

Receipt Number: 1770546

File Number **DL015982**



ARTICLES_OF_ORGANIZATION

For

CREATIVE SOLUTIONS, L.L.C.

Filed at the request of:

GLOVER & HELSPER PC
RICHARD J HELSPER
415 EIGHTH STREET SOUTH
BROOKINGS SD 57006

*State of South Dakota
Office of the Secretary of State*

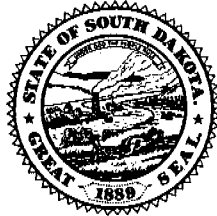
Filed in the office of the Secretary of State on: **Thursday, March 13, 2008**

Secretary of State

Fee Received: \$125.00

356 6006 03/17/2008

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

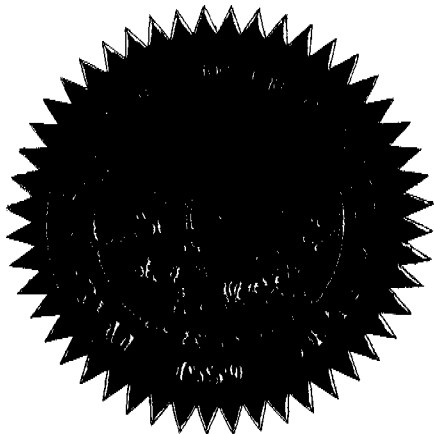
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL015982

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **CREATIVE SOLUTIONS, L.L.C.** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this March 13, 2008.



Chris Nelson

Chris Nelson
Secretary of State

356 6007

Filed this 13th day of March, 2008
Chi Nelson
SECRETARY OF STATE

RECEIVED

MAR 13 2008

S.D. SEC. OF STATE

ARTICLES OF ORGANIZATION
OF
CREATIVE SOLUTIONS, L.L.C.

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, who shall be all of the members, upon issuance of a Certificate of Organization from the South Dakota Secretary of State, acting as the organizers of a Limited Liability Company under the Uniform Limited Liability Company Act (SDCL 47-34A), do hereby adopt the following:

ARTICLES OF ORGANIZATION FOR CREATIVE SOLUTIONS, L.L.C.

FIRST

The name of the Limited Liability Company shall be:

CREATIVE SOLUTIONS, L.L.C.

SECOND

The address of the initial designated office of the company shall be as follows:

CREATIVE SOLUTIONS, L.L.C.
c/o John H. Mills
21730-464th Avenue
Volga, SD 57071

THIRD

The name and street address of the initial agent for service of process for the company is:

John H. Mills
21730-464th Avenue
Volga, SD 57071

DL 15912

FOURTH

The names and addresses of the organizers of the company are:

John H. Mills
21730-464th Avenue
Volga, SD 57071

Jacob J. Mills
21730-464th Avenue
Volga, SD 57071

FIFTH

The period of duration of this Limited Liability Company is perpetual or until dissolution as provided by the Operating Agreement and/or laws of the State of South Dakota.

SIXTH

The company shall be a member managed company.

SEVENTH

None of the members, managers or employees of the company shall be personally liable for the debts and obligations of the company.

EIGHTH

Additional members may be admitted upon the unanimous agreement of the existing member or members and upon such terms and conditions as are specified in any operating agreement of the company.

356 6009

Dated this 29th day of February, 2008.

John H. Mills

JOHN H. MILLS
Organizer/Owner

Jacob J. Mills

JACOB J. MILLS
Organizer/Owner

STATE OF SOUTH DAKOTA)
) ss
COUNTY OF BROOKINGS)

On this the 29th of February, 2008, before me, Carolyn C. Flippin, the undersigned officer, personally appeared the above named JOHN H. MILLS, well and truly known to me to be the person who subscribed and executed the within and foregoing instrument and acknowledged to me that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and affix my official seal this 29th day of February, 2008.

(SEAL)

Carolyn C. Flippin
Notary Public - South Dakota

My Commission Expires: 12/21/13

STATE OF South Dakota)
) SS
COUNTY OF Brookings)

On this the 29th of February, 2008, before me, Carolyn C. Flippin, the undersigned officer, personally appeared the above named JACOB J. MILLS, well and truly known to me to be the person who subscribed and executed the within and foregoing instrument and acknowledged to me that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and affix my official seal this 29th day of February, 2008.

(SEAL)

Carolyn C. Flippin
Notary Public

My Commission Expires: 12/21/13

CONSENT OF REGISTERED AGENT

The undersigned hereby consents to act as Registered Agent for **CREATIVE SOLUTIONS, L.L.C.** as set forth in the foregoing Articles of Organization.

J.H.M.
JOHN H. MILLS, Organizer/Owner

356 6010

2009

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	03/23/09
RECEIPT NO	1897135
RECEIVED	
MAR 23 2009	
S.D. SEC. OF STATE	

1. L.L.C. Name, Registered Agent Name and Address:



DL015982
DLO15982 MAR/0000
CREATIVE SOLUTIONS, L.L.C.
MILLS, JOHN H
21730 464TH AVENUE
VOLGA SD 57071-6906

Telephone #	605-642-1590
FAX #	N/A
FILING DATE: Due during the month the Certificate of Organization 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.

21730 464th Avenue Volga SD 57071-6906
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent John H. Mills

21730 464th Avenue Volga SD 57071-6906
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

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4

Dated 3/25/09

(Signature of an Authorized Manager or Member)
John H. Mills
(Printed Name)
Agent
(Title)

288 3393

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)

305 3318 05/13/2010

2010

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	05/05/10
RECEIPT NO	2028949
RECEIVED	
APR 26 2010	
S.D. SEC. OF STATE	

1. L.L.C. Name, Registered Agent Name and Address:



DL015982 MAR/2009
CREATIVE SOLUTIONS, L.L.C.
MILLS, JOHN H
21730 464TH AVENUE
VOLGA SD 57071-6906

RECEIVED
MAY 05 2010
S.D. SEC. OF STATE

Telephone #	605-692-1590
FAX #	N/A
FILING DATE: Due during the month the Certificate of Organization 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.

21730 464th Avenue Volga SD 57071-6906
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent John H. Mills

21730 464th Avenue Volga SD 57071-6906
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

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 02/25/2010

(Signature of an Authorized Manager or Member)
John H. Mills
(Printed Name)
Agent Member
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2011

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 03-02-2011
RECEIPT NO 2129451
RECEIVED
MAR 02 2011
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:



DL015982
DL015982 MAR/2010
CREATIVE SOLUTIONS, L.L.C.
MILLS, JOHN H
21730 464TH AVENUE
VOLGA SD 57071-6906

Telephone # 605-692-1590
FAX # _____
FILING DATE: Due during the month
the Certificate of Organization 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.

21730 464th Avenue Volga SD 57071-6906
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent John H. Mills

21730 464th Avenue Volga SD 57071-6906
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 managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

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

Dated 2/25/2011

(Signature of an Authorized Person)
John H. Mills
(Printed Name)

317 1724

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address City State ZIP+4

5. If the address has changed, its new address

Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 3/8/2013

RECEIPT NO 100013

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:

DL015982
CREATIVE SOLUTIONS, L.L.C.
21730 464TH AVE
VOLGA, SD 57071-6906

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

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

21730 464TH AVE	VOLGA	SD	57071-6906
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
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4. The name of the South Dakota Registered Agent

Agent Name: JOHN H MILLS

21730 464TH AVENUE	VOLGA	SD	57071-6906
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
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5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	JACOB J MILLS	1724 TETON PASS	BROOKINGS	SD	57006
	Manager	Street Address	City	State	ZIP+4

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

Date 03/08/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

JOHN H MILLS

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

FILE 3/18/2014

RECEIPT NO 185638

1. L.L.C. ID and Name:

DL015982
CREATIVE SOLUTIONS, L.L.C.
21730 464TH AVE
VOLGA, SD 57071-6906

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

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

21730 464TH AVE	VOLGA	SD	57071-6906
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: JOHN H MILLS

21730 464TH AVENUE	VOLGA	SD	57071-6906
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/> JACOB J MILLS	1724 TETON PASS	BROOKINGS	SD	57006
Manager	Street Address	City	State	ZIP+4

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

Date 03/18/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

JOY MILLS

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 3/12/2015

RECEIPT NO 282207

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

1. L.L.C. ID and Name:

DL015982
CREATIVE SOLUTIONS, L.L.C.
21730 464TH AVE
VOLGA, SD 57071-6906

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

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

21730 464TH AVE	VOLGA	SD	57071-6906
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: JOHN H MILLS

21730 464TH AVENUE	VOLGA	SD	57071-6906
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 managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/> JACOB J MILLS	1724 TETON PASS	BROOKINGS	SD	57006
Manager	Street Address	City	State	ZIP+4

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

Dated 03/12/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

JOY MILLS

(Printed Name)

2016

ANNUAL REPORT

FILE DATE 3/17/2016

Enter Filing Year

DOMESTIC LLC

RECEIPT NO 395140

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

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

1. LLC ID and Name:

DL015982

Enter LLC ID

CREATIVE SOLUTIONS, L.L.C.

Enter LLC Name

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

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

21730 464TH AVE VOLGA SD 57071-6906

Actual Street Address or Rural Route Box Number City State ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: JOHN H MILLS

21730 464TH AVENUE VOLGA SD 57071-6906

Actual Street Address or Rural Route Box Number in This State City State ZIP+4

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

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

JACOB J MILLS 1724 TETON PASS BROOKINGS SD 57006
Manager Actual Street Address City State ZIP+4

6. Beneficial Interest (optional)

Owner Description of Ownership Percentage/Value

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

Dated 03/17/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

JOY E MILLS

(Printed Name)