

363 5826

Receipt Number: 1851562

File Number **DL017772**



ARTICLES_OF_ORGANIZATION

For

FITE CONSTRUCTION, LLC

Filed at the request of:

WHALEN LAW OFFICE PC
PO BOX 127
LAKE ANDES SD 57356

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

Filed in the office of the Secretary of State on: **Friday, November 21, 2008**



Secretary of State

Fee Received: \$125.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

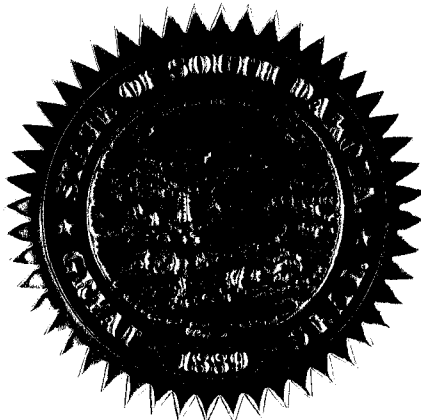
Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL017772

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **FITE CONSTRUCTION, LLC** 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 November 21, 2008.



Chris Nelson

Chris Nelson
Secretary of State

Filed this 21st day of
Nov, 2008

Chris Nelson
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
OF
FITE CONSTRUCTION, LLC

RECEIVED
NOV 21 2008
S.D. SEC. OF STATE

A SOUTH DAKOTA LIMITED LIABILITY COMPANY

Article 1. The name of the Limited Liability Company is Fite Construction, LLC, and said company is organized pursuant to and in accordance with the provisions of SDCL Chapter 47-34A.

Article 2. The address of the initial designated office is 409 Memorial Drive, P.O. Box 403, Platte, Charles Mix County, South Dakota 57369, telephone 605-337-2880.

Article 3. The name and street address of the initial agent for service of process is Aaron T. Fite, 409 Memorial Drive, P.O. Box 403, Platte, Charles Mix County, South Dakota 57369, telephone 605-337-2880.

Article 4. The name and address of each organizer is as follows: Aaron T. Fite, 409 Memorial Drive, P.O. Box 403, Platte, Charles Mix County, South Dakota 57369, telephone 605-337-2880.

Article 5. The duration of this company shall be perpetual.

Article 6. This company shall be member-managed.

Article 7. None of the members of this limited liability company are to be liable for its debts and obligations under SDCL 47-34A-303(c).

Article 8. This limited liability company may provide, or the members may provide in the Operating Agreement or by Membership Subscription Agreements, that additional contributions may or shall be made at such times and in such amounts as from time to time may be agreed upon by the members.

Article 9. Upon unanimous agreement of all the members as they may from time to time exist, and as provided in the Operating Agreement of the Company, additional members may be admitted on such terms and conditions as so specified.

Article 10. Upon unanimous agreement of the remaining members of the company and as provided in the Operating Agreement of the company, the Company may continue business upon the termination of the membership of a member.

Article 11. The management of the internal affairs of the Company is reserved to the members subject to the provisions of the Operating Agreement relating to management by a manager and/or an executive committed and its officers elected in the manner prescribed by the Operating Agreement of the Company as from time to time may be effective and amended, if any.

M17772

363 5828 29

363 5829 296

Article 12. These Articles of Organization may only be amended by the members. Every member entitled to vote on such amendment shall have the right to vote, in person or by proxy, the interest owned by him either in favor of or against such amendment. Any such amendment must be approved by a two-thirds majority vote of the outstanding membership interests.

Article 13. The transfer of the member's interest of this limited liability Company is restricted by the requirement that 100% of its members must approve the transfer of any member's interest in this limited liability company to anyone other than another member of this limited liability Company, if any.

Article 14. This limited liability company may operate as a single limited liability company.

Article 15. The purpose for which the limited liability company is organized is as follows:

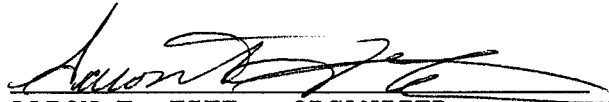
- A. To have and to exercise all the powers now or hereafter conferred by the laws of the State of South Dakota upon limited liability companies organized pursuant to the laws under which this limited liability Company is organized and any and all acts amendatory thereof and supplemental thereto;
- B. To engage in the construction business and all businesses or phases of businesses or activities which are in any fashion associated therewith.
- C. To engage in the operation of a farm and ranch business and all businesses or activities which are in any fashion associated therewith.
- D. To advance, promote, and advertise its products and services and to estimate, bid, solicit, and contract for the use of same;
- E. To enter into and perform all manner and kinds of leases, contracts, agreements, and obligations for any lawful purpose by or with any person, firm, association, corporation, or governmental division or subdivision;
- F. To purchase, lease, or otherwise acquire by bequest, devise, gift, or other means, and to hold, own, manage, or develop, and to mortgage, hypothecate, deed in trust, sell, convey, exchange, option, subdivide, or otherwise dispose of real and personal property of every class and description and any estate or interest therein, as may be necessary or convenient for the proper conduct of the affairs of the limited liability company;
- G. To take, buy, exchange, lease, or otherwise acquire real property and any interest or right therein, and to hold,

own, operate, control, maintain, manage, lease and develop such property and interests in any manner that may be necessary, useful, or advantageous for the purposes of this limited liability company;

- H. To do all and everything necessary, suitable, or proper for the accomplishment of any of the purposes, the attainment of any of the objects, or the exercise of any of the powers herein set forth, either alone or in conjunction with other corporations, firms, or individuals, and either as principals or agents, and to do every other act or acts, thing or things, incidental or appurtenant to or growing out of or connected with the above-mentioned objects, purposes, or powers.

Article 16. Nothing herein shall be construed as varying the nonwaivable provision of SDCL 47-34A-103(b) nor affecting in any fashion inconsistent with South Dakota law the rights of members of this company.

11-19-08
DATE


AARON T. FITE - ORGANIZER

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Aaron T. Fite, hereby give my consent to serve as the registered agent for Fite Construction, LLC.

11-19-08
DATE


AARON T. FITE - ORGANIZER

297 2886 11/10/2009

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 | 11/09/09 |
| RECEIPT NO | 1965026 |
| RECEIVED | |
| NOV 09 2009 | |
| S.D. SEC. OF STATE | |

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



DL01772
DL017772 NOV/0000
FITE CONSTRUCTION, LLC
FITE, AARON T.
PO BOX 403
PLATTE SD 57369-0403

| | |
|---|--------------|
| Telephone # | 605-337-2880 |
| 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 address of the principal executive office in or out of the State of South Dakota.

| | | | |
|----------------------------|--------|-------|-------|
| 409 Memorial Drive | Platte | SD | 57369 |
| Street Address | City | State | ZIP+4 |
| P.O. Box 403 | Platte | SD | 57369 |
| Mailing Address (Optional) | City | State | ZIP+4 |

3. The name of the South Dakota Registered Agent

| | | | |
|--|--------|-------|-------|
| Aaron T. Fite | | | |
| 409 Memorial Drive | Platte | SD | 57369 |
| Street Address (Required to be a South Dakota Address) | City | State | ZIP+4 |
| P.O. Box 403 | Platte | SD | 57369 |
| Mailing Address (Optional - Required to be a South Dakota Address) | City | State | ZIP+4 |

4. The names and business addresses of its 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 11/3/09

Aaron T. Fite
(Signature of an Authorized Manager or Member)

Aaron T. Fite
(Printed Name)

Fite Construction LLC
(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)

312 2470 11/05/2010

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 | 11/02/10 |
| RECEIPT NO | 2082962 |
| RECEIVED | |
| NOV 02 2010 | |
| S.D. SEC. OF STATE | |

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



DL017772
DL017772 NOV/2009
FITE CONSTRUCTION, LLC
FITE, AARON T.
PO BOX 403
PLATTE SD 57369-0403

| | |
|---|--------------|
| Telephone # | 605-537-2880 |
| 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.

| | | | |
|----------------------------|---------------|-----------|--------------|
| <u>409 Memorial Drive</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| Street Address | City | State | ZIP+4 |
| <u>409 Memorial Drive</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| Mailing Address (Optional) | City | State | ZIP+4 |

4. The name of the South Dakota Registered Agent Aaron T. Fite

| | | | |
|--|---------------|-----------|--------------|
| <u>409 Memorial Drive</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| Street Address (Required to be a South Dakota Address) | City | State | ZIP+4 |
| <u>409 Memorial Drive</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| Mailing Address (Optional - Required to be a South Dakota 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 |
|---------|----------------|------|-------|-------|
| | | | | |
| | | | | |
| | | | | |

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

Dated 10/31/10

Aaron T. Fite
(Signature of an Authorized Person)

Aaron T. Fite
(Printed Name)

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 Fite Construction L.L.C. has changed
its mailing address to its office location
2. The name of the registered agent on file Aaron T. Fite
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

| | | | |
|----------------------------|---------------|-----------|--------------|
| <u>409 Memorial Drive</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| Street Address (Required) | City | State | ZIP+4 |
| <u>PO Box 403</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| Mailing Address (Optional) | City | State | ZIP+4 |

5. If the address has changed, its new address

| | | | |
|--|---------------|-----------|--------------|
| <u>409 Memorial Drive</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| Street Address (Required to be a South Dakota Address) | City | State | ZIP+4 |
| <u>409 Memorial Drive</u> | <u>Platte</u> | <u>SD</u> | <u>57369</u> |
| 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 10/31/10

Aaron T. Fite
(Signature of an Authorized Person)

Aaron T. Fite
(Printed Name)

2011

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 11/3/2012

RECEIPT NO 72799

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

DL017772
FITE CONSTRUCTION, LLC
409 MEMORIAL DRIVE
PLATTE, SD 57369

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

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

409 MEMORIAL DRIVE PLATTE SD 57369
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: AARON T. FITE

409 MEMORIAL DRIVE PLATTE SD 57369
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"/> | 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 |

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 11/03/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

AARON T FITE

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 9/22/2013

RECEIPT NO 141469

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:
DL017772
FITE CONSTRUCTION, LLC
409 MEMORIAL DRIVE
PLATTE, SD 57369

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

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

409 MEMORIAL DRIVE PLATTE SD 57369
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: AARON T. FITE

409 MEMORIAL DRIVE PLATTE SD 57369
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"/> | 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 |

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 09/22/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

AARON THEODORE FITE

(Printed Name)

2013

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 11/5/2013

RECEIPT NO 151356

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

DL017772
FITE CONSTRUCTION, LLC
409 MEMORIAL DRIVE
PLATTE, SD 57369

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

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

409 MEMORIAL DRIVE PLATTE SD 57369
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: AARON T. FITE

409 MEMORIAL DRIVE PLATTE SD 57369
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"/> | 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 |

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 11/05/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

AARON T FITE

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 11/15/2014

RECEIPT NO 246652

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:
DL017772
FITE CONSTRUCTION, LLC
35424 269TH ST
PLATTE, SD 57369

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

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

35424 269TH ST PLATTE SD 57369
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: AARON T. FITE

409 MEMORIAL DRIVE PLATTE SD 57369
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 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 11/15/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

AARON T FITE

(Printed Name)

2015

STATEMENT OF CHANGE OF REGISTERED OFFICE

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

DOMESTIC LLC

SDCL 47-34A-211

Please Type or Print Clearly In Ink

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

FILE DATE 10/17/2015

RECEIPT NO 343986

Telephone #

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

DL017772

FITE CONSTRUCTION, LLC

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

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

Agent Name: AARON T. FITE

409 MEMORIAL DRIVE PLATTE SD 57369

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

4. If the address has changed, its new address.

New Agent Name: AARON T FITE

35424 269TH ST PLATTE SD 57369

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

PLATTE SD 57369

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

Email Address (Optional)

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

Dated 10/17/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

AARON T FITE

(Optional)

(Printed Name)

2015

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

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

Please Type or Print Clearly In Ink

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

FILE DATE 10/17/2015

RECEIPT NO 343986

Telephone #

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

DL017772

FITE CONSTRUCTION, LLC

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

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

35424 269TH ST PLATTE SD 57369

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

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

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: AARON T FITE

35424 269TH ST PLATTE SD 57369

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

PLATTE SD 57369

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

Email Address (Optional)

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

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

Dated 10/17/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

AARON T FITE

(Optional)

(Printed Name)

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

2016

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

ANNUAL REPORT

DOMESTIC LLC

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

FILE DATE 10/11/2016

RECEIPT NO 463248

1. LLC ID and Name:

DL017772

Enter LLC ID

FITE CONSTRUCTION, LLC

Enter LLC Name

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

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

| | | | |
|---|--------|-------|-------|
| 35424 269TH ST | PLATTE | SD | 57369 |
| 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: AARON T FITE

| | | | |
|---|--------|-------|-------|
| 35424 269TH ST | PLATTE | SD | 57369 |
| 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 | PLATTE | SD | 57369 |
| | 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.

| | | | | | |
|--------------------------|---------|-----------------------|------|-------|-------|
| <input type="checkbox"/> | Manager | Actual Street Address | City | State | ZIP+4 |
|--------------------------|---------|-----------------------|------|-------|-------|

| | | | | | |
|--------------------------|---------|-----------------------|------|-------|-------|
| <input type="checkbox"/> | Manager | Actual Street Address | City | State | ZIP+4 |
|--------------------------|---------|-----------------------|------|-------|-------|

| | | | | | |
|--------------------------|---------|-----------------------|------|-------|-------|
| <input type="checkbox"/> | Manager | Actual Street Address | City | State | ZIP+4 |
|--------------------------|---------|-----------------------|------|-------|-------|

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)
AARON T FITE

(Printed Name)

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

10/11/2016 8:40:03 AM