

\*K799811209087771

# State of South Dakota



OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

NONPROFIT CORPORATION

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of MURDO GOLF CLUB duly signed and verified, pursuant to the provisions of the South Dakota Corporation 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 issued this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation of MURDO GOLF CLUB.



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 September 16, 1998/

*Joyce Hazeltine*  
JOYCE HAZELTINE  
Secretary of State

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

## ARTICLES OF INCORPORATION

RECEIVED  
SEP 10 1998

SEP 10 1998

S.D. SEC. OF STATE  
RECEIVED

SEP 16 1998

S.D. SEC. OF STATE

Executed by the undersigned for the purpose of forming a South Dakota Corporation under SDCL 47-22-60 and  
Dakota Nonprofit Corporation Act.

### ARTICLE I

The name of the corporation is Mundo Golf Club

### ARTICLE II

The period of existence is The period of duration of this corporation is perpetual

### ARTICLE III

The purposes for which the corporation is organized.

The purpose of this corporation is to operate and maintain a golf course and club house.

### ARTICLE IV

Check (✓) one: The corporation will have members.  The corporation will not have members.

### ARTICLE V

If the corporation is to have one or more classes of members, any provision which the incorporators elect to set forth designating the class or classes of members and stating the qualifications and rights of the members of each class.

Golfing members

### ARTICLE VI

If the directors are not to be elected or appointed by one or more classes of members, a statement of the manner in which such directors shall be elected or appointed.

### ARTICLE VII

Any provisions which the incorporators elect to set forth for the regulation of the internal affairs of the corporation, including any provision for the distribution of assets on dissolution or final liquidation.

### ARTICLE VIII

The street address, or a statement that there is no street address, of its initial registered office is there is no address P.O. Box 514, 303 Mustangs, Mundo ZIP 57559 and  
the name of its initial registered agent at such address is P.O. Box 514 Mundo S.D.

57559



NON-80

9811290.0771  
11/10/98

Receipt No: 736951

File Number: NS011101

ART OF INC  
For  
MURDO GOLF CLUB

File at the request of:

BRIAN O'REILLY  
BOX 514  
MURDO SD 57759

STATE OF SOUTH DAKOTA  
OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on  
Date September 16, 1998

*Joyce Hazeltine*  
Secretary of State

Fee Received \$20.00

SOS CRP 491 10/93

1999

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

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 10-25-99  
RECEIPT NO. 837359

OCT 25 1999 RECEIVED

SEP 22 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-011101  
MURDO GOLF CLUB  
O'REILLY, BRIAN  
303 MUSTANG  
PO BOX 514  
MURDO, SD 57559-0514

SEP/00

Day Time Phone # 605-669-2492

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

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

2. The nature of the affairs which the corporation is conducting in South Dakota is Golf

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

B. The amount of property presently held by the corporation is \$ 20,000  
\*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Rob Kaiser</u>	President	<u>505 Railroad St</u>	<u>Murdo</u>	<u>SD</u>	<u>57559</u>
<u>Bruce Venard</u>	Vice President	<u>205 Kennedy Ave</u>	<u>Murdo</u>	<u>SD</u>	<u>57559</u>
<u>Jeff Birkeland</u>	Secretary	<u>207 E 7th Street</u>	<u>Murdo</u>	<u>SD</u>	<u>57559</u>
<u>Brian O'Reilly</u>	Treasurer	<u>303 Mustang</u>	<u>Murdo</u>	<u>SD</u>	<u>57559</u>

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Jerald Applebee</u>	Director	<u>303 Cedar Ave</u>	<u>Murdo</u>	<u>SD</u>	<u>57559</u>
<u>Jeff Birkeland</u>	Director	<u>207 E 7th Street</u>	<u>Murdo</u>	<u>SD</u>	<u>57559</u>
<u>Bruce Venard</u>	Director	<u>205 Kennedy Ave</u>	<u>Murdo</u>	<u>SD</u>	<u>57559</u>

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

Dated September 21 19 99

By Robert D. Kaiser  
(Signature) must be signed in the presence of a notary  
Its President  
(Title)

STATE OF South Dakota ss  
COUNTY OF Jones

I, Karen T. Kayer, a notary public, do hereby certify that on this 21<sup>st</sup> day of Sept 19 99, personally appeared before me Robert D Kaiser who, being by me first duly sworn, declared that he/she is the President of the corporation named above, and signed the foregoing document as officer of

the corporation, and the statements therein contained are true.

My Commission Expires 10-8-2003

Karen T. Kayer  
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: \$6 in addition to annual report fee**

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

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

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(Signature) must be signed in the presence of a notary

\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(signature)

# 2002 NONPROFIT REPORT

0210217.1116  
10/9/02

FILE DATE 9-1-02  
RECEIPT NO. 1128507  
**RECEIVED**  
AUG 19 '02

PLEASE TYPE OR USE BLACK INK

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

1. Corporate Name, Registered Agent and Registered Address:



NS-011101  
NS-011101 SEP/1999  
MURDO GOLF CLUB  
OREILLY, BRIAN  
303 MUSTANG  
PO BOX 514  
MURDO SD 57559-0514

Day Time Phone # (605) 669-2392  
Federal Taxpayer If  
FILING DATE: Due during the month the Certificate  
of Incorporation was issued, and delinquent after  
the last day of the following month.

S.D. SEC. OF STATE

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

2. The nature of the affairs which the corporation is conducting in South Dakota is Golf

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

B. The amount of property presently held by the corporation is \$ 2,500.00  
\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Rob Kaiser	President	Box 42	Murdo	SD	57559
Pat Brunskill	Vice President	HC 74 Box 31	Murdo	SD	57559
Jeff Birkeland	Secretary	Box 401	Murdo	SD	57559
Brian O'Reilly	Treasurer	Box 514	Murdo	SD	57559

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Jerald Applebee	Director	Box 313	Murdo	SD	57559
Sharon Freier	Director	Box 174	Draper	SD	57531
Bruce Venard	Director	Box 73	Murdo	SD	57559

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

Dated August 13, 2002

By Robert D. Kaiser  
(Signature)  
Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Jones ss

On this the 13th day of August, 2002, before me, Sheila Hurst  
personally appeared Rob Kaiser, 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 5/23/2003

Sheila L. Hurst  
Notary Public

(Notarial Seal)

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077  
PHONE: 605-773-4845 FAX (605) 773-4550  
www.state.sd.us/sos/sos.htm

nsar.pdf

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

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

FILING FEE: \$5 in addition to corporate report fee

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

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

\*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature) must be signed in the presence of a notary

\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notarial Seal)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(signature of registered agent)

2004

# NONPROFIT REPORT

230 0154 08/18/2004

PLEASE TYPE OR USE BLACK INK

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

RECEIVED  
AUG 17 '04  
FILE DATE 8/17/04  
RECEIPT NO. 1347686  
RECEIVED  
AUG 12 '04  
S.D. SEC. of STATE  
S.D. SEC. of STATE

Corporate Name, Registered Agent and Registered Address:



\* NS011101 \*  
NS011101 SEP/2002  
MURDO GOLF CLUB  
OREILLY, BRIAN  
303 MUSTANG  
PO BOX 514  
MURDO SD 57559-0514

Day Time Phone # 605-669-2492  
Federal Taxpa  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

2. The nature of the affairs which the corporation is conducting in South Dakota is GOLF COURSE

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

B. The amount of property presently held by the corporation is \$ 24000.00  
\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
ROB KAISER	President	PO BOX 42	MURDO	SD	57559
PAT BRUNSKILL	Vice President	HC 74 BOX 31	MURDO	SD	57559
JEFF BIRKELAND	Secretary	301 MUSTANG	MURDO	SD	57559
BRIAN O'REILLY	Treasurer	303 MUSTANG	MURDO	SD	57559

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
BRUCE VENARD	Director	205 KENNEDY	MURDO	SD	57559
SHARON FREIER	Director	BOX 174	DRAPER	SD	57531
JERALD APPLEBEE	Director	303 CEDAR	MURDO	SD	57559

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

Dated AUGUST 11, 2004

Robert D. Kaiser  
(Signature)

President  
(Title)

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

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

**FILING FEE: \$5 in addition to corporate report fee**

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

1. The name of the corporation is MURDO GOLF CLUB
2. The previous street address, or a statement that there is no street address, or its registered office  
303 MUSTANG, MURDO, SD ZIP 57559
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.  
303 MUSTANG, PO BOX 514, MURDO, SD ZIP 57559
4. The name of its previous registered agent is BRIAN O'REILLY
5. The name of its successor (current) registered agent is \* BRIAN O'REILLY

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

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

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

Dated AUGUST 11, 2004

\_\_\_\_\_  
(Signature)

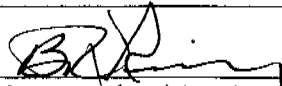
\_\_\_\_\_  
PRESIDENT  
(Title)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, BRIAN O'REILLY, hereby give my consent to serve as the  
(name of registered agent)

registered agent for MURDO GOLF CLUB  
(corporate name)

Dated AUGUST 11, 2004

  
(signature of registered agent)

# 2005 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

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

FILE DATE 08/04/05  
RECEIPT NO. 1464260  
RECEIVED  
AUG 04 2005  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



NS011101 SEP/2004  
MURDO GOLF CLUB  
OREILLY, BRIAN  
303 MUSTANG  
PO BOX 514  
MURDO SD 57559-0514

Day Time Phone # (605) 669-2492  
Federal Tax#  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

2. The nature of the affairs which the corporation is conducting in South Dakota is Golf course

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

B. The amount of property presently held by the corporation is \$ 30,000<sup>00</sup>  
\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Rob Kaiser	President	Box 42	Murdo	SD	57559
Pat Brunskill	Vice President	HC 74 Box 31	Murdo	SD	57559
Jeff Birkeland	Secretary	Box <del>401</del> 401	Murdo	SD	57559
Brian O'Reilly	Treasurer	Box <del>514</del> 514	Murdo	SD	57559

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Bruce Venard	Director	Box 73	Murdo	SD	57559
Sharon Freier	Director	Box 174	Draper	SD	57531
Brian O'Reilly	Director	Box 514	Murdo	SD	57559

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

Dated 8-2-05

Robert D. Kaiser  
(Signature)

President  
(Title)

239 3425



252 3009 08/31/2006

# 2006 NONPROFIT REPORT

FILE DATE 08/22/06  
RECEIPT NO. 1587509

PLEASE TYPE OR USE BLACK INK

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

RECEIVED

RECEIVED

AUG 22 '06

AUG 17 '06

1. Corporate Name, Registered Agent and Registered Address:



\* NS011101 \*  
NS011101 SEP/2005  
MURDO GOLF CLUB  
OREILLY, BRIAN  
303 MUSTANG  
PO BOX 514  
MURDO SD 57559-0514

S.D. SEC. OF STATE S.D. SEC. OF STATE

Day Time Phone # 605-669-2492  
Federal Tax \_\_\_\_\_  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

2. The nature of the affairs which the corporation is conducting in South Dakota is Golf

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

B. The amount of property presently held by the corporation is \$ 20,000<sup>00</sup> \*  
\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Jeff Birkeland	President	Box 401	Murdo	SD	57559
<input type="checkbox"/> Pat Brunskill	Vice President	HC 74 Box 31	Murdo	SD	57559
<input type="checkbox"/> Sharon Freier	Secretary	Box 174	Draper	SD	57531
<input checked="" type="checkbox"/> Brian O'Reilly	Treasurer	Box 514	Murdo	SD	57559

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Sharon Freier	Director	Box 174	Draper	SD	57531
<input type="checkbox"/> Bruce Venard	Director	Box 73	Murdo	SD	57559
_____	Director	_____	_____	_____	_____

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

Dated 8-16-06

(Signature)

Treasurer  
(Title)

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

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

**FILING FEE: \$5 In addition to corporate report fee**

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

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

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

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

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

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(signature of registered agent)

268 0637 10/25/2007

# 2007 NONPROFIT REPORT

FILE DATE 10/05/07  
RECEIPT NO 1723907

**RECEIVED**  
**OCT 05 2007**  
**S.D. SEC. OF STATE**

PLEASE TYPE OR USE BLACK INK

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

1. Corporate Name, Registered Agent and Registered Address:



NS011101 SEP/2006  
MURDO GOLF CLUB  
OREILLY, BRIAN  
303 MUSTANG  
PO BOX 514  
MURDO SD 57559-0514

Day Time Phone # 605-669-2472  
Federal Taxpa  
FILING DATE: Due during the month the Certificate  
of Incorporation was issued, and delinquent after  
the last day of the following month.

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

2. The nature of the affairs which the corporation is conducting in South Dakota is GOLF Course

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

B. The amount of property presently held by the corporation is \$ 20,000  
\* Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input checked="" type="checkbox"/> Jeff Birkeland	President	301 mustang Dr	Murdo	SD	57559
<input checked="" type="checkbox"/> Pat Brunskill	Vice President	24215 Van Mette Road	Murdo	SD	57559
<input type="checkbox"/> Sharon Feit	Secretary	PO Box 174	Drapet	SD	57531
<input type="checkbox"/> Brian O'Reilly	Treasurer	303 mustang Dr	Murdo	SD	57559

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<input checked="" type="checkbox"/> Bruce Venard	Director	205 Kennedy Ave	Murdo	SD	57559
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____

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

Dated 9-7-07

Jeff Birkeland  
(Signature)

President  
(Title)

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

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

**FILING FEE: \$5 In addition to corporate report fee**

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

1. The name of the corporation is \_\_\_\_\_  
\_\_\_\_\_

2. The previous street address, or a statement that there is no street address, or its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

4. The name of its previous registered agent is \_\_\_\_\_

5. The name of its successor (current) registered agent is \* \_\_\_\_\_

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

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

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

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

Dated \_\_\_\_\_ (Signature) \_\_\_\_\_

\_\_\_\_\_  
(Title)

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

registered agent for \_\_\_\_\_  
(corporate name)

Dated \_\_\_\_\_ (signature of registered agent) \_\_\_\_\_

2008

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

ANNUAL REPORT  
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 9/9/08  
 RECEIPT NO. RECEIVED 1825825  
**RECEIVED**  
 SEP 09 2008  
 S.D. SEC. OF STATE  
 AUG 28 2008  
 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



\*NS011101\*  
NS011101 SEP/2007  
MURDO GOLF CLUB  
OREILLY, BRIAN  
303 MUSTANG  
PO BOX 514  
MURDO SD 57559-0514

Telephone # 605-669-2492  
 FAX # 605-669-2665  
 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.

Above 303 Mustang Murdo SD 57559-0514  
 Street Address City State ZIP+4  
PO Box 514 Murdo SD 57559-0514  
 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Brian O'Reilly  
~~P.O. Box 514 303 Mustang Murdo SD 57559-0514~~  
 Street Address (Required to be a South Dakota Address) City State ZIP+4  
PO Box 514 Murdo SD 57559-0514  
 Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

<input checked="" type="checkbox"/>	Steven J Reed	307 Mustang Drive	Murdo	SD	57559-
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Bruce Venard	205 Kennedy	Murdo	SD	57559
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Brian O'Reilly	303 Mustang Dr.	Murdo	SD	57559
	Secretary/Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					57559
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Pat Brunskill	24215 Van Meter Rd	Murdo	SD	57559
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Cheryl Iverson	P.O. Box 14			
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

Dated 8-28-08

Steven J Reed  
 (Signature of an authorized officer)  
Steven J Reed  
 (Printed Name)  
President  
 (Title)

280 2371

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)

2009

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

ANNUAL REPORT  
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 09/01/09  
 RECEIPT NO 1940463  
**RECEIVED**  
**AUG 11 2009**  
**S.D. SEC. OF STATE**

**RECEIVED**  
**AUG 05 2009**  
**S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Address:



NS011101 SEP/2008  
MURDO GOLF CLUB  
OREILLY, BRIAN  
PO BOX 514  
MURDO SD 57559-0514

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

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

303 Mustang Dr. Murdo SD 57559-0514  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Brian O'Reilly

303 Mustang Dr. Murdo SD 57559-0514  
Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 514 Murdo SD 57559-0514  
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

Steven J. Reed 307 Mustang Dr. Murdo SD 57559  
President Street Address City State ZIP+4

Bruce Jensen 205 Kennedy Ave Murdo SD 57559  
Vice President Street Address City State ZIP+4

Secretary Street Address City State ZIP+4

Brian O'Reilly 303 Mustang Dr. Murdo SD 57559  
Treasurer Street Address City State ZIP+4

Cheryl Iversen 26903 243rd Street Murdo SD 57559  
Director Street Address City State ZIP+4

Lana Feddersen 709 Garfield Ave Murdo SD 57559  
Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

Dated 8-4-09

[Signature]  
(Signature of an authorized officer)

Brian O'Reilly  
(Printed Name)

Treasurer  
(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)

2010

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

ANNUAL REPORT  
DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

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

FILE DATE 11/09/10  
RECEIPT NO 2085544  
**RECEIVED**  
NOV 09 2010  
S.D. SEC. OF STATE

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

1. Corporate Name, Registered Agent Name and Address:



\*NS011101\*  
NS011101 SEP/2009  
MURDO GOLF CLUB  
OREILLY, BRIAN  
PO BOX 514  
MURDO SD 57559-0514

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.

303 Mustang Drive 57559-0514  
Street Address City State ZIP+4  
PO Box 514 Murdo SD 57559-0514  
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Brian O'Reilly

303 Mustang Dr Murdo SD 57559-0514  
Street Address (Required to be a South Dakota Address) City State ZIP+4  
PO Box 514  
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

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

Steven T Reed 307 Mustang Dr Murdo SD 57559-0534  
President Street Address City State ZIP+4  
 Bruce Venard 205 Kennedy Ave Murdo SD 57559-0073  
Vice President Street Address City State ZIP+4  
 Lana Feddersen 709 Garfield Ave Murdo SD 57559-0380  
Secretary Street Address City State ZIP+4  
 Brian O'Reilly 303 Mustang Dr Murdo SD 57559-0514  
Treasurer Street Address City State ZIP+4  
 Cheryl Iversen 26903rd St Murdo SD 57559-0014  
Director Street Address City State ZIP+4  
 \_\_\_\_\_  
Director Street Address City State ZIP+4  
 \_\_\_\_\_  
Director Street Address City State ZIP+4

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

Dated 11-1-2010

[Signature]  
(Signature of an Authorized Person)  
Steven J Reed  
(Printed Name)

312 3523

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 REPORT

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

## DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 5/4/2012

RECEIPT NO 40072

## 1. Corporate Name and Address:

NS011101  
MURDO GOLF CLUB  
303 MUSTANG  
MURDO, SD 57559

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

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

303 MUSTANG	MURDO	SD	57559
Street Address	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: BRIAN OREILLY

303 MUSTANG	MURDO	SD	57559
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	STEVEN J REED	307 MUSTANG DR.	MURDO	SD	57559
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRUCE VENARD	205 KENNEDY AVE.	MURDO	SD	57559
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LANA FEDDERSEN	709 GARFIELD AVE	MURDO	SD	57559
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRIAN O'REILLY	303 MUSTANG DR.	MURDO	SD	57559
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CHERYL IVERSEN	26903 248TH STREET	MURDO	SD	57559
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SETH GEIGLE	207 E. 7TH STREET	MURDO	SD	57559
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Date 05/04/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

BRIAN O'REILLY

(Printed Name)

2012

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 8/24/2012

RECEIPT NO 59822

## 1. Corporate Name and Address:

NS011101  
MURDO GOLF CLUB  
303 MUSTANG  
MURDO, SD 57559

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

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

303 MUSTANG	MURDO	SD	57559
Street Address	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: BRIAN OREILLY

303 MUSTANG	MURDO	SD	57559
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	STEVEN J REED	307 MUSTANG DR.	MURDO	SD	57559
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRUCE VENARD	205 KENNEDY AVE.	MURDO	SD	57559
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	LANA FEDDERSEN	709 GARFIELD AVE	MURDO	SD	57559
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRIAN O'REILLY	303 MUSTANG DR.	MURDO	SD	57559
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CHERYL IVERSEN	26903 248TH STREET	MURDO	SD	57559
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SETH GEIGLE	207 E. 7TH STREET	MURDO	SD	57559
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Date 08/24/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

BRIAN O'REILLY

(Printed Name)

2013

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

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

FILE 8/19/2013

RECEIPT NO 135791

## 1. Corporate Name and Address:

NS011101  
MURDO GOLF CLUB  
303 MUSTANG  
MURDO, SD 57559

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

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

303 MUSTANG	MURDO	SD	57559
Street Address	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: BRIAN OREILLY

303 MUSTANG	MURDO	SD	57559
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	STEVEN J REED	307 MUSTANG DR.	MURDO	SD	57559
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRUCE VENARD	205 KENNEDY AVE.	MURDO	SD	57559
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRIAN O'REILLY	303 MUSTANG DR.	MURDO	SD	57559
	Treasurer	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CHERYL IVERSEN	26903 248TH STREET	MURDO	SD	57559
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SETH GEIGLE	207 E. 7TH STREET	MURDO	SD	57559
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

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

Date 08/19/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

BRIAN O'REILLY

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

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

**DOMESTIC NONPROFIT**

Please Type or Print Clearly In Ink

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

FILE DATE 9/16/2014

RECEIPT NO 231669

## 1. Corporate Name and Address:

NS011101  
MURDO GOLF CLUB  
303 MUSTANG  
MURDO, SD 57559

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

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

303 MUSTANG	MURDO	SD	57559
Street Address	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address	City	State	ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name: BRIAN OREILLY

303 MUSTANG	MURDO	SD	57559
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	BRIAN O'REILLY	303 MUSTANG DR.	MURDO	SD	57559
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRUCE VENARD	205 KENNEDY AVE.	MURDO	SD	57559
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CHERYL IVERSEN	26903 248TH STREET	MURDO	SD	57559
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	SETH GEIGLE	207 E. 7TH STREET	MURDO	SD	57559
	Director	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TRAVIS VAN DAM	302 MUSTANG DR	MURDO	SD	57559
	Treasurer	Street Address	City	State	ZIP+4

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

Dated 09/16/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

BRIAN O'REILLY

(Printed Name)

2015

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

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

Please Type or Print Clearly In Ink

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

FILE DATE 8/26/2015

RECEIPT NO 330828

Telephone # \_\_\_\_\_

## 1. Corporate Name and Address:

NS011101

MURDO GOLF CLUB

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

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

303 MUSTANG	MURDO	SD	57559
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
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: BRIAN OREILLY

303 MUSTANG	MURDO	SD	57559
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			

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

<input checked="" type="checkbox"/>	BRIAN O'REILLY	303 MUSTANG DR.	MURDO	SD	57559
	President	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BRUCE VENARD	205 KENNEDY AVE.	MURDO	SD	57559
	Vice President	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	TRAVIS VAN DAM	302 MUSTANG DR	MURDO	SD	57559
	Treasurer	Actual Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CHERYL IVERSEN	26903 248TH STREET	MURDO	SD	57559
	Secretary	Actual Street Address	City	State	ZIP+4



SETH GEIGLE

207 E. 7TH STREET

MURDO

SD

57559

Director

Actual Street Address

City

State

ZIP+4



Director

Actual Street Address

City

State

ZIP+4

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

Dated 08/26/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email \_\_\_\_\_

BRIAN O'REILLY

(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.

8/26/2015 2:34:32 PM

2016

STATEMENT OF CHANGE OF REGISTERED OFFICE  
DOMESTIC NONPROFIT CORPORATIONS

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

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

Please Type or Print Clearly In Ink

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

FILE DATE 8/23/2016

RECEIPT NO 448748

1. Corporate ID and Name:

NS011101

Enter Corporate ID

MURDO GOLF CLUB

Enter Corporate Name

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: BRIAN OREILLY

303 MUSTANG	MURDO	SD	57559
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
PO BOX 514	MURDO	SD	57559-0514
Mailing Address, if Different from Street Address	City	State	ZIP+4

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

New Agent Name: TRAVIS L VAN DAM

302 MUSTANG DRIVE	MURDO	SD	57559
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
PO BOX 62	MURDO	SD	57559-0062
Mailing Address in This State, if Different from 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 08/23/2016

Signature Accepted Electronically  
(Signature of an Authorized Person)  
TRAVIS L VAN DAM  
(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.

8/23/2016 10:38:38 AM

2016

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

ANNUAL REPORT  
 DOMESTIC NONPROFIT CORPORATIONS

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

Please Type or Print Clearly In Ink

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

FILE DATE 8/23/2016

RECEIPT NO 448748

## 1. Corporate ID and Name:

NS011101

Enter Corporate ID

MURDO GOLF CLUB

Enter Corporate Name

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

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

302 MUSTANG

MURDO

SD

57559

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

PO BOX 62

MURDO

SD

57559-0062

Mailing Address, if Different from Street Address

City

State

ZIP+4

## 4. The name of the South Dakota Registered Agent

Agent Name:

TRAVIS L VAN DAM

302 MUSTANG DRIVE

MURDO

SD

57559

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

PO BOX 62

MURDO

SD

57559-0062

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

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

<input checked="" type="checkbox"/>	BRUCE VENARD	205 KENNEDY AVE.	MURDO	SD	57559
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	TRAVIS VAN DAM	302 MUSTANG DR	MURDO	SD	57559
	Treasurer	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	CHERYL IVERSEN	23940 270TH AVE	MURDO	SD	57559
	Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	SETH GEIGLE	26903 248TH ST	MURDO	SD	57559
	Vice President	Actual Street Address	City	State	ZIP+4

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

<input checked="" type="checkbox"/>	KAYLA ANDERSON	24072 271ST AVE	MURDO	SD	57559
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Director	Actual Street Address	City	State	ZIP+4
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<input checked="" type="checkbox"/>	DENNIS MOORE	101 N WASHINGTON	MURDO	SD	57559
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Director	Actual Street Address	City	State	ZIP+4
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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)

TRAVIS L VAN DAM

(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.

8/23/2016 10:38:38 AM