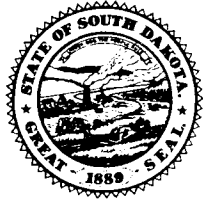


State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Organization Domestic LLC

ORGANIZATIONAL ID# DL041589

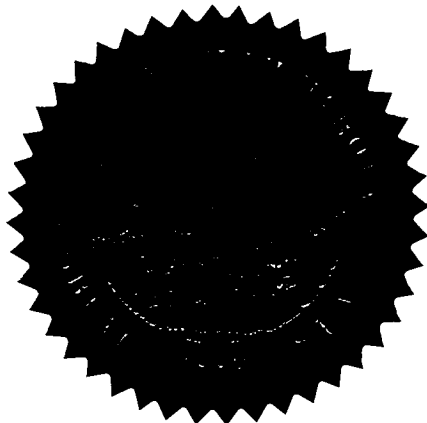
I, **Jason Gant**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of

ICO LLC

duly signed and verified, 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 12/30/2014.



Jason M. Gant
Secretary of State

12/30/2014 5:41:34 PM
Change ID: 1215974

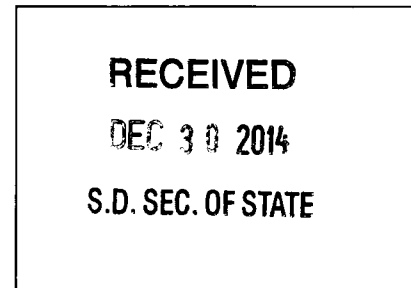
Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ARTICLES OF ORGANIZATION DOMESTIC LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$150 payable to SECRETARY OF STATE



Telephone # _____
FAX # _____

Filed this 30th day of Dec., 2014

SECRETARY OF STATE

The name of the company is ICO LLC

Article I

The name must contain limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

Article II

The duration of the company if other than perpetual is _____

Article III

The address of the initial designated office in or out of the State of South Dakota where the company conducts its business.

106 Main Avenue	Gary	SD	57237
Street Address	City	State	ZIP+4
PO Box 69	Gary	SD	57237
Mailing Address (Optional)	City	State	ZIP+4

Article IV

The South Dakota Registered Agent name Robert T. Griffith

106 Main Avenue	Gary	SD	57237
Street Address or Rural Route Number in This State and	City	State	ZIP+4
PO Box 69	Gary	SD	57237
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent.

Article V

The name and address of each organizer

Michael H.A. Ostrem	401 Groveland Avenue	Minneapolis	MN	55403
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4

Article VI

Check one:

- The company will be member managed.
 The company will be manager managed.

If this company is to be manager managed, please state the name and address of each initial manager.

Robert T. Griffith	106 Main Avenue	Gary	SD	57237
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Article VII

Whether one or more of the members of the company are to be liable for its debts and obligations as set forth under SDCL 47-34A-303 (c).

No member shall be personally liable for a debt, obligation, or liability of the company solely by reason of being or acting as a member or manager.

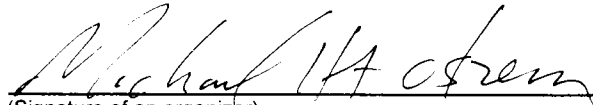
Article VIII

Any other provisions not inconsistent with law, which the members elect to set out in the articles of organization.

The Articles of Organization must be executed by the organizers.

Dated December 29, 2014

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.



(Signature of an organizer)

Michael H.A. Ostrem

(Printed Name)

Organizer/Attorney

(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

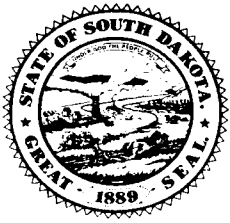
(Title)

Dated _____

(Signature of an organizer)

(Printed Name)

(Title)



Secretary of State

Jason M. Gant

State Capitol | 500 E. Capitol Ave. | Pierre, South Dakota 57501 | sdsos@state.sd.us | sdsos.gov

Return To: MULLIGAN/BJORNES PLLP MICHON J HARTSUIKER
401 GROVELAND AVE
MINNEAPOLIS, MN 55403

From: Secretary of State Jason M. Gant
Corporations Division

Filing Date: 12/30/2014

Re: ICO LLC (DL041589)
Articles of Organization

The documents on behalf of ICO LLC have been received and filed. Attached is the Certificate along with a receipt for the filing fee of \$200.00. Below is a summary of the transaction.

Remitter	Address	Amount Paid
MICHAEL H.A. OSTREM	401 GROVELAND AVE MINNEAPOLIS, MN 55403	\$200.00
Total:		\$200.00

Description	Invoice Date	Qty	Receipt #	Subtotal
Articles of Organization	12/30/2014	1	258616	\$150.00
Expedited	12/30/2014	1	258616	\$50.00
Refunds	12/30/2014	1	258616	\$.00
Total:				\$200.00

Administration	Corporations	Uniform Commercial Code
Tel: (605) 773-3537	Tel: (605) 773-4845	Tel: (605) 773-3537
Fax: (605) 773-6580	Fax: (605) 773-4550	Fax: (605) 773-6580



2015

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 1/17/2016

RECEIPT NO 370632

1. LLC ID and Name:

DL041589

Enter LLC ID

ICO 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).

106 MAIN AVENUE GARY SD 57237

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

PO BOX 69 GARY SD 57237

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

4. The name of the South Dakota Registered Agent

Agent Name: ROBERT T GRIFFITH

106 MAIN AVENUE GARY SD 57237

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

PO BOX 69 GARY SD 57237

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 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

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

Signature Accepted Electronically

(Signature of an Authorized Person)

ROBERT T GRIFFITH

(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.

1/17/2016 8:53:16 PM