

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

9 1993 1 7 2 0 3  
**ANNUAL REPORT**

DOMESTIC  
 PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 3/9/94  
 RECEIPT NO. 1206  
 MAR 09 1994

1. Corporate Name, Registered Agent and Registered Address:

DB013073  
 MORRIS INC  
 MILTION, MORRIS  
 BOX 1162  
 PIERRE SD 57501

Telephone # 605-223-2585  
 FAX # 605-223-2066

Federal Taxpayer ID \_\_\_\_\_  
 FILING DATE: Due during the month the  
 Certificate of Incorporation was issued,  
 and delinquent the last day of the following  
 month.

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

4. The aggregate number of shares which it has authority to issue, itemized by classes, per value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ISSUED CLASS SERIES

6. The amount of its stated capital is \$ \_\_\_\_\_

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

Dated 3-5 1994

By [Signature]  
 (Signature)  
 its President  
 (Title)

STATE OF S. Dakota  
 COUNTY OF Beauregard ss

I, Loni Spedschlaw, a notary public, do hereby certify that on this 7 day of March 1994,  
 personally appeared before me Milton Morris who, being by me first duly sworn, declared that he/she is the  
President of Morris Inc

that he/she signed the foregoing document as an officer of the corporation, and the statements therein contained are true.  
 My Commission Expires 12 Commission Expires April 6, 1999  
Loni Spedschlaw  
 Notary Public

(Notarial Seal)

SECRETARY OF STATE  
STATE CAPITOL  
600 E. CAPITOL  
PIERRE, S.D. 57601-6077  
605-773-4846

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

**FILING FEE: \$5** 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

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)

1994

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

9 4 0 9 1 7 4 2 7 0 3

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

AUG 16 1994

FILE DATE 9-13-94  
RECEIPT NO. 412018

RECEIVED

SEP 13 1994

1. Corporate Name, Registered Agent and Registered Address:

DB-013073	SEP/93
MORRIS INC.	
MORRIS, MILTON	
BOX 1162	
PIERRE, SD 57501-1162	

Telephone # 605-223-2335

FAX # 605-223-2006

Federal Taxpayer ID

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

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3. The names and addresses of its directors and officers: (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
_____	_____	_____	_____

5. NUMBER OF SHARES ISSUED \_\_\_\_\_ CLASS \_\_\_\_\_ SERIES \_\_\_\_\_

6. The amount of its stated capital is \$ \_\_\_\_\_

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

Dated 9-12 1994  
By Milton Morris  
(Signature)  
his PRESIDENT  
(Title)

STATE OF South Dakota  
COUNTY OF Stanley ss  
I, Renee J. Ellwein, a notary public, do hereby certify that on this 12th day of September 1994 personally appeared before me Milton Morris who, being by me first duly sworn, declared that he/she is the president of Morris Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires June 7, 1998  
RENEE ELLWEIN Notary Public  
My Commission Expires June 7, 1998  
(Notarial Seal)  
Renee J. Ellwein  
Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
600 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: \$5** 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

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)

1995

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

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 9-1-95  
RECEIPT NO. 9-1668  
**RECEIVED**  
AUG 31 1995  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-013073  
MORRIS INC.  
MORRIS, MILTON  
BOX 1162  
PIERRE, SD 57501-1162

Telephone # 605-223-2585  
FAX # 505-223-2006  
Federal Taxpayer ID # [REDACTED]  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

**\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\***

If ALL of the information, including the registered agent and address listed in number, one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota Construction, irrigation and Redi-Mix

3. The names and addresses of its directors and officers (Both officers and directors must be listed in the spaces provided).

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP - 4
<u>Milton Morris</u>	Director	<u>103 Woodriver Quay</u>	<u>Pierre</u>	<u>SD</u>	<u>57501</u>
<u>Larry Morris</u>	Director	<u>2003 Buffalo</u>	<u>Pierre, SD</u>		
<u>Milton L. Morris</u>	President				
	Vice President				
<u>Larry B. Morris</u>	Secretary				
	Treasurer				

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE 200,000 CLASS Common SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE  
\$10

5. NUMBER OF SHARES ISSUED 10,701 CLASS COMMON SERIES \$10

6. The amount of its stated capital is \$ 127,948

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

Dated 30th August 1995

By [Signature]  
(Signature)  
Its President  
(Title)

STATE OF South Dakota  
COUNTY OF Stanku ss

I, Renée J. Ellwein, a notary public, do hereby certify that on this 30th day of August 1995, personally appeared before me Milton Morris who, being by me first duly sworn, declared that he/she is the president of MORRIS INC.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires RENEE ELLWEIN Notary Public  
My Commission Expires June 7, 1998  
(Notarial Seal) [Signature]  
Notary Public

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: \$5 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
4. The name of its previous registered agent is \_\_\_\_\_
5. The name of its successor 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

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)

060024001167

RECEIVED 1996

1996  
RETURN TO  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4845  
FAX (605) 773-4550

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 9-13-96  
RECEIPT NO. 71772

RECEIVED

1996

1 Corporate Name, Registered Agent and Registered Address.

DB-013073 SEP/95  
MORRIS INC.  
MORRIS, MILTON  
BOX 1162  
PIERRE, SD 57501-1162

Telephone # 605-223-2585  
FAX # 605-223-2006

Federal Taxpayer ID \_\_\_\_\_  
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

### \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2 The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3 The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director  
Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.

Director \_\_\_\_\_  
Director \_\_\_\_\_

4 The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
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5 NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6 The amount of its stated capital is \$ \_\_\_\_\_ (Money received for issued shares)

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

Dated Sept 9 19 96

By Milton Morris  
(Signature)  
Its Pres  
(Title)

STATE OF South Dakota  
COUNTY OF Stanley ss

I, Sam Schjerve, a notary public, do hereby certify that on this 9th day of Sept 19 96, personally appeared before me MILTON MORRIS who, being by me first duly sworn, declared that he/she is the Pres of Morris Inc.

that he/she signed the foregoing as an officer of the corporation, and the statements therein contained are true

My Commission Expires February 14, 2003  
(Notarial Seal)

Sam Schjerve  
Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4645

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

**FILING FEE: \$5** 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ 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 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

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)

<b>CONSENT OF APPOINTMENT BY THE REGISTERED AGENT</b>	
I, _____, hereby give my consent to serve as the	
(name of registered agent)	
registered agent for _____	
(corporate name)	
Dated _____ 19 _____	_____ (signature)

1997

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

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE, \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 10-17-97  
RECEIPT NO. 660420  
RECEIVED RECEIVED

OCT 17 1997 OCT 1 1997

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

1. Corporate Name, Registered Agent and Registered Address.

DB-013073 SEP/96  
MORRIS INC.  
MORRIS, MILTON  
BOX 1162  
PIERRE, SD 57501-1162

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

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

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ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota  
Construction, Irrigation and Concrete

3. The names and addresses of its directors and officers

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>Milton L. Morris</u>	<u>President</u>	<u>103 Woodriver Quay</u>	<u>Pierre</u>	<u>Sd</u>	<u>57501</u>
	<u>Vice President</u>				
<u>Jean Morris</u>	<u>Secretary</u>	<u>103 Woodriver Quay</u>	<u>Pierre</u>	<u>SD</u>	<u>57501</u>
<u>Jean Morris</u>	<u>Treasurer</u>	<u>103 Woodriver Quay</u>	<u>Pierre, SD</u>		<u>57501</u>

SD law requires at least one director.  
Do the above listed officers serve also as directors? YES x NO \_\_\_\_ If no, list directors below.  
Milton L. Morris Director \_\_\_\_\_  
Director \_\_\_\_\_

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>200,000</u>	<u>Common</u>		<u>\$10</u>

5. NUMBER OF SHARES ACTUALLY ISSUED

NUMBER OF SHARES ACTUALLY ISSUED	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>10,701</u>	<u>Common</u>		<u>\$10</u>

6. The amount of its stated capital is \$ 127,948 (Money received for issued shares)

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

Dated 9-30 19 97  
By [Signature]  
(Signature)  
its President  
(Title)

STATE OF South Dakota  
COUNTY OF Stanley ss  
I, Carolyn Theobald, a notary public, do hereby certify that on this 30th day of September 19 97, personally appeared before me Milton L. Morris who, being by me first duly sworn, declared that he/she is the President of Morris, Inc.  
that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
My Commission Expires 3-28-2005  
Carolyn Theobald  
Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57601-5077  
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date. \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10** 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ 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 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19 \_\_\_\_\_

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

\_\_\_\_\_  
(title)

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

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)

1998

RETURN TO SECRETARY OF STATE STATE CAPITOL 500 E. CAPITOL PIERRE, S.D. 57501-5070 605-773-4845 FAX (605) 773-4550

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 10/2/98 RECEIPT NO. 74216 RECEIVED AUG 14 1998 OCT 2 1998

1. Corporate Name, Registered Agent and Registered Address:

DB-013073 SEP/97 MORRIS INC. MORRIS, MILTON BOX 1162 PIERRE, SD 57501-1162

Telephone # FAX # Federal Taxpayer ID FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

IF ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

[X] ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota

Heavy Equipment Construction

3. The names and addresses of its directors and officers

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP + 4. Rows for President (Mitt Morris), Vice President, Secretary (Jean Morris), and Treasurer.

SD law requires at least one director. Do the above listed officers serve also as directors? YES NO[X] If no, list directors below.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

200,000 Common \$10.00

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES PAR VALUE

10,701 Common \$10.00

6. The amount of its stated capital is \$1,279,418 (Money received for issued shares)

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

Dated Oct 14 19 98 By [Signature] Its President (Title)

STATE OF So Dakota COUNTY OF Stanley ss I, Carolyn Theobald, a notary public, do hereby certify that on this 1st day of October 1998, personally appeared before me Mitt Morris, President of Morris Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true. My Commission Expires 3-22-2005 [Signature] Carolyn Theobald Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5070  
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

**FILING FEE: \$10** 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ 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 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 must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date \_\_\_\_\_ 19\_\_\_\_\_. \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(title)

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

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)

1999

1999

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

ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

9912199.3853  
92/99

FILE DATE 11-1-99  
RECEIPT NO. 840149

RECEIVED

NOV 1 1999

S.D. SEC. Dr. Stitt

1. Corporate Name, Registered Agent and Registered Address:

DE-013073 SEP/98  
MORRIS INC.  
MORRIS, MILTON  
BOX 1162  
PIERRE, SD 57501-1162

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

FAX # \_\_\_\_\_

Federal Taxpayer ID \_\_\_\_\_

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

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

Heavy Equipment Construction

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Milt Morris</u>	President	<u>103 Woodraver Quay</u>	<u>Pierre</u>	<u>SD</u>	<u>57501</u>
	Vice President				
<u>Jean Morris</u>	Secretary	<u>103 Woodraver Quay</u>	<u>Pierre</u>	<u>SD</u>	<u>57501</u>
	Treasurer				

SD law requires at least one director.

Do the above listed officers serve also as directors? YES \_\_\_ NO  If no, list directors below.

Director \_\_\_\_\_  
Director \_\_\_\_\_

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED 200,000 CLASS Common SERIES Common PAR VALUE \$10.00

6. The amount of its stated capital is \$ 1,070,100 (Money received for issued shares)

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

Dated 10/28 19 99

By Milt Morris  
(Signature)

Its Pres  
(Title)

STATE OF South Dakota ss  
COUNTY OF Stanley

I, Laura M. Jarchin, a notary public, do hereby certify that on this 28<sup>th</sup> day of October 19 99, personally appeared before me Milton Morris who, being by me first duly sworn, declared that he/she is the President of Morris Inc. the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires October 4, 2005

Laura M. Jarchin  
Notary Public

(Notarial Seal)

SOS CRP 6/98

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
606-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ 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 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)  
\_\_\_\_\_  
(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)

2000

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

AUG 10 2000

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

FILING FEE \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 9-25-00  
7:34 AM  
RECEIVED  
SEP 25 '00  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DB-013073 Sep-99  
MORRIS INC  
MORRIS, MILTON  
BOX 1162  
  
PIERRE SD 57501-1162

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

FAX # \_\_\_\_\_

Federal Taxpayer ID \_\_\_\_\_

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

### \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.

Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.

Director \_\_\_\_\_  
Director \_\_\_\_\_

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ \_\_\_\_\_ (Money received for issued shares)

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

Dated 9-22-00

By Milton Morris  
(Signature)

Its President  
(Title)

STATE OF So Dakota  
COUNTY OF Stanley ss

On this the 22nd day of Sept, 2000, before me, Milton Morris  
personally appeared \_\_\_\_\_,

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 3-28-2005

Stanley H. Hall  
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: \$10 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ 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 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)

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

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

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_, known to me, or proved to me,  
to be the \_\_\_\_\_ 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 \_\_\_\_\_  
\_\_\_\_\_ 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)

900011111000

2001

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

**ANNUAL REPORT**  
DOMESTIC  
PLEASE TYPE OR USE BLACK INK

0201244.1689  
174702

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

AUG 09 2001 10:31-11  
FILE DATE  
RECEIPT NO. 1033541

RECEIVED RECEIVED

OCT 16 01 OCT 9 01

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

RECEIVED

1. Corporate Name, Registered Agent and Registered Address:

DB-013073 SEP/2000  
MORRIS INC.  
MORRIS, MILTON  
BOX 1162

PIERRE SD 57501-1162

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

FAX # \_\_\_\_\_

Federal Taxpayer I \_\_\_\_\_

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

\*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.

Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.

Director \_\_\_\_\_  
Director \_\_\_\_\_

4. The aggregate number of shares which it has authority to issue, divided by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ \_\_\_\_\_ (Money received for issued shares)

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

Dated 10-4-01

By Neil Morris  
(Signature)

Its Pres  
(Title)

STATE OF South Dakota

COUNTY OF Sioux ss

On this the 4th day of October, 2001, before me, Carolin Thebaud

personally appeared Milton Morris, 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 3-28-2006

Carolin Thebaud  
Notary Public

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4453

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

FILING FEE: \$10 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.

- The name of the corporation is \_\_\_\_\_
- The previous street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
- 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 \_\_\_\_\_
- The name of its successor registered agent is \* \_\_\_\_\_  
\*The Consent of Registered Agent below must be completed by the new agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- 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)  
\_\_\_\_\_  
(Title)

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

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_, known to me, or proved to me,  
to be the \_\_\_\_\_ 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 \_\_\_\_\_  
\_\_\_\_\_  
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)

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

**ANNUAL REPORT**  
 DOMESTIC  
 PLEASE TYPE OR USE BLOCK LETTERS

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
 ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE: 10-31-02  
 RECEIPT NO. 1150961  
 RECEIVED  
 OCT '02

1. Corporate Name, Registered Agent and Registered Address:

DB013073  
 MORRIS INC.  
 MORRIS, MILTON  
 BOX 1162  
 PIERRE SD 57501-1162

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

\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. To report a change in the registered agent and/or office, a statement of change must be filed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____

SD law requires at least one director.  
 Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
_____	_____	_____	_____

5. NUMBER OF SHARES ACTUALLY ISSUED

CLASS	SERIES
_____	_____

6. The amount of its stated capital is \$ \_\_\_\_\_ (Money received for issued shares)

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

Dated 10-30-02

STATE OF So. Dakota  
 COUNTY OF Stark

(Signature) Milton Morris  
President

On this the 30th day of Nov 20 02, before me, Cacalya Therbaki, 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 3-28-2005  
 (Notary Public) Cacalya Therbaki

0301320.0763  
1/30/03

Receipt Number: 1165057

File Number **DB013073**



ARTICLES\_OF\_AMENDMENT

For

**MORRIS, INC.**

Filed at the request of:

SCHMIDT SCHROYER & MORENO PC  
CHARLES SCHROYER  
BOX 1174  
Pierre SD 57501

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

Filed in the office of the Secretary of State on: Tuesday, December 24, 2002

  
Secretary of State

Fee Received: \$20

1730703

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

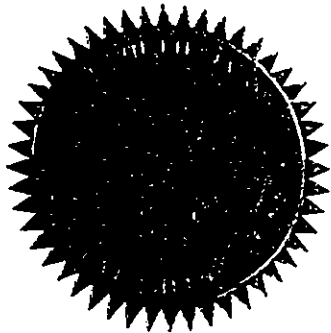
### Certificate of Amendment

ORGANIZATIONAL ID #: DB013073

I, **JOYCE HAZELTINE**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **MORRIS, INC.** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, 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 Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment.

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 December 24, 2002.



Joyce Hazeltine  
Secretary of State

SD-INCORP-INT

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE  
PIERRE, S.D. 57501  
(605)773-4845  
Fax: (605)773-4390

*Joseph J. [Signature]*  
SECRETARY OF STATE

0301320.0763  
1/30/03

ARTICLES OF AMENDMENT  
TO THE  
ARTICLES OF INCORPORATION

Pursuant to the provisions of SDCL 47-2-9, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation.

1. The name of the corporation is MORRIS, INC.

2. The following amendment of the Articles of Incorporation was adopted by the shareholders of the corporation on Dec. 23, 2002, in the manner prescribed by the South Dakota Corporation Acts:

OR

No shares have been issued and the following amendment was adopted by the Board of Directors on \_\_\_\_\_, 20\_\_\_\_.

RECEIVED  
DEC 27 02  
SD SEC. OF STATE

Article II(a) of the Articles of Incorporation:

This corporation shall have authority to issue only common capital stock, each share with a par value of one dollar (\$1.00) per share, and no stock shall be issued without a par value stated thereon. This corporation shall have the authority to issue two million (2,000,000) shares of common capital stock with a par value of one dollar (\$1.00) per share.

3. The number of shares of the corporation outstanding at the time of such amendment was 10,701; and the number of shares entitled to vote thereon was 10,501.

4. The designation and number of outstanding shares of each class entitled to vote thereon as a class were as follows:

Class: <u>Common</u>	Number of shares: <u>10,501</u>
<u>Treasury</u>	<u>200</u>

5. The number of shares voted for such amendment was 10,701

The number of shares voted against such amendment was -0-

The number of shares of each class entitled to vote thereon as a class voted for and against such amendment was:

Class: <u>Common</u>	Number of shares:	For:	Against:
_____	_____	_____	_____

0301320.0763  
1130103

6. The manner, if not set forth in such amendment, in which any exchange, reclassification or cancellation of issued shares provided for in the amendment shall be effected, is as follows:

Certificates for all current shares shall be surrendered and new certificates issued consistent with the Amendment.

7. The manner in which such amendment effects a change in the amount of stated capital, and a statement expressed in dollars, of the amount of stated capital as changed by such amendment.

This Amendment makes no change in the amount of stated capital of the corporation.

To be signed in the presence of a notary public by either the chairman of the board of directors, or by the president or any other officer.

Dated Dec. 24, 2002

Milton Morris  
(Signature) Milton Morris, President  
President  
(Title)

STATE OF SOUTH DAKOTA  
COUNTY OF HUGHES

I, Charles P. Schroyer a notary public, do hereby certify that on this 24<sup>th</sup> day of Dec., 2002 personally appeared before me Milton Morris who, being by me first duly sworn, declared that he/~~she~~ is President of Morris, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

Charles P. Schroyer, Notary Public  
My Commission Expires  
September 21, 2007

(Notary Public)

Notarial Seal

FILING FEE: \$20

1. Please list EXACT corporate name in number one.
  2. Complete signatures and titles of the officers signing for the corporation.
  3. Complete notary verification.
- An ORIGINAL and ONE EXACT COPY of the Articles of Amendment must be submitted.

223 0590 10/21/2003

# 2003

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

**FILING FEE: \$30** MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 9-15-03  
RECEIPT NO 247237  
AUG 20 2003  
RECEIVED

SEP 15 '03

1. Corporate Name, Registered Agent and Registered Address:



DB-013073 SEP/2002  
MORRIS INC.  
MORRIS, MILTON  
BOX 1162  
PIERRE SD 57501-1162

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

### \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report below in the presence of a notary public. To report a change in the registered agent and/or office, both sides of this form must be fully completed. Any change requires full completion of the front side of this form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

3. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

SD law requires at least one director.

Do the above listed officers serve also as directors? YES \_\_\_ NO \_\_\_ If no, list directors below.

_____	Director	_____
_____	Director	_____

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE (authorized)	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
---	-------	--------	---

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

6. The amount of its stated capital is \$ \_\_\_\_\_ (Money received for issued shares)

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

Dated 9-10-03

By Milton Morris  
(Signature)  
Its President  
(Title)

STATE OF So Dakota ss  
COUNTY OF Stanley

On this the 10th day of September, 2003, before me, Carolyn Theobald  
personally appeared Milton Morris, 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 3-28-2005

Carolyn Theobald  
Notary Public

(Notarial Seal)

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

SOS CRP 07/03

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ 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 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)  
\_\_\_\_\_  
(Title)

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

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_, known to me, or proved to me,  
to be the \_\_\_\_\_ 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 \_\_\_\_\_  
\_\_\_\_\_  
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)



**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 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 street address, or a statement that there is no street address, of its registered office \_\_\_\_\_  
\_\_\_\_\_ 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 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 any other 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)

242 3838 11/10/2005

# 2005

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

**FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE**

FILE DATE 11/08/05  
RECEIPT NO. 1493023

RECEIVED

RECEIVED

OCT 26 '05

OCT 23 '05

1. Corporate Name, Registered Agent Name and Registered Address: **RECEIVED**



\*DB013073\*  
DB013073 SEP/2004  
MORRIS INC.  
MORRIS, MILTON  
BOX 1162  
PIERRE SD 57501-1162

NOV 08 '05

S.D. SEC. OF STATE

S.D. SEC. OF STATE

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.

### \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The address of the principal office 306 W Hwy 14 + 34 7th Pierre

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Milton Morris</u>	<u>President</u>	<u>103 Woodriver Quay</u>	<u>Pierre</u>	<u>SD</u>	<u>57501</u>
	<u>Vice President</u>				
	<u>Secretary</u>				
<u>Jean Morris</u>	<u>Treasurer</u>	<u>103 Woodriver Quay</u>	<u>Pierre</u>	<u>SD</u>	<u>57501</u>

4. Provide a brief description of the nature of the business \_\_\_\_\_

SD law requires at least one director.  
Do the above listed officers serve also as directors? YES  NO  If no, list directors below.

Director \_\_\_\_\_  
Director \_\_\_\_\_

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
<u>200,000</u>	<u>Common</u>	
<u>10,701</u>	<u>Common</u>	

The statement may be signed by any authorized officer of the Corporation.

Dated 9-30-05

Milton Morris  
Signature

Milton Morris  
Printed Name

President  
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077  
PHONE: 605-773-4845  
[www.sdsos.gov](http://www.sdsos.gov)

SOS CRP 07/05

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 street address, or a statement that there is no street address, of its current registered office \_\_\_\_\_  
\_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
3. The new 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 current registered agent is \_\_\_\_\_
5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
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)

255 0054 10/31/2006

# 2006

# ANNUAL REPORT

DOMESTIC  
PLEASE TYPE OR USE BLACK INK

**FILING FEE: \$30** MAKE CHECK PAYABLE TO SECRETARY OF STATE

FILE DATE 10/27/06  
**RECEIVED**  
1608713  
**OCT 16 '06**  
**S.D. SEC. of STATE**

**RECEIVED**  
**OCT 27 2006**  
**S.D. SEC. OF STATE**

1. Corporate Name, Registered Agent Name and Registered Address:



\*DB013073\*  
DB013073 SEP/2005  
MORRIS INC.  
MORRIS, MILTON  
BOX 1162  
PIERRE SD 57501-1162

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

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

### \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information, including the registered agent and address listed in number one is identical as set forth in the prior report, you may check the box below and sign the report. To report a change in the registered agent and/or office, both sides of this form must be fully completed. **Any change requires full completion of the front side of this form.**

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

\*\*\*\*\*

2. The address of the principal office 306 W HWY 14834 FE Pierre SD 57532

3. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Milton MORRIS</u>	President	<u>103 woodriver Quay</u>	<u>Pierre</u>	<u>SD</u>	<u>57501</u>
	Vice President				
<u>Jean M. MORRIS</u>	Secretary	<u>103 woodriver Quay</u>	<u>Pierre</u>	<u>SD</u>	<u>57501</u>
<u>Jean M. MORRIS</u>	Treasurer	<u>103 woodriver Quay</u>	<u>Pierre</u>	<u>SD</u>	<u>"</u>

SD law requires at least one director.

Do the above listed officers serve also as directors? YES  NO  If no, list directors below.

Director \_\_\_\_\_  
Director \_\_\_\_\_

4. Provide a brief description of the nature of the business Heavy Construction

5. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>200,000</u>	<u>Common</u>	<u>1000</u>

6. NUMBER OF ISSUED SHARES

NUMBER OF ISSUED SHARES	CLASS	SERIES
<u>10701</u>	<u>Common</u>	

The statement may be signed by any authorized officer of the Corporation.

Dated 9-25-06

Jean M. Morris  
Signature

Jean M Morris  
Printed Name

Sec/Treas  
Title

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**STATE OF S.D.**

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 street address, or a statement that there is no street address, of its current registered office \_\_\_\_\_  
\_\_\_\_\_  
ZIP + 4 \_\_\_\_\_
3. The new 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 current registered agent is \_\_\_\_\_
5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
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)



**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**FILING FEE: \$10 In addition to annual report fee**

Pursuant to the provisions of the South Dakota Business Corporation Act, 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 street address, or a statement that there is no street address, of its current registered office \_\_\_\_\_  
\_\_\_\_\_ ZIP + 4 \_\_\_\_\_
3. The new 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 current registered agent is \_\_\_\_\_
5. The name of its new 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.

The statement may be signed by any authorized officer of the corporation.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

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

registered agent for LANCO  
(corporate name)

Dated \_\_\_\_\_

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

2008

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

ANNUAL REPORT  
DOMESTIC

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to SECRETARY OF STATE

RECEIVED

DEC 10 2008

S.D. SEC. OF STATE

RECEIVED

NOV 17 2008

S.D. SEC. OF STATE

RECEIVED

JAN 07 2009

S.D. SEC. OF STATE

FILE DATE	2/3/09
RECEIPT NO	1880584
RECEIVED	
OCT 29 2008	
S.D. SEC. OF STATE	
RECEIVED	

FEB 03 2009

Telephone #	
FAX #	
S.D. SEC. OF STATE	
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.	

286 2110



\* DB013073 \*  
DB013073 SEP/2007  
MORRIS INC.  
MORRIS, MILTON  
BOX 1162  
PIERRE SD 57501-1162

1. Corporate Name, Registered Agent Name and Address:

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

306 West Hwy 14i 34	Ft. Pierre	SD	57532
Street Address	City	State	ZIP+4
PO Box 1162	Pierre	SD	57501
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent

306 West Hwy 14c 34	Ft. Pierre	SD	57532
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

4. The names and business addresses of its 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 one director.

<input checked="" type="checkbox"/>	Milton Morris	PO Box 1162	4 Pierre	SD	57501
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Jean M. Morris	PO Box 1162	4 Pierre	SD	57501
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Jean M. Morris	Same			
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

Dated 10/21/2008

Jean M. Morris  
(Signature of an authorized officer)  
Jean M. Morris  
(Printed Name)  
Sec/Treas.  
(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 Morris, Inc.

2. The name of the registered agent on file Milton Morris

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

PO Box 1162 Pierre SD 57501  
Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

306 West Hwy 141 34 Ft. Pierre SD 57532  
Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 1162 Pierre SD 57501  
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 2/3/2009

Jean M. Morris  
(Signature of an authorized officer)

Jean M. Morris  
(Printed Name)

Sec / Treasurer  
(Title)

2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 10/30/09
RECEIPT NO 1963889
RECEIVED
OCT 26 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB013073 SEP/2008
MORRIS INC.
MORRIS, MILTON
PO BOX 1162
PIERRE SD 57501-1162

RECEIVED
OCT 30 2009
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.

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

306 W Hwy 14/34 Ft Pierre SD 57532
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Milton Morris

306 W. Hwy 14/34 Ft. Pierre SD 57532
Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 1162 Pierre SD 57532
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 one director.

[X] Milton Morris 306 W. Hwy 14/34 Ft. Pierre SD 57532
President Street Address City State ZIP+4

[ ] Vice President Street Address City State ZIP+4

[X] Jean 'Dawn' Morris 306 W. Hwy 14/34 Ft. Pierre SD 57532
Secretary Street Address City State ZIP+4

[ ] Treasurer Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

[ ] Director Street Address City State ZIP+4

Dated 10/23/2009

Jean M. Morris
(Signature of an authorized officer)

Jean M. Morris
(Printed Name)

HR, owner
(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)

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

# ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 11/4/10  
RECEIPT NO 2082705  
**RECEIVED**  
**NOV 04 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.

312 2017

1. Corporate ID and Name:

DB013073

MORRIS INC.  
MORRIS, MILTON  
BOX 1162  
PIERRE, SD 57501-1162

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.

306 W. 14 & 34	FT PIERRE	SD	57532
Street Address	City	State	ZIP+4
PO BOX 1162	PIERRE	SD	57501
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent MILTON MORRIS

<u>306 W Hwy 14 &amp; 34</u>	<u>FT Pierre</u>	<u>SD</u>	<u>57532</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box 1162</u>	<u>PIERRE</u>	<u>SD</u>	<u>57501</u>
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

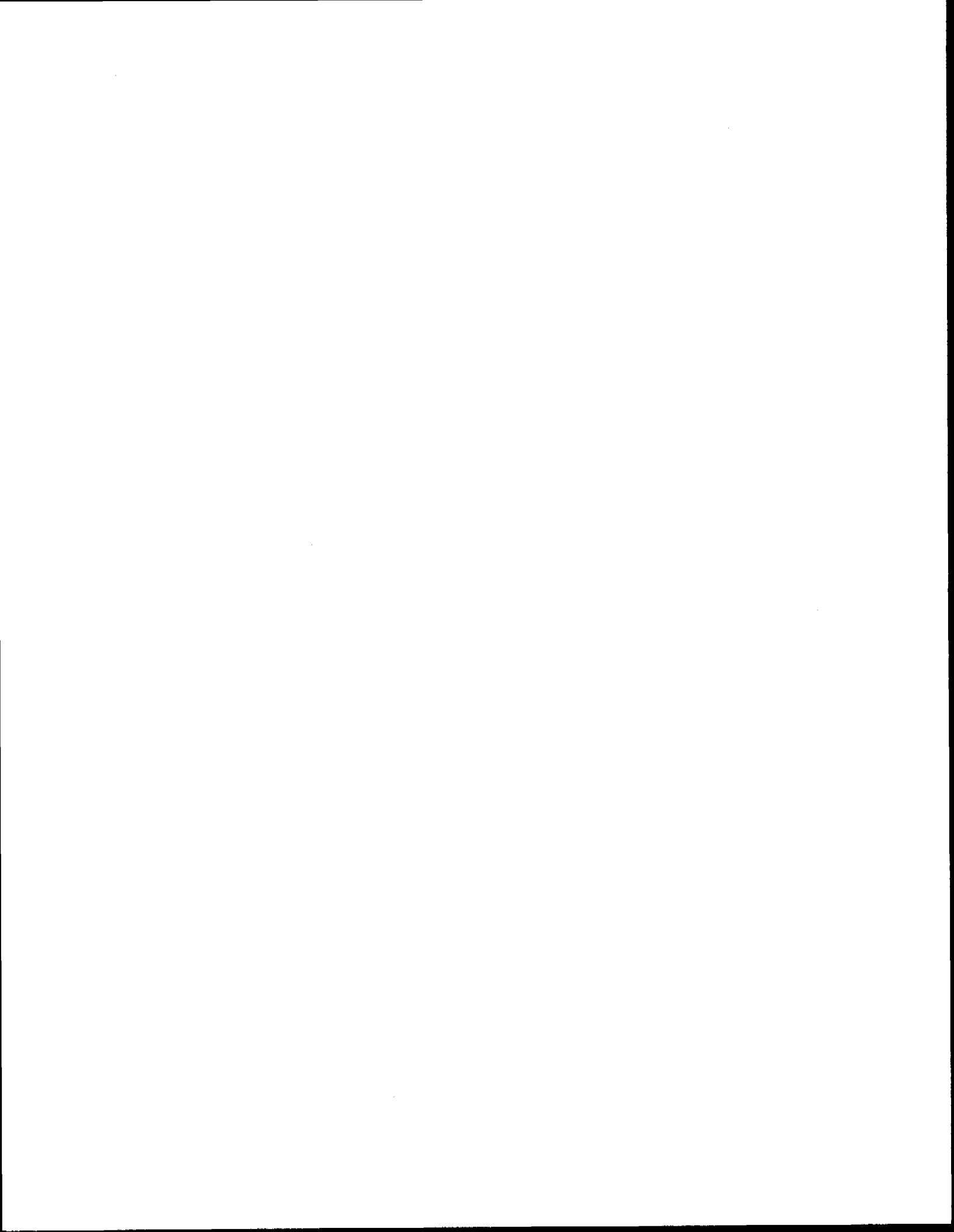
5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	MILTON MORRIS	306 W. HWY 14 & 34	FT. PIERRE	SD	57532
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	JEAN M MORRIS	306 HWY 14 & 34	FT. PIERRE	SD	57532
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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 respect. Any violation is subject to a civil penalty.

Dated 10/4/2010

Darci Probst  
(Signature of an Authorized Person)  
Darci Probst  
(Printed Name)



320 2895

AMENDED REPORT

ANNUAL REPORT DOMESTIC

2010 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 Make check payable to SECRETARY OF STATE

FILE DATE 06/03/11 RECEIPT NO RECEIVED JUN 03 2011 S.D. SEC. OF STATE

Telephone # 605 223 2585

1. Corporate ID and Name:

DB013073 Morris Inc Morris, Milton Box 1162 Pierre, SD 57501-1162

2. The jurisdiction under whose law it is formed South Dakota

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

306 W. 14 & 34 Ft. Pierre SD 57532 Street Address City State ZIP+4 PO Box 1162 Pierre SD 57501 Mailing Address City State ZIP+4 Email Address

4. The name of the South Dakota Registered Agent Milton Morris

306 W. Hwy 14 & 34 Ft. Pierre SD 57532 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 Email Address

5. The names and 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 one director.

Table with 5 columns: Name, Title, Street Address, City, State, ZIP+4. Includes Milton Morris (President), Mark Morris (Secretary), and several blank entries for Vice President, Treasurer, and Director.

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

Dated 5-3-11

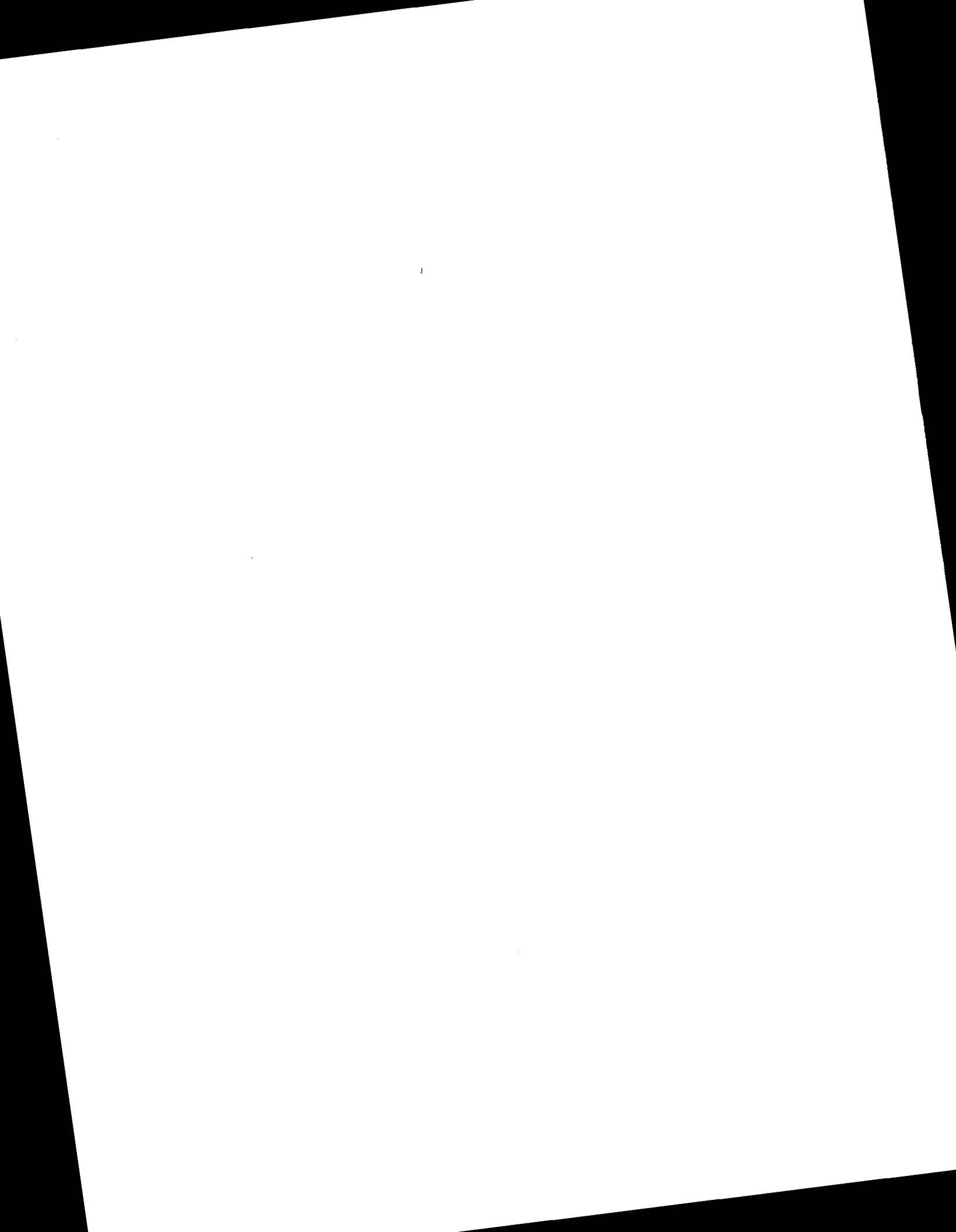
Handwritten signature of David Hufford

(Signature of an Authorized Person)

David Hufford - CFO

(Printed Name)

Email



2011

Enter Filing Year

# ANNUAL REPORT

FILE DATE 10/10/2011

RECEIPT NO 4056

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

## DOMESTIC

**FILING FEE: \$50.00** Please Type or Print Clearly In Ink  
Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:  
DB013073  
MORRIS INC.  
306 WEST HWY 14 & 34  
FT. PIERRE, SD57532

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

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

306 WEST HWY 14 & 34 FT. PIERRE SD 57532  
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MILTON MORRIS

306 WEST HWY 14 & 34 FT PIERRE SD 57532  
Street Address or Rural Route Box Number in This State and City State ZIP+4

PO BOX 1162 PIERRE SD 57501-1162  
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. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

MILTON MORRIS 306 W. HWY 14 & 34 FT. PIERRE SD 57532  
President Street Address City State ZIP+4

Vice President Street Address City State ZIP+4

MARK MORRIS 306 W. HWY 14 & 34 FT. PIERRE SD 57532  
Secretary Street Address City State ZIP+4

Treasurer 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 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 10/10/2011

Signature Accepted Electronically  
(Signature of an Authorized Person)

DAVID HUFFORD-CFO  
(Printed Name)

2012

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 8/22/2012

RECEIPT NO 59317

## 1. Corporate ID and Name:

DB013073  
MORRIS INC.  
306 WEST HWY 14 & 34  
FT. PIERRE, SD 57532

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

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

306 WEST HWY 14 & 34	FT. PIERRE	SD	57532
Street Address	City	State	ZIP+4

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

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

Agent Name: MILTON MORRIS

306 WEST HWY 14 & 34	FT PIERRE	SD	57532
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 1162	PIERRE	SD	57501-1162

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. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	MILTON MORRIS	306 W. HWY 14 & 34	FT. PIERRE	SD	57532
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARK MORRIS	306 W. HWY 14 & 34	FT. PIERRE	SD	57532
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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 08/22/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

DAVID HUFFORD - CFO

(Printed Name)

393 3554

Receipt Number: 82630

File Number **DB013073**



**ARTICLES\_OF\_AMENDMENT**

For

**MORRIS INC.**

Filed at the request of:

HAGEN WILKA & ARCHER PC  
JENNIFER L LARSEN  
PO Box 964  
Sioux Falls SD 57101

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

Filed in the office of the Secretary of State on: **Friday, December 14, 2012**

  
Secretary of State

Fee Received: \$60.00

© GOES 340  
A102/82/2012  
393 3555 12/28/2012

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

### Certificate of Amendment

ORGANIZATIONAL ID #: DB013073

I, **Jason M. Gant**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Articles of Amendment to the Articles of Incorporation of **MORRIS INC.** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, 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 Amendment to the Articles of Incorporation and attach hereto a duplicate of the Articles of Amendment.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this December 14, 2012.



**Jason M. Gant**  
Secretary of State

Litho in U.S.A.

393 3556

Filed this 14th day of Dec 2012  
*Joseph J. [Signature]*  
SECRETARY OF STATE

**SECOND AMENDED AND RESTATED  
ARTICLES OF INCORPORATION OF  
MORRIS, INC.**

**RECEIVED  
DEC 14 2012  
S.D. SEC. OF STATE**

Pursuant to the provisions of South Dakota Business Corporation Act, Morris, Inc. (the "Corporation"), adopts the following Articles of Amendment to the Articles of Incorporation of the corporation.

**ARTICLE I.**

The name of the Corporation is Morris, Inc.

**ARTICLE II.**

The Articles of Incorporation have been amended and restated in the manner prescribed by SDCL 47-1A and by the Articles of Incorporation, pursuant to a unanimous vote of the shareholders of the Corporation on December 4, 2012.

**ARTICLE III.**

The Corporation shall have perpetual duration.

**ARTICLE IV.**

The Corporation is organized for the purpose of engaging in construction services and activities related thereto and further to make and execute any and all agreements for the purposes outlined, including agreements for the borrowing of money, and to do all other things subsidiary, necessary, or contingent for the carrying out and to effect the main purposes of the Corporation and to enter into partnerships and to accomplish all other lawful purposes for which corporations may be incorporated under this Act.

**ARTICLE V**

The address of the principal office of the Corporation is 306 West Highway 14 and 34, Fort Pierre, South Dakota 57532.

**ARTICLE VI**

The address of the registered office of the Corporation is 306 West Highway 14 and 34, Fort Pierre, South Dakota 57532 and the name of its registered agent at such address is Milton Morris.

**ARTICLE VII**

The aggregate number of shares which the corporation shall have authority to issue is 2,000,000 of common stock, \$1.00 par value per share ("Common Stock").

**Voting Rights.** Each share of Common Stock shall entitle its holder to the right to one vote. Notwithstanding the above, the holders of Common Stock shall be entitled to vote only upon the election of Directors and no other matter of the Corporation, provided that, so long as any one or more of Milton Morris, Jean Morris, Julie Morris-Holter, Mark Morris, Mary Weinheimer, Nancy Ronning or John Morris, own shares of Common Stock, each of such named persons, so long as they own at least one (1) share but otherwise regardless of the number of shares owned by them, shall be entitled to appoint one (1) Director to the Board of Directors and no other person shall be entitled to vote upon the election of Directors. Holders of Common Stock shall be entitled to notice of any shareholders' meeting in accordance with the Bylaws of the Corporation.

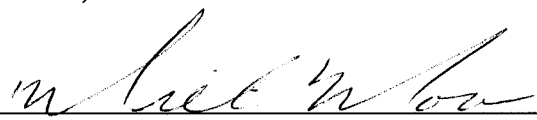
[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

393 3557

The foregoing amendment to the Articles of Incorporation correctly sets forth the corresponding provisions of the Articles of Incorporation as hereby amended, and these Second Amended and Restated Articles of Incorporation shall supersede the original Articles of Incorporation and all Amendments thereto. The foregoing amendment to the Articles of Incorporation was duly adopted by the shareholders effective December 4, 2012.

DATED: December 4, 2012

**MORRIS, INC.**

By:   
Its President



2013

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

Please Type or Print Clearly In Ink

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

FILE 8/19/2013

RECEIPT NO 135642

## 1. Corporate ID and Name:

DB013073  
MORRIS INC.  
306 WEST HWY 14 & 34  
FT. PIERRE, SD 57532

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

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

306 WEST HWY 14 & 34	FT. PIERRE	SD	57532
Street Address	City	State	ZIP+4

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

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

Agent Name: MILTON MORRIS

306 WEST HWY 14 & 34	FT PIERRE	SD	57532
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 1162	PIERRE	SD	57501-1162

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. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	MILTON MORRIS	306 W. HWY 14 & 34	FT. PIERRE	SD	57532
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARK MORRIS	306 W. HWY 14 & 34	FT. PIERRE	SD	57532
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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)

KRISTINE L BRAKKE

(Printed Name)

2014

Enter Filing Year

## ANNUAL REPORT

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

## DOMESTIC

Please Type or Print Clearly In Ink

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

FILE DATE 11/10/2014

RECEIPT NO 245463

## 1. Corporate ID and Name:

DB013073  
MORRIS INC.  
306 WEST HWY 14 & 34  
FT. PIERRE, SD 57532

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

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

306 WEST HWY 14 & 34	FT. PIERRE	SD	57532
Street Address	City	State	ZIP+4

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

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

Agent Name: MILTON MORRIS

306 WEST HWY 14 & 34	FT PIERRE	SD	57532
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 1162	PIERRE	SD	57501-1162

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. Please place a checkmark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	MILTON MORRIS	306 W. HWY 14 & 34	FT. PIERRE	SD	57532
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARK MORRIS	306 W. HWY 14 & 34	FT. PIERRE	SD	57532
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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.

Dated 11/10/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

MILTON MORRIS

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 8/17/2015

Enter Filing Year

DOMESTIC

RECEIPT NO 327712

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

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB013073

MORRIS INC.

Telephone #

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

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

306 WEST HWY 14 & 34 FT. PIERRE SD 57532

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: MILTON MORRIS

306 WEST HWY 14 & 34 FT PIERRE SD 57532

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

PO BOX 1162 PIERRE SD 57501-1162

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

Email Address (Optional)

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

[X] JOHN MORRIS 306 W. HWY 14 & 34 FT. PIERRE SD 57532
President Actual Street Address City State ZIP+4

[ ] Vice President Actual Street Address City State ZIP+4

[ ] MARK MORRIS 306 W. HWY 14 & 34 FT. PIERRE SD 57532
Secretary Actual Street Address City State ZIP+4

[ ] Treasurer Actual Street Address City State ZIP+4

Director

Actual Street Address

City

State

ZIP+4

MILTON MORRIS

306 W. HWY 14 & 34

FT. PIERRE

SD

57532

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

Signature Accepted Electronically

(Signature of an Authorized Person)

Email \_\_\_\_\_

KRISTINA LYNN

(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.

8/17/2015 11:05:17 AM

2015

AMENDED ANNUAL REPORT

FILE DATE 2/9/2016

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

DOMESTIC CORPORATION

SDCL 59-11-24, 24.1; 47-1A-122

RECEIPT NO 381306

Please Type or Print Clearly In Ink

FILING FEE: \$25.00 Make check payable to SECRETARY OF STATE

1. Corporate ID and Name:

DB013073

Enter Corporate ID

MORRIS INC.

Enter Corporate Name

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

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

306 WEST HWY 14 & 34 FT. PIERRE SD 57532
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: MILTON MORRIS

306 WEST HWY 14 & 34 FT PIERRE SD 57532
Actual Street Address or Rural Route Box Number in This State City State ZIP+4

PO BOX 1162 PIERRE SD 57501-1162
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.

[X] MILTON MORRIS 306 W. HWY 14 & 34 FT. PIERRE SD 57532
President Actual Street Address City State ZIP+4

[ ] Vice President Actual Street Address City State ZIP+4

[ ] MARK MORRIS 306 W. HWY 14 & 34 FT. PIERRE SD 57532
Secretary Actual Street Address City State ZIP+4

[ ] Treasurer Actual Street Address City State ZIP+4

[ ] Director Actual Street Address City State ZIP+4



MILTON MORRIS

306 W. HWY 14 & 34

FT. PIERRE

SD

57532

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 (SDCL 47-1A-129).

Dated 02/09/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

MARK MORRIS

(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.

2/9/2016 7:52:32 AM

2016

ANNUAL REPORT

FILE DATE 11/10/2016

Enter Filing Year

DOMESTIC CORPORATION

RECEIPT NO 471962

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

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DB013073

Enter Corporate ID

MORRIS INC.

Enter Corporate Name

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

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

306 WEST HWY 14 & 34 FT. PIERRE SD 57532
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: MILTON MORRIS

306 WEST HWY 14 & 34 FT PIERRE SD 57532
Actual Street Address or Rural Route Box Number in This State City State ZIP+4

PO BOX 1162 PIERRE SD 57501-1162
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.

[X] JOHN MORRIS 306 W. HWY 14 & 34 FT. PIERRE SD 57532
President Actual Street Address City State ZIP+4

[ ] Vice President Actual Street Address City State ZIP+4

[ ] MARK MORRIS 306 W. HWY 14 & 34 FT. PIERRE SD 57532
Secretary Actual Street Address City State ZIP+4

[ ] Treasurer Actual Street Address City State ZIP+4

[ ] Director Actual Street Address City State ZIP+4



MILTON MORRIS

306 W. HWY 14 & 34

FT. PIERRE

SD

57532

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 (SDCL 47-1A-129).

Dated 11/10/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

ASHLEY EVEN

(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.

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