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# ANNUAL REPORT

South Dakota State Capitol  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

Domestic Nonprofit Corporation  
SDCL 47-24-6, 59-11-24

Filing Fee: \$10  

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Total Fee: \$10

**2017**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

1. Business ID and Name:

**NS010141**  
BUSINESS ID

**WHEELS AND MEALS CORPORATION**  
BUSINESS NAME

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

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

Actual Street Address

**105 N BROADWAY  
MILLER, SD 57362**

Mailing Address

**105 N BROADWAY  
MILLER, SD 57362**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name **KRISTI K LICHTY**

Actual Street Address in this State

**105 N BROADWAY  
MILLER, SD 57362-1349**

Mailing Address in this State

5. The names and addresses of its principal officers.

Title	Name	Address
President	JAMES BEVERS	217 EAST 2ND ST, MILLER, SD, 57362
Secretary	CONNIE SCHROEDER	410 NORTH BROADWAY, MILLER, SD, 57362
Vice President	ELEANOR IVERSON	1000 WEST 2ND ST, MILER, SD, 57362

6. The names and addresses of its directors (governors).

Name	Address
KRISTI K LICHTY	105 N BROADWAY, MILLER, SD, 57362
Cody Heckenlaible	105 N Broadway, Miller, SD 57362

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).



06/29/2017

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*Kristi Kay Lichty*

\_\_\_\_\_  
Signature of an Authorized Person

Kristi Kay Lichty

\_\_\_\_\_  
Printed Name

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