u>GAIL L. SLETTEN</u>	Treasurer	<u>28628 472ND AVE.</u>	<u>BERESFORD</u>	<u>SD,</u>	<u>57004</u>

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

SD law requires at least one director.

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

<u>NICHOLAS A. SLETTEN</u>	Director	<u>47157 287TH ST</u>	<u>BERESFORD</u>	<u>SD,</u>	<u>57004</u>
<u>ADAM P. SLETTEN</u>	Director	<u>47914 292ND ST.</u>	<u>BERESFORD</u>	<u>SD,</u>	<u>57004</u>

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 AND OUTSTANDING SHARES CLASS SERIES

784,024 COMMON

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

Dated Dec. 2, 2005

Paul R. Sletten
Signature

GAIL L. SLETTEN
Printed Name

Sec / Pres.
Title

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

SOS CRP 07/05

243 3285

**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 12/04/06

RECEIVED

DEC 04 2006

S.D. SEC. OF STATE

1. Corporate name and address:



* D F 0 1 9 3 4 3 *
DF019343 DEC/2005
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

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 ADAM P. SLETTEN
28628 472ND AVE. BERESFORD SD. 57004-6024

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.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>NICHOLAS P. SLETTEN</u>	<u>PAUL R. SLETTEN</u>	<u>VICE PRESIDENT</u>

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 767,132. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>PAULINE ALBERS</u>	<u>1001 3RD BOX 331 BARRETSON SD</u>	<u>57096</u>	<u>2</u>
<u>SAMUEL E. SLETTEN TRUST</u>	<u>47155 287th ST. BERESFORD SD 57004</u>	<u>40,800</u>	<u>1</u>
<u>PAUL SLETTEN + GAIL SLETTEN LIVING TRUST</u>	<u>28628 472ND AVE BERESFORD SD 57004</u>	<u>391,237</u>	<u>2</u>

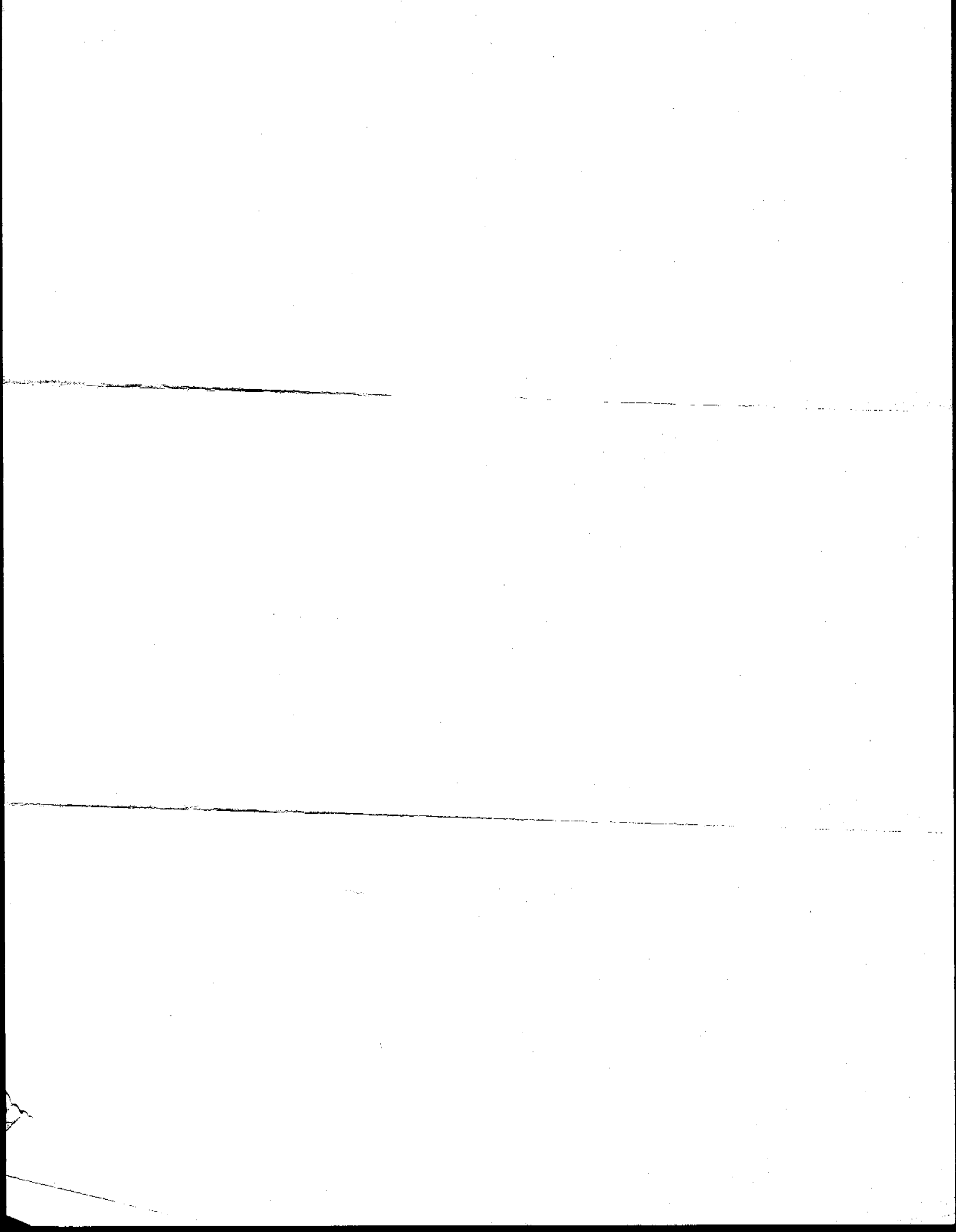
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 12/1/06

Samuel E. Sletten
(Signature)

President
(Title)

256 1965



256 1964 12/21/2006

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 12/04/06
RECEIPT NO. 1624109
RECEIVED
DEC 04 2006
S.D. SEC. OF STATE

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



* D F O 1 9 3 4 3 *
DF019343 DEC/2005
SADDLE CREEK FARM, INC.
SLETTEN, PAUL R.
28628 472ND AVE
BERESFORD SD 57004-6024

Telephone # 605-372-4688
FAX # 605-372-4186

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 28628 472ND AVE BERESFORD SD. 57004-6024

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>SAMUEL E. SLETTEN</u>	President	<u>47155 287th ST.</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-6024</u>
<u>NICHOLAS A. SLETTEN</u>	Vice President	<u>287th ST.</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-6024</u>
<u>BAIL L. SLETTEN</u>	Secretary	<u>28628 472ND AVE</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-6024</u>
<u>BAIL L. SLETTEN</u>	Treasurer	<u>28628 472ND AVE.</u>	<u>BERESFORD</u>	<u>SD</u>	<u>57004-6024</u>

SD law requires at least one director.

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

ADAM P. SLETTEN Director 28628 472ND AVE BERESFORD SD. 57004-6024
Director _____

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

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

NUMBER OF AUTHORIZED SHARES CLASS SERIES

6. NUMBER OF ISSUED SHARES CLASS SERIES
784,024 common

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

Dated 12/1/06

Samuel E. Sletten
Signature

SAMUEL E. SLETTEN
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 SADDLE CREEK FARM, INC.
2. The street address, or a statement that there is no street address, of its current registered office _____
28628 472ND AVE. BERESFORD SD. 57004 ZIP + 4 6024
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. (SAME)
28628 472ND AVE. BERESFORD SD. 57004 ZIP + 4 6024
4. The name of its current registered agent is PAUL SLETTEN
5. The name of its new registered agent is * ADAM SLETTEN

***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 12/1/06

SAMUEL E. SLETTEN
Signature

Samuel E. Sletten
Printed Name

PRESIDENT
Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for Saddle Creek Farm Inc.
(corporate name)

Dated 12-1-2006

[Signature]
(signature)

2007

ANNUAL REPORT

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:



DF019343 DEC/2006
SADDLE CREEK FARM, INC.
SLETTEN, ADAM
28628 472ND AVE
BERESFORD SD 57004-6024

FILE DATE 12/05/07
RECEIPT NO. 1143416
RECEIVED
DEC 05 2007
S.D. SEC. OF STATE

Telephone # 605-372-4688
FAX # 605-372-4186

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 28628 472ND AVE. BERESFORD SD 57004

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Samuel E. Sletten (President), Adam P. Sletten (Vice President), Nicholas A. Sletten (Vice President), and Bail L. Sletten (Secretary and Treasurer).

SD law requires at least one director.

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

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:

Table with columns: NUMBER OF AUTHORIZED SHARES, CLASS, SERIES. Row 1: 784.024, COMMON.

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

Dated 12/1/07

Signature of Adam P. Sletten

ADAM P. SLETTEN
Printed Name

VICE PRESIDENT
Title

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

SOS CRP 07/05

**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)

270 2225 01/07/2008

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 12/05/07

RECEIVED
DEC 05 2007
S.D. SEC. OF STATE

1. Corporate name and address:



DF019343 DEC/2006
SADDLE CREEK FARM, INC.
SLETTEN, ADAM
28628 472ND AVE
BERESFORD SD 57004-6024

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 ADAM SLETTEN
28628 472ND AVE BERESFORD SD 57004

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.

NAME	REPLACED	AS OFFICER OR DIRECTOR
<u>ADAM P. SLETTEN</u>	<u>(ADDED)</u>	<u>VICE PRESIDENT + DIRECTOR</u>

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 767.132. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
<u>SAMUEL E. SLETTEN III</u>	<u>LENNOX, SD</u>	<u>0</u>	<u>4</u>
<u>DAVID SLETTEN</u>	<u>LENNOX, SD</u>	<u>0</u>	<u>4</u>
<u>PAUL SLETTEN + GAIL SLETTEN LIVING TRUST</u>	<u>BERESFORD SD</u>	<u>TOTAL # 429.163</u>	<u>2</u>
<u>CYNTHIA KROW</u>	<u>718 UTICA SELLETSBURG ROAD, JEFFERSONVILLE, IN 47130</u>		<u>0</u>

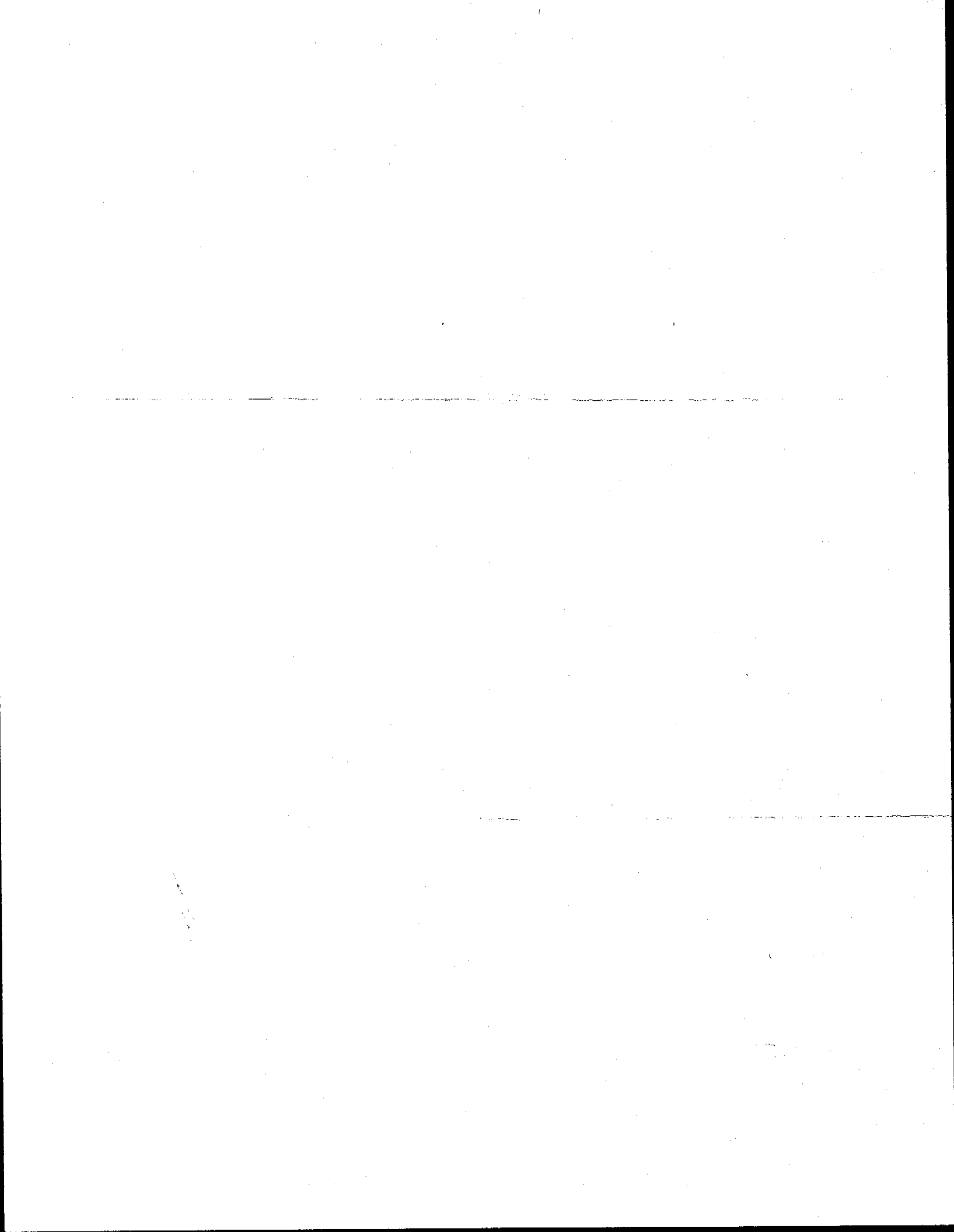
ADDRESS CHANGE

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

Dated 12/1/07

(Signature)

VICE PRESIDENT
(Title)



2008

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 12/08/08
RECEIPT NO 1661496
RECEIVED
DEC 08 2008
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF019343 DEC/2007
SADDLE CREEK FARM, INC.
SLETTEN, ADAM
28628 472ND AVE
BERESFORD SD 57004-6024

Telephone # 605-372-4688
FAX # 605-372-4186
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.

28628 472ND AVE BERESFORD SD 57004
Street Address City State ZIP+4
(SAME)
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent ADAM SLETTEN

28628 472ND AVE BERESFORD SD 57004
Street Address (Required to be a South Dakota Address) City State ZIP+4
(SAME)
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

President SAMUEL E. SLETTEN 47155 287th ST. BERESFORD SD 57004
Vice President ADAM P. SLETTEN 28628 472ND AVE. BERESFORD SD 57004
2ND Secretary NICHOLAS A. SLETTEN 47157 287th ST. BERESFORD SD 57004
Treasurer / SECRETARY GAIL H. SLETTEN 28608 472ND AVE. BERESFORD SD 57004
Director
Director

Dated 12/5/08

(Signature of an authorized officer)
GAIL H. SLETTEN
(Printed Name)
Sec / Pres.
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 12/08/08

RECEIPT NO _____

RECEIVED

DEC 08 2008

S.D. SEC. OF STATE

Telephone # 605-372-4688

FAX # 605-372-4186

FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:



* D F 0 1 9 3 4 3 *
DF019343 DEC/2007
SADDLE CREEK FARM, INC.
SLETTEN, ADAM
28628 472ND AVE
BERESFORD SD 57004-6024

2. The name of the South Dakota Registered Agent ADAM SLETTEN

28628 472ND AVE BERESFORD SD 57004
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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>767,132</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 Dec. 5, 2008

(Signature of an authorized officer)

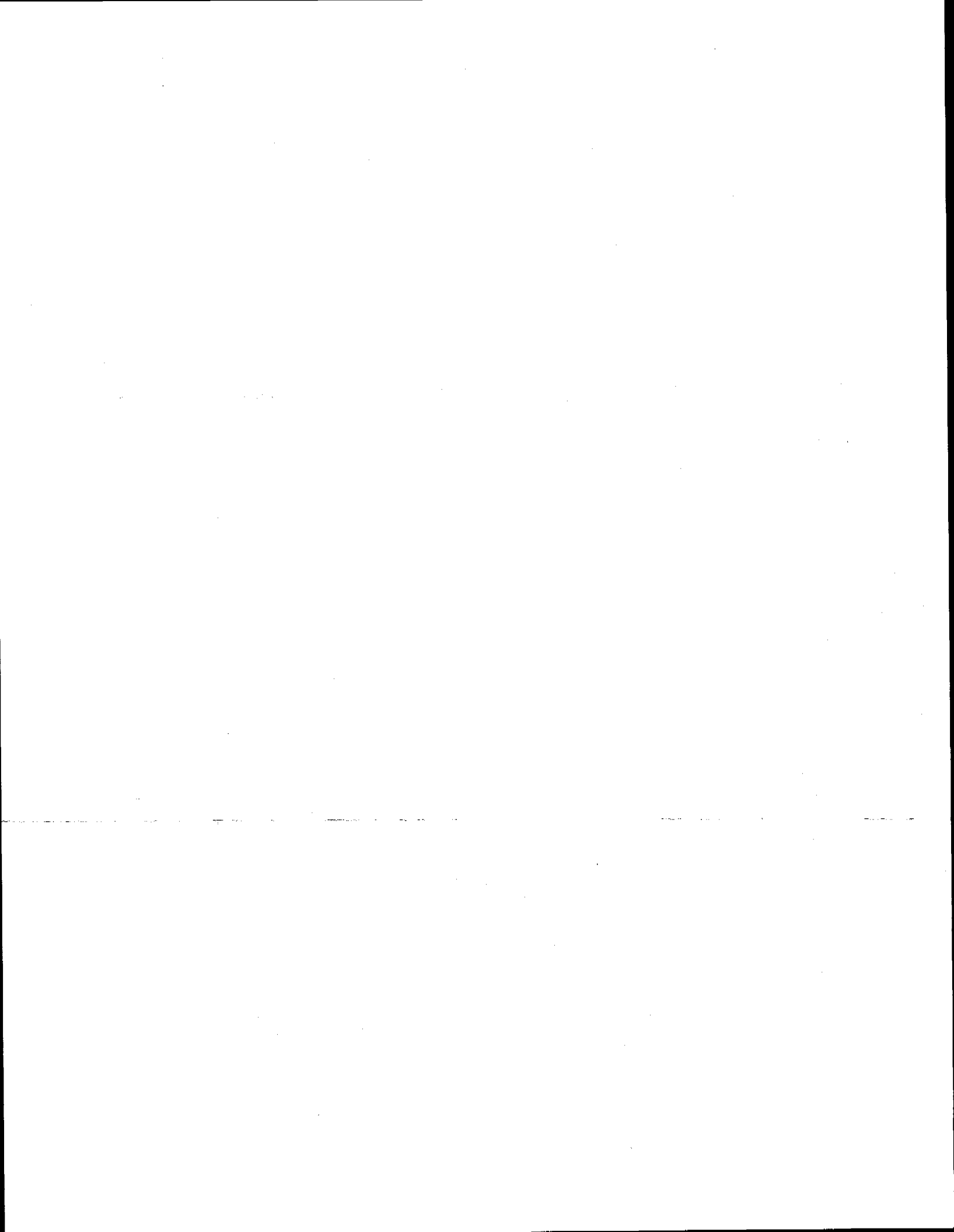
GAIL L. SLETTEN

(Printed Name)

SEC/TREAS

(Title)

284 1134



299 0295 12/14/2009

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	<u>12/07/09</u>
RECEIPT NO	_____
RECEIVED	
DEC 07 2009	
S.D. SEC. OF STATE	

1. Corporate ID, Name and Address:



* D F 0 1 9 3 4 3 *
DF019343 DEC/2008
SADDLE CREEK FARM, INC.
SLETTEN, ADAM
28628 472ND AVE
BERESFORD SD 57004-6024

Telephone #	<u>605-372-4688</u>
FAX #	<u>605-372-4186</u>
FILING DATE:	To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent ADAM P. SLETTEN

28628 472ND AVE. BERESFORD SD 57004-6024
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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.

<u>17</u>	<u>97</u>	<u>49</u>	<u>21.03</u>
County	Section	Township	Acres
County	Section	Township	Acres
County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>767.132</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
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred

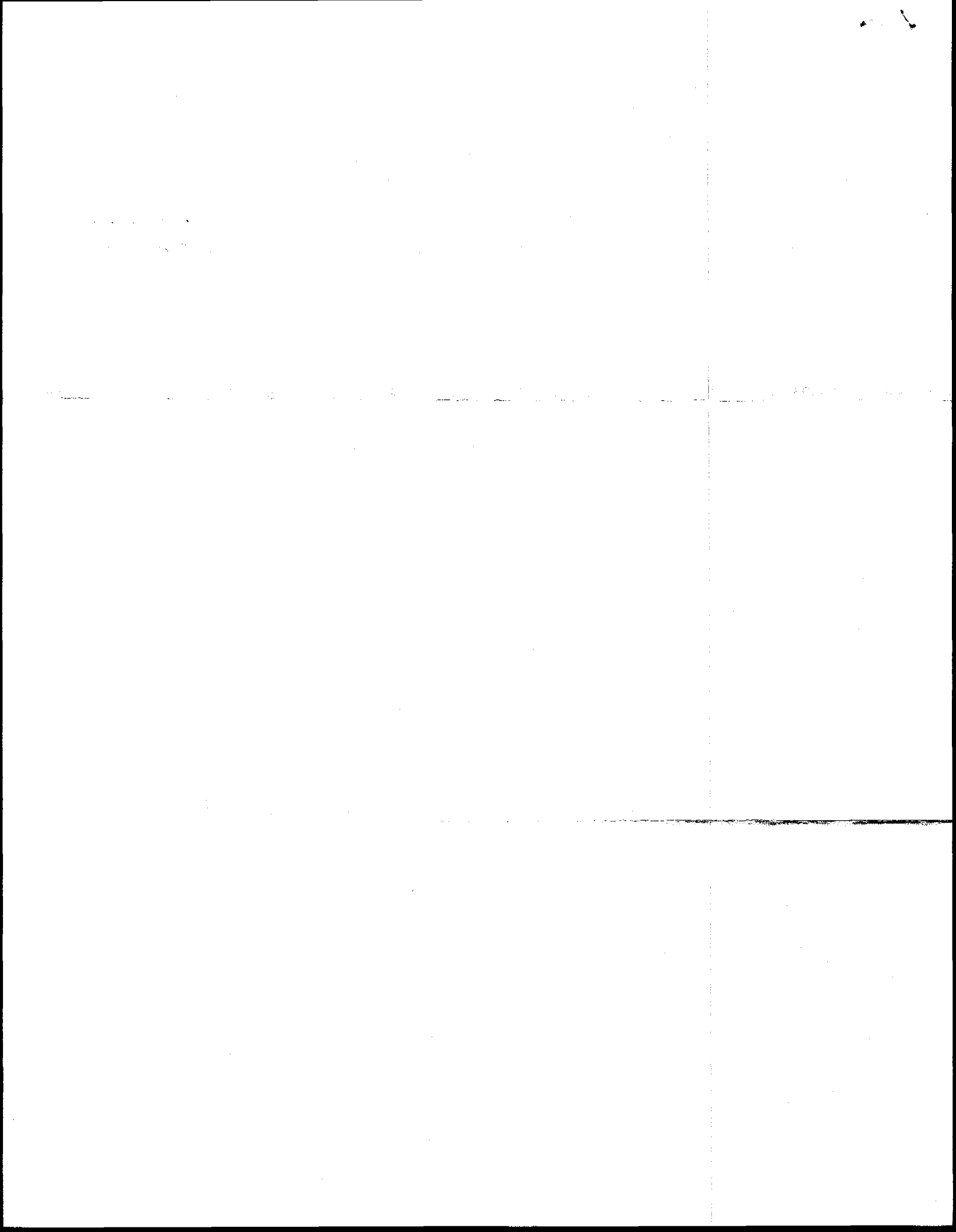
SEE ATTACHED

Dated 12/4/09

Samuel E. Sletten
(Signature of an authorized officer)

SAMUEL E. SLETTEN
(Printed Name)

PRESIDENT
(Title)



LIST ANY CHANGES TO SHAREHOLDER NAME , ADDRESS, NUMBER OF SHARES OWNED ,
AND DEGREE OF KINDRED.

CASSEY L REMBE 8601 78 TH AVE. SEMINOLE, FLORIDA 34647	0 SHARES	3
RONALD E. REMBE 8601 78 TH AVE. SEMINOLE, FLORIDA 34647	0 SHARES	2
RHONDA K. REMBE 8601 78 TH AVE. SEMINOLE, FLORIDA 34647	0 SHARES	3
SCOTT A. REMBE 8601 78 TH AVE. SEMINOLE, FLORIDA 34647	0 SHARES	3
CYNTHIA S. KROW 718 UTICA SELLERSBURG RD JEFFERSONVILLE,IN 47130	0 SHARES	2
CHRISTOPHER W. KROW 718 UTICA SELLERSBURG RD JEFFERSONVILLE,IN 47130	0 SHARES	3
MICHAEL J. KROW 718 UTICA SELLERSBURG RD JEFFERSONVILLE,IN 47130	0 SHARES	3
TIMOTHY S. KROW 718 UTICA SELLERSBURG RD JEFFERSONVILLE,IN 47130	0 SHARES	3
PAUL & GAIL SLETTEN LIVING TRUST	210,454 SHARES	2

2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 12/07/09
RECEIPT NO 1015643
RECORDED
DEC 07 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF019343 DEC/2008
SADDLE CREEK FARM, INC.
SLETTEN, ADAM
28628 472ND AVE
BERESFORD SD 57004-6024

Telephone # 605-372-4688
FAX # 605-372-4186
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.

28628 472ND AVE. BERESFORD SD 57004-6024
Street Address City State ZIP+4
(SAME)
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent ADAM P. SLETTEN

28628 472ND AVE. BERESFORD SD 57004-6024
Street Address (Required to be a South Dakota Address) City State ZIP+4
(SAME)
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

- Officer list including Samuel E. Sletten (President), Nicholas A. Sletten (Vice President), and Bail L. Sletten (Secretary and Treasurer). Includes a circled 'Director' checkbox with '(ALL THE ABOVE)' written next to it.

Dated 12/4/09

Signature of Samuel E. Sletten
SAMUEL E. SLETTEN
PRESIDENT

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)

313 3289 12/20/2010

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 12/03/10
 RECEIPT NO _____
RECEIVED
DEC 03 2010
S.D. SEC. OF STATE

Telephone # 605-372-4688
 FAX # 605-372-4186
 FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:



DF019343 DEC/2009
SADDLE CREEK FARM, INC.
SLETTEN, ADAM
28628 472ND AVE
BERESFORD SD 57004-6024

2. The name of the South Dakota Registered Agent ADAM P. SLETTEN

28628 472ND AVE. BERESFORD SD 57004-6024
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

NEW LEASES

County	Section	Township	Acres
17	98	50	150.6
36	98	50	73.57
34	97	50	69
8	97	139	139

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>767,132</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.

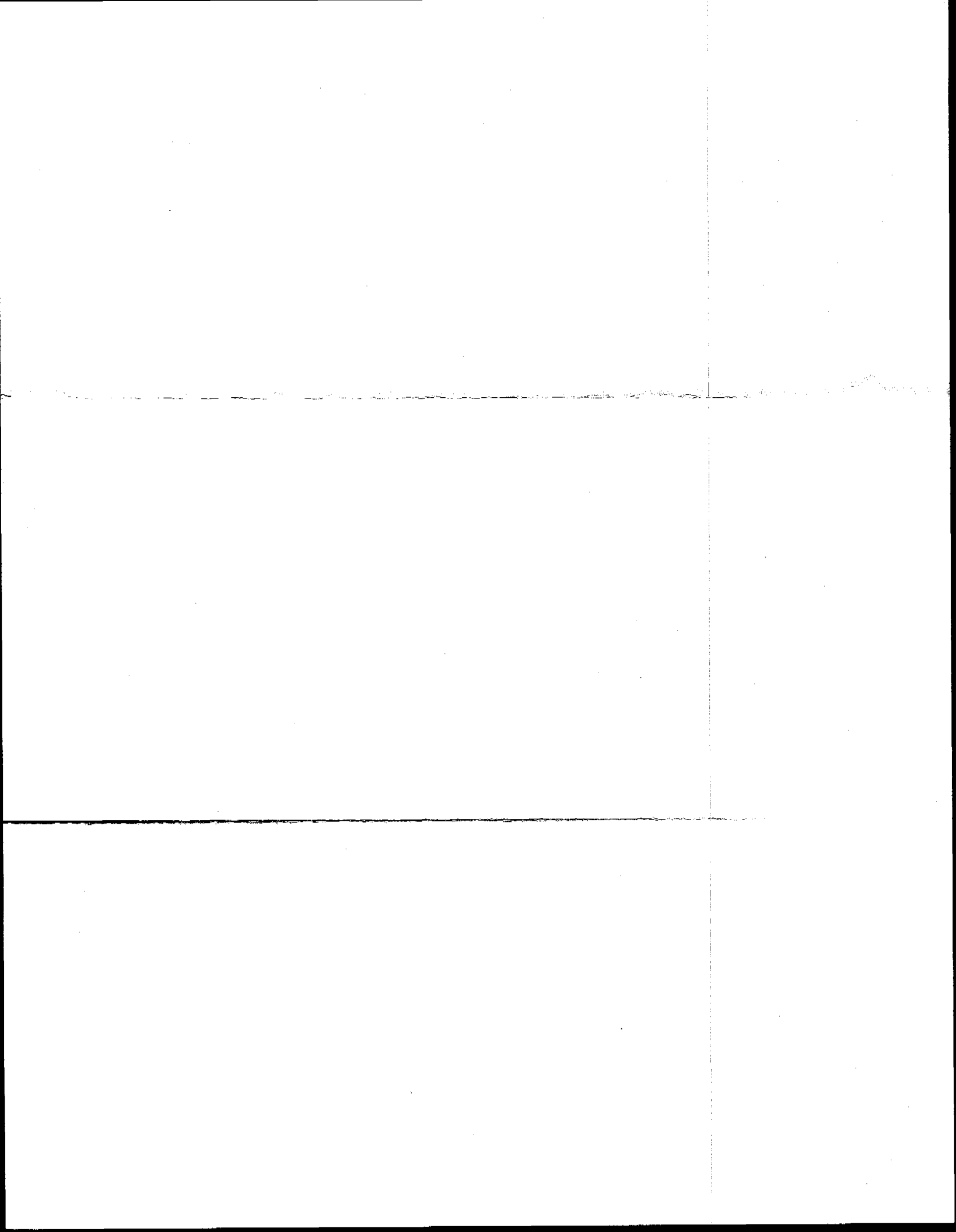
Name	Address	City	State	Zip	Shares
<u>STACY K. ALBERS</u>	<u>1264 NORTHLAWN ST. NE</u>	<u>GRAND RAPIDS MI</u>		<u>49505</u>	<u>0</u>
<u>GRAIG J. ALBERS</u>	<u>7180 205TH ST. W.</u>	<u>LAKEVILLE MN.</u>		<u>55044-4716</u>	<u>0</u>
<u>CONSTANCE H. DICKINSON</u>	<u>319 DEURY LN.</u>	<u>SLIDELL LA</u>		<u>70460</u>	<u>0</u>
<u>CORY DICKINSON</u>	<u>319 DEURY LN.</u>	<u>SLIDELL LA</u>		<u>70460</u>	<u>0</u>
<u>SAMUEL E. SLETTEN</u>	<u>47155 287TH ST</u>	<u>BERESFORD SD.</u>		<u>57004</u>	<u>0</u>
<u>PAUL + GAIL SLETTEN TRUST</u>	<u>28628 472ND AVE.</u>	<u>BERESFORD SD</u>		<u>57004</u>	<u>767,132</u>

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

Dated Dec. 1, 2010

(Signature of an Authorized Person)

GAIL L. SLETTEN
(Printed Name)



313 3288 12/20/2010

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 12103110 RECEIPT NO 2092596 RECEIVED DEC 03 2010 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF019343 DEC/2009 SADDLE CREEK FARM, INC. SLETTEN, ADAM 28628 472ND AVE BERESFORD SD 57004-6024

Telephone # 605-372-4688 FAX # 605-372-4186 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 28628 472ND AVE. BERESFORD SD 57004-6024

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent ADAM P. SLETTEN 28628 472ND AVE BERESFORD SD 57004-6024

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

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

- President SAMUEL E. SLETTEN 47155 287th ST. BERESFORD SD 57004-6024
Vice President NICK SLETTEN 47157 287th ST. BERESFORD SD 57004-6024
Vice President ADAM SLETTEN 28628 472ND AVE BERESFORD SD 57004-6024
Secretary BAIL SLETTEN 28628 472ND AVE BERESFORD SD 57004-6024
Treasurer BAIL SLETTEN 28628 472ND AVE BERESFORD SD 57004-6024
Director PAUL R. SLETTEN 28628 472ND AVE BERESFORD SD 57004-6024

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

Dated Dec. 1, 2010

Signature of an Authorized Person BAIL. L. SLETTEN (Printed Name)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

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

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

5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2011

Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 12/09/2011

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

Corporation

FILING FEE: \$50.00 Please Type or Print Clearly In Ink
 Make check payable to SECRETARY OF STATE

RECEIPT NO 10660

1. Corporate Name and Address:

DF019343
 SADDLE CREEK FARM, INC.
 28628 472ND AVE
 BERESFORD, SD57004-6024

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

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

28628 472ND AVE	BERESFORD	SD	57004-6024
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: ADAM SLETTEN

28628 472ND AVE	BERESFORD	SD	57004-6024
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"/>	ADAM PAUL SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NICK ADAM SLETTEN	47157 287TH ST	BERESFORD	SD	57004
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	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.

LINCOLN	36-98-50	LYNN	73.57
County	Section	Tow nship	Acres

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)	767132
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	0%

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

Name	Street Address	City	State	ZIP+4	Shares	DOK
------	----------------	------	-------	-------	--------	-----

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)

ADAM PAUL SLETTEN
(Printed Name)

2012

Enter Filing Year

ANNUAL FARM REPORT

FILE 12/21/2012

RECEIPT NO 83038

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:

DF019343
SADDLE CREEK FARM, INC.
28628 472ND AVE
BERESFORD, SD 57004-6024

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

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

28628 472ND AVE	BERESFORD	SD	57004-6024
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: ADAM SLETTEN

28628 472ND AVE	BERESFORD	SD	57004-6024
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"/>	ADAM PAUL SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NICK ADAM SLETTEN	47157 287TH ST	BERESFORD	SD	57004
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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.

lincoln	8	97	155.00
County	Section	Township	Acres
lincoln	13	97	138.00
County	Section	Township	Acres

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)	784024
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

Name	Street Address	City	State	ZIP+4	Shares
PAUL S AND GAIL S LIVING TRUST TRUST	28628 472ND AVE	BERESFORD	SD	57004	37385 1.63
PAUL S AND GAIL S EXEMPTION TRUST	28628 472ND AVE	BERESFORD	SD	57004	41017 2.37
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)

ADAM PAUL SLETTEN

(Printed Name)

2013

Enter Filing Year

ANNUAL FARM REPORT

FILE 12/23/2013

RECEIPT NO 159693

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:

DF019343
SADDLE CREEK FARM, INC.
28628 472ND AVE
BERESFORD, SD 57004-6024

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

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

28628 472ND AVE	BERESFORD	SD	57004-6024
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: ADAM SLETTEN

28628 472ND AVE	BERESFORD	SD	57004-6024
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"/>	ADAM PAUL SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NICK ADAM SLETTEN	47157 287TH ST	BERESFORD	SD	57004
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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>767132</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)
ADAM PAUL SLETTEN

(Printed Name)

2014

Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 12/9/2014

RECEIPT NO 252561

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:

DF019343
SADDLE CREEK FARM, INC.
28628 472ND AVE
BERESFORD, SD 57004-6024

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

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

28628 472ND AVE	BERESFORD	SD	57004-6024
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ADAM SLETTEN

28628 472ND AVE	BERESFORD	SD	57004-6024
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"/>	ADAM PAUL SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	NICK ADAM SLETTEN	47157 287TH ST	BERESFORD	SD	57004
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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.

2015

ANNUAL FARM REPORT

FILE DATE 12/7/2015

Enter Filing Year

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

Corporation

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

RECEIPT NO 356809

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF019343

SADDLE CREEK FARM, INC.

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

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

28628 472ND AVE	BERESFORD	SD	57004-6024
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Actual Street Address or Rural Route Box Number	City	State	ZIP+4
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Mailing Address, if Different from Street Address	City	State	ZIP+4
---------------------------------------------------	------	-------	-------

4. The name of the South Dakota Registered Agent

Agent Name: ADAM SLETTEN

28628 472ND AVE	BERESFORD	SD	57004-6024
-----------------	-----------	----	------------

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
-----------------------------------------------------------------	------	-------	-------

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<input checked="" type="checkbox"/>	ADAM PAUL SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	NICK ADAM SLETTEN	47157 287TH ST	BERESFORD	SD	57004
	Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	GAIL LYNN SLETTEN	28628 472ND AVE	BERESFORD	SD	57004
	Treasurer	Actual Street Address	City	State	ZIP+4

Director Actual Street Address City State ZIP+4

Director Actual Street Address City State ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	779794
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

Name Actual Street Address City State ZIP+4 Shares

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

Dated 12/07/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

ADAM SLETTEN

(Printed Name)