*K~0211318·1040

0211318 1040
11:25/02

Receipt Number: 114710

File Number DL005196





ARTICLES OF ORGANIZATION

For

MARTIN-MASON RESTORATION, LLC

Filed at the request of:

FULLER TELLINGHUISEN GORDON & PERCY, P.C.
ROGERT TELLINGHUISEN
132 E ILLINOIS ST
SPEARFISH SD 57783

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **October 28, 2002**

Secretary of State

Fee Received. $90 contribution $50,000 refunc
check in the amount of $60

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Organization
Limited Liability Company

ORGANIZATIONAL ID #: DL005196

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **MARTIN-MASON RESTORATION, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this October 28, 2002.

Joyce Hazeltine
Secretary of State

Cert of Organization LLC Merge.doc

[redacted]

Filed this 28th day of Oct. 20 02
Joyce Hazeltine
SECRETARY OF STATE

0211318 1040
11:25:02

OCT 2002

ARTICLES OF ORGANIZATION
DOMESTIC LIMITED LIABILITY COMPANY

1.

The name of the Limited Liability Company is Martin-Mason Restoration, LLC.

2.

The duration of the company is perpetual.

3.

The address of the initial designated office is 132 E. Illinois, Spearfish, South Dakota, 57783.

4.

The name and street address of the initial agent for service of process is Roger Tellinghuisen, 132 E. Illinois, Spearfish, South Dakota, 57783.

5.

The name and address of each organizer is:

Roger Tellinghuisen
132 E. Illinois
Spearfish, SD 57783

6.

The Company will be manager-managed. The name and address of the initial manager is:

Blake Haverberg
5198 N. Manitou Trail
Leland, Michigan 49654

7.

The Company shall have four classes of members called "Preferred I Members", "Preferred II Members", "Preferred III Members" and "Regular Members". Only Regular Members shall be entitled to vote on matters coming before the Company. Each class of membership shall be treated equally except as to the following:

Preferred I Members shall:

a) Receive, by way of distribution from the Company, any and all Federal Rehabilitation Tax Credits generated by the Company's renovation and restoration of the historic

d/005196

0211318

0211318.1040
11/25/02

Martin-Mason building located at 44 Sherman Street, Deadwood, South Dakota, 57732 that are available to the Company. Such tax credits shall be distributed to the Preferred I Members in proportion to their percentage of ownership of such Preferred Memberships. No other distribution shall be made to Preferred I Members.

b) Be subject to a mandatory buy-out of their Preferred I Membership interests upon the sale of the principal asset of the Company, i.e., the Martin-Mason Building located at 44 Sherman Street, Deadwood, South Dakota, or on the seventh anniversary of the issuance of such Preferred I Membership, whichever date is earlier as more fully described in the Operating Agreement.

Preferred II Members and Preferred III Members shall:

a) Receive, by way of distribution from the Company, 4.9% of any profits and losses of the Company in any given year. Such distribution shall be prior to any distribution to Regular Members. No other distribution shall be made to Preferred II Members and Preferred III Members.

b) Be subject to a mandatory buy-cut of their membership interests upon the sale of the principal asset of the Company, i.e, the Martin-Mason Building located at 44 Sherman Street, Deadwood, South Dakota, or

(1) On the seventh anniversary of the issuance of a Preferred II Membership; or

(2) On the fifth anniversary of the issuance of a Preferred III Membership,

whichever date is earlier as to each respective class of membership as more fully described in the Operating Agreement.

Regular Members shall:

a) Receive, by way of distribution from the Company, all remaining profits or losses of the Company in any given year after distributions to Preferred II and III Members.

Only Regular Members shall be entitled to vote on matters coming before the Company

8.

No members of the Company are to be liable for its debts and obligations under SDCL 47-34A-303(c).

0211318.1040
11/25/02

The initial Operating Agreement will be adopted by unanimous consent of the members. The power to alter, demand, or repeal the Operating Agreement is vested in the members by a unanimous vote of the members.

Dated this 23 day of October, 2002.

Roger Tellinghuisen, Organizer

STATE OF SOUTH DAKOTA)
) SS
COUNTY OF LAWRENCE)

BE IT REMEMBERED that on this 23 day of October, 2002, before me, the undersigned officer, personally appeared Roger Tellinghuisen who acknowledged himself to be the Organizer of Martin-Mason Restoration, LLC, and that he, as such Organizer, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing his name as the Organizer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public
My Commission Expires: 10/19/2004

[Seal]

****

CONSENT OF APPOINTMENT BY REGISTERED AGENT

I, Roger Tellinghuisen, hereby give my consent to serve as the registered agent for Martin-Mason Restoration, LLC.

Dated this 23 day of October, 2002.

Roger Tellinghuisen

****

02:1318.1040
11:25:02

OCT 28 '02

FIRST ANNUAL REPORT
OF A
LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is: Martin-Mason Restoration, LLC.

2. The state or country under whose law it is organized is: South Dakota.

3. The address of its registered office and the name and address of its registered agent for service of process in South Dakota is:

   Registered Office: 132 E. Illinois
   Spearfish, SD 57783

   Registered Agent: Roger Tellinghuisen
   132 E. Illinois
   Spearfish, SD 57783

4. The address of its principal office is: 132 E. Illinois, Spearfish, South Dakota, 57783

5. The names and business addresses of any managers:

   Blake Haverberg
   5198 N. Manitou Trail
   Leland, Michigan 49654

6. The dollar amount of the total agreed contributions to the Limited Liability Company is $50,000.

Dated this 23 day of October, 2002.

Roger Tellinghuisen, Organizer

******filing fee**

Agreed Contribution	**Fee**
Not in excess of $50,000	**$90.00**
$50,001 to $100,000	**$150.00**
In excess of $100,000	**$150.00 for first $100,000**

225 1997 01/30/2004

2003 ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 1/7/04
RECEIPT NO. 1284361
RECEIVED
JAN 7 '04 DEC 18 '03
SEC. of STATE

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

DL-005196

DL-005196 OCT/0000
MARTIN-MASON RESTORATION, LLC
TELLINGHUISEN, ROGERT
132 E ILLINOIS
SPEARFISH SD 57783-2163

Telephone # [illegible]
FAX # _____
Federal Taxpa[illegible]
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
ROGER TELLINGHUISEN, REGISTERED AGENT
132 E. ILLINOIS, SPEARFISH, SD 57783-2163

4. The address of its principal office is: P.O. BOX 694
DEADWOOD, SD 57732

5. The names and business addresses of any managers:
BLAKE D. HAVERBERG
P.O. BOX 694
DEADWOOD, SD 57732

6. The dollar amount of the total agreed contributions to the Limited Liability Company is $ 3,200,000.00 .*

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 11/05/03

Blake D Haverberg
(Signature and Title)

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

*If the report reflects ~~additional contributions in excess of those stated in the prior report, an additional fee is due,~~ *less the previous fee already paid on contributions*, to make the cumulative fee equal to the filing fee due on the fee schedule listed below.

Total agreed contributions	25,000	or less	$100
Over $25,000 and not exceeding	100,000		125
Over $100,000 and not exceeding	500,000		200
Over $500,000 and not exceeding	1,000,000		300
Over $1,000,000 and not exceeding	1,500,000		400
Over $1,500,000 and not exceeding	2,000,000		500
Over $2,000,000 and not exceeding	2,500,000		600
Over $2,500,000 and not exceeding	3,000,000		700
Over $3,000,000 and not exceeding	3,500,000		800
Over $3,500,000 and not exceeding	4,000,000		900
Over $4,000,000 and not exceeding	4,500,000		1,000
Over $4,500,000 and not exceeding	5,000,000		1,100
For each additional $500,000, $250 in addition to $1,100			

-90+50 = $760

The maximum amount charged under this subsection together with any subsequent payments may not exceed sixteen thousand dollars

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

Revised 7/03
DBLLCAR.DOC

232 0202 12/07/2004

2004 ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

FILE DATE 11/29/04
RECEIPT NO. 138402

RECEIVED
NOV 29 '04
S.D. SEC. of STATE

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

DL005196
DL005196 OCT/2003
MARTIN-MASON RESTORATION, LLC
TELLINGHUISEN, ROGER
132 E ILLINOIS
SPEARFISH SD 57783-2163

Telephone # 605-578-3275
FAX # 605-578-3250
Federal Taxpa
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

Roger A. Tellinghuisen, 132 E. Illinois St., Spearfish, SD 57783

4. The address of its principal office is: 470 Main St., Deadwood, SD 57732

5. The names and business addresses of any managers:

Blake D Haverberg
5198 N. Manitou Trail
Leland, Michigan 49654

6. The dollar amount of the total agreed contributions to the Limited Liability Company is $ 3,000,000.

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 11/04/04

Blake D Haverberg
(Signature)

Regular Member
(Title)

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

Revised 7/04
DBLLCAR.DOC

244 0043 12/20/2005

2005 ANNUAL REPORT

FILE DATE 12/16/05
RECEIPT NO. 150478 3
RECEIVED
DEC 16 '05
S.D. SEC. OF STATE

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

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

DL005196

DL005196 OCT/2004
MARTIN-MASON RESTORATION, LLC
TELLINGHUISEN, ROGER
132 E ILLINOIS
SPEARFISH SD 57783-2163

Telephone # 605-578-3275
FAX # 605-578-3250

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

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

Roger A. Tellinghuisen, 132 E. Illinois St., Spearfish, SD 57783

4. The address of its principal office is: 470 Main St. Deadwood, SD 57732

5. The names and business addresses of any managers:

Blake D. Haverberg
5198 N. Manitou Trail
Leland, MI 49654

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be signed by a manager of a manager-managed company, or a member of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated 12/09/05

Blake D Haverberg
Signature

BLAKE D. HAVERBEEG
Printed Name

REGULAR MEMBER
Title

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

Revised 7/05 DBLLCAR.DOC

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

LIMITED LIABILITY
STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH

FILING FEE: $10

The undersigned Limited Liability Company 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 limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

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

7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

_____
(Signature)

_____
(Title)

354 2674

State of South Dakota

Certificate of Administrative Dissolution

(DA, DB, DF, DL, CO, NS, CH)

I, Chris Nelson, Secretary of State of the State of South Dakota, by virtue of the authority vested in me by SDCL 47-1A-1421, § 47-18-16.4, § 47-34A-810 and § 47-24-13.2 hereby Administratively Dissolve the below named for failure to file the annual report when due.

DL005196

DL005196
MARTIN-MASON RESTORATION, LLC
TELLINGHUISEN, ROGER
132 E ILLINOIS
SPEARFISH SD 57783-2163

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this November 9, 2007.

Chris Nelson

Chris Nelson
Secretary of State

354 2673 11/16/2007

Secretary of State

State Capitol Suite 204
500 East Capitol Avenue
Pierre SD 57501-5070

605-773-4845

Chris Nelson
Secretary of State

Chad Heinrich
Deputy

DL0005196
DL0005196
TELLINGHUISEN, ROGER
MARTIN-MASON RESTORATION, LLC
132 E ILLINOIS
SPEARFISH SD 57783-2163

August 16, 2007

DOMESTIC AND FOREIGN DELINQUENT NOTICE OF PENDING ADMINISTRATIVE DISSOLUTION OR REVOCATION

This letter is being sent pursuant to SDCL and is notification that the annual report on behalf of the above named entity that was due during the anniversary month of incorporation or qualification in South Dakota has not yet been filed. The referenced delinquent report may be the report that was due in 2006 or 2007. The organizational information, date of filing and status is available on our web site at www.sdsos.gov .

The annual report form for each year delinquent must be filed with the Secretary of State's Office PRIOR TO NOVEMBER 2, 2007 together with the appropriate fee and penalty. Failure to file a correct report together with the fees prior to that date will result in Administrative Dissolution or Revocation.

SOUTH DAKOTA ENTITIES The annual report form was previously mailed to the registered office address listed with our office.

FOREIGN (OUT-OF-STATE ENTITIES) The previous annual report form was mailed directly to the corporation, but because the report was not filed we are required to notify the registered agent at this time. *Please forward this notice to the corporation for prompt attention.*

If the registered agent and/or address have changed, the law requires a Statement of Change of Registered Agent and Address form to be filed along with the additional filing fee.

The annual report form, the statement of change form and access to all South Dakota Laws regarding this notice may be obtained from our web site at the following address www.sdsos.gov or by contacting the Secretary of State's Office, Corporate Division at 605-773-4845.

If the report was previously submitted to our office and we returned it for further information, please promptly resubmit the completed form. The deadline for filing is November 2, 2007 with no extensions given. Also note, that reports received in our office after August 15, 2007 may not have been updated on the computer prior to this delinquent notice.

Thank you for your prompt attention to this matter.

---

355 1174

Receipt Number: 138138

File Number DL005196

DL005196

APPLICATION FOR REINSTATEMENT

APPLICATION_FOR_REINSTATEMENT

For

MARTIN-MASON RESTORATION, LLC

Filed at the request of:

MARTIN-MASON RESTORATION LLC
PO BOX 594
DEADWOOD SD 57732

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Thursday, December 06, 2007**

Chris Nelson

Secretary of State

Fee Received: $125.00

355 1175 12/13/2007

State of South Dakota

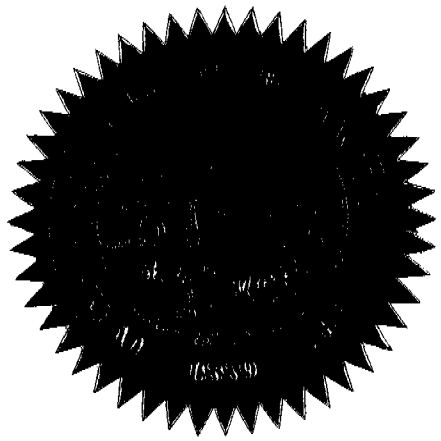
OFFICE OF THE SECRETARY OF STATE

Certificate of Reinstatement

ORGANIZATIONAL ID #: DL005196

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Application for Reinstatement of **MARTIN-MASON RESTORATION, LLC** duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issued this Certificate of Reinstatement and attach hereto a duplicate of the Application for Reinstatement.



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 6, 2007.

Chris Nelson

Chris Nelson
Secretary of State

ReinstatementCert Merge

Litho. in U.S.A.

355 1176

RECEIVED
NOV 2 9 2007
S.D. SEC. OF STATE

RECEIVED
DEC 0 6 2007
S.D. SEC. OF STATE

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

APPLICATION FOR REINSTATEMENT OF A DOMESTIC LIMITED LIABILITY COMPANY

Filed this 6th day of Dec, 2007

Chris Nelson
SECRETARY OF STATE

Pursuant to SDCL 47-34A-814 the following domestic Limited Liability Company applies for reinstatement.

1. The name of the Limited Liability Company is: MARTIN-MASON RESTORATION, LLC

2. The date of its administrative dissolution NOVEMBER 9, 2007

3. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees ALL REQUIRED REPORTS HAVE BEEN FILED ALL FEES HAVE BEEN PAID.

4. The LLC's name satisfies the requirements of SDCL 47-34A-105.

5. **Attached hereto is a certificate from the Department of Revenue reciting that any taxes owed by the LLC have been paid.**

Application must be signed by a manager if manager-managed or by a member if member-managed.

Dated Nov. 28, 2007

Blake D Haverberg
(Signature)

Manager
(Title)

Filing Fee: $125

The application for reinstatement must be accompanied by the delinquent annual reports and fees as noted on the report forms and a Tax Clearance Certificate from the South Dakota Department of Revenue.

DL 5196

355 1177 12/13/2007

South Dakota Department of Revenue & Regulation

Corporation Reinstatement Tax Certification Form

Legal Division
445 East Capitol Avenue
Pierre, SD 57501-3185
(605) 773-4701

November 28, 2007

Martin-Mason Restoration LLC
P.O. Box 594/44 Sherman St.
Deadwood, SD 57732

FEIN #

As of the above date, the tax status of the above named corporation is as follows:

Business Tax Division

___ owes no taxes
_X_ unknown (no records could be found) jg
___ owes the following: _____

Special Taxes Division

___ owes no taxes
_✓_ unknown (no records could be found) mch
___ owes the following: _____

Motor Vehicle Division

Motor Fuel

___ owes no taxes
_✓_ unknown (no records could be found) pm
___ owes the following: _____

IFTA

___ owes no taxes
_✓_ unknown (no records could be found) (B)
___ owes the following: _____

Prorate

___ owes no taxes
_✓_ unknown (no records could be found) CB
___ owes the following: _____

South Dakota Department of Revenue & Regulation

By: _____ **Date:** 11/30/07

This certfication extends only to taxes administered and collected by the Department of Revenue & Regulation. This is not to be construed as a waiver to collect taxes found to be due as a result of an audit, the correction of incorrect returns filed by the corporation, or the failure of the corporation to file required returns.

269 3208 12/17/2007

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

2006

ANNUAL REPORT

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 12/6/07
RECEIPT RECEIVED 1738138
NOV 2 9 2007
S.D. SEC. OF STATE

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

RECEIVED
DEC 0 6 2007
S.D. SEC. OF STATE

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

DLOO5196
MARTIN-MASON RESTORATION, LLC
TELLINGHUISEN, ROGER
132 E. ILLINOIS
SPEARFISH, SD 57783

Telephone #
FAX #

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

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

ROGER TELLINGHUISEN, 132 E. ILLINOIS, SPEARFISH, SD 57783

4. The address of its principal office is: 470 MAIN STREET, DEADWOOD, SD 57732

5. The names and business addresses of any managers:

BLAKE D. HAVERBERG, 5198 N.MANITOU TRAIL, LELAND, MI 49654

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Date: 11/17/07

Blake D Haverberg
(Signature)

Regular Member
(Title)

269 3209

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

2007
ANNUAL REPORT
DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK

FILE DATE 12/6/07
RECEIPT NO. 1738138
RECEIVED
NOV 29 2007
S.D. SEC. OF STATE

RECEIVED
DEC 06 2007
S.D. SEC. OF STATE

FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

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

DL0005196 OCT/2005
MARTIN-MASON RESTORATION, LLC
TELLINGHUISEN, ROGER
132 E. ILLINOIS
SPEARFISH, SD 57783

Telephone #
FAX #

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

2. The state or country under whose law it is organized is: SOUTH DAKOTA

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

ROGER TELLINGHUISEN
132 E. ILLINOIS
SPEARFISH, SD 57783

4. The address of its principal office is: 132 E. ILLINOIS, SPEARFISH, SD 57783

5. The names and business addresses of any managers:

Blake Haverberg, 5198 N. Manitou Trail, Leland, Michigan 49654

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Date: Nov. 28, 2007

Blake D Haverberg
(Signature)

Manager
(Title)

281 1496 10/20/2008

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

2008

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE 10/01/08
RECEIPT NO 1839970

RECEIVED
SEP 29 2008
S.D. SEC. OF STATE

Telephone # _____
FAX # _____

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

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

DL005196

MARTIN-MASON RESTORATIN, LLC
TELLINGHUISEN, ROGER
132 E. ILLINOIS
SPEARFISH, SD 57783

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

470 MAIN STREET	DEADWOOD	SD	57732
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Roger Tellinghuisen

132 E. Illinois	Spearfish	SD	57783
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 managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Blake D. Haverberg	5198 N. Manitou Trail	Leland	MI	49654
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated 9/26/08

Blake D Haverberg
(Signature of an Authorized Manager or Member)

Blake D. Havergerg
(Printed Name)

Manager
(Title)

297 0083

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

2009

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly In Ink

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

FILE DATE 10/19/09
RECEIPT NO 1959061

RECEIVED
OCT 19 2009
S.D. SEC. OF STATE

Telephone # _____
FAX # _____

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

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

DL005196

MARTIN-MASON RESTORATION, LLC
TELLINGHUISEN, ROGER
132 E. ILLINOIS STREET
SPEARFISH, SD 57783

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

470 MAIN STREET	DEADWOOD	SD	57732
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent ROGER TELLINGHUISEN

132 E. ILLINOIS STREET	SPEARFISH	SD	57783
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 managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

BLAKE D. HAVERBERG	5198 N. MANITOU TRAIL	LELAND	MI	49654
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated 10/15/09

Blake D Haverberg
(Signature of an Authorized Manager or Member)

BLAKE D. HAVERBERG
(Printed Name)

MANAGER
(Title)

311 0744

2010
ANNUAL REPORT
DOMESTIC L.L.C.

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 10/04/10
RECEIPT NO 2-773208
RECEIVED
OCT 04 2010
S.D. SEC. OF STATE

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

~~DL0005196~~ DL 005196

MARTIN-MASON RESTORATION, LLC
TELLINGHUISEN, ROGER
132 E. ILLINOIS
SPEARFISH, SD 57783

Telephone # _____

FAX # _____

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

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

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

470 MAIN STREET	DEADWOOD	SD	57732
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent ROGER TELLINGHUISEN

132 E. ILLINOIS STREET	SPEARFISH	SD	57783
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

5. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

BLAKE D. HAVERBERG	5198 N. MANITOU TRAIL	LELAND	MI	49654
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

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

Dated 9/16/10

Blake D Haverberg
(Signature of an Authorized Person)

BLAKE HAVERBERG, MANAGER
(Printed Name)

2011 Enter Filing Year

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 5/31/2012

RECEIPT NO 44835

1. L.L.C. ID and Name:
DL005196
MARTIN-MASON RESTORATION, LLC
470 MAIN STREET
DEADWOOD, SD 57732-1235

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

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

Agent Name: ROGER TELLINGHUISEN

132 E ILLINOIS	SPEARFISH	SD	57783-2163
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
ssssss			
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

New Agent Name: ROGER A. TELLINGHUISEN

516 5TH STREET	RAPID CITY	SD	57701
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 1820	RAPID CITY	SD	57709
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

Date 05/31/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

ROGER A. TELLINGHUISEN

(Printed Name)

5/31/2012 4:14:30 PM

2011 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 5/31/2012

RECEIPT NO 44835

1. L.L.C. ID and Name:
DL005196
MARTIN-MASON RESTORATION, LLC
470 MAIN STREET
DEADWOOD, SD 57732-1235

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

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

470 MAIN STREET	DEADWOOD	SD	57732-1235
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ROGER A. TELLINGHUISEN

516 5TH STREET	RAPID CITY	SD	57701
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 1820	RAPID CITY	SD	57709
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

	Manager	Street Address	City	State	ZIP+4
☐					
☐					
☐					

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

Date 05/31/2012

Signature Accepted Electronically
(Signature of an Authorized Person)

ROGER A. TELLINGHUISEN
(Printed Name)

5/31/2012 4:14:30 PM

2012 Enter Filing Year

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 8/20/2013
RECEIPT NO 136017

1. L.L.C. ID and Name:
DL005196
MARTIN-MASON RESTORATION, LLC
470 MAIN STREET
DEADWOOD, SD 57732-1235

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

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

Agent Name: ROGER A. TELLINGHUISEN

516 5TH STREET	RAPID CITY	SD	57701
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 1820	RAPID CITY	SD	57709
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

New Agent Name: BLAKE T. HAVERBERG

470 MAIN ST.	DEADWOOD	SD	57732-0594
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

Date 08/20/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
BLAKE DOUGLAS HAVERBERG
(Printed Name)

8/20/2013 10:21:50 AM

2012 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 8/20/2013

RECEIPT NO 136017

1. L.L.C. ID and Name:
DL005196
MARTIN-MASON RESTORATION, LLC
470 MAIN STREET
DEADWOOD, SD 57732-1235

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

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

470 MAIN STREET	DEADWOOD	SD	57732-1235
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BLAKE T. HAVERBERG

470 MAIN ST.	DEADWOOD	SD	57732-0594
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐				
Manager	Street Address	City	State	ZIP+4
☐				
Manager	Street Address	City	State	ZIP+4
☐				
Manager	Street Address	City	State	ZIP+4

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

Date 08/20/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

BLAKE DOUGLAS HAVERBERG
(Printed Name)

8/20/2013 10:21:50 AM

2013 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 11/9/2013

RECEIPT NO 152088

1. L.L.C. ID and Name:
DL005196
MARTIN-MASON RESTORATION, LLC
470 MAIN STREET
DEADWOOD, SD 57732-1235

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

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

470 MAIN STREET	DEADWOOD	SD	57732-1235
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BLAKE T. HAVERBERG

470 MAIN ST.	DEADWOOD	SD	57732-0594
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐ Manager	Street Address	City	State	ZIP+4
☐ Manager	Street Address	City	State	ZIP+4
☐ Manager	Street Address	City	State	ZIP+4

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

Date 11/09/2013

Signature Accepted Electronically
(Signature of an Authorized Person)

BLAKE D. HAVERBERG
(Printed Name)

11/9/2013 9:53:55 AM

2014 Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE DATE 10/31/2014
RECEIPT NO 243155

1. L.L.C. ID and Name:
DL005196
MARTIN-MASON RESTORATION, LLC
470 MAIN STREET
DEADWOOD, SD 57732-1235

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

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

470 MAIN STREET	DEADWOOD	SD	57732-1235
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: BLAKE T. HAVERBERG

470 MAIN ST.	DEADWOOD	SD	57732-0594
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐				
Manager	Street Address	City	State	ZIP+4
☐				
Manager	Street Address	City	State	ZIP+4
☐				
Manager	Street Address	City	State	ZIP+4

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

Dated 10/31/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
BLAKE T. HAVERBERG
(Printed Name)

10/31/2014 2:45:28 PM

2015

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

Please Type or Print Clearly In Ink

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

FILE DATE 9/21/2015

RECEIPT NO 337230

Telephone # _____

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

DL005196

MARTIN-MASON RESTORATION, LLC

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

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

470 MAIN STREET	DEADWOOD	SD	57732-1235
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: BLAKE T. HAVERBERG

470 MAIN ST.	DEADWOOD	SD	57732-0594
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

Email Address (Optional)

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

☐				
Manager	Actual Street Address	City	State	ZIP+4
☐				
Manager	Actual Street Address	City	State	ZIP+4
☐				
Manager	Actual Street Address	City	State	ZIP+4

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

Dated 09/21/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email _____

(Optional)

BLAKE D. HAVERBERG

(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.

9/21/2015 4:31:55 PM

2016

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

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

FILE DATE 10/12/2016

RECEIPT NO 463850

1. LLC ID and Name:

DL005196
Enter LLC ID

MARTIN-MASON RESTORATION, LLC
Enter LLC Name

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

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

470 MAIN STREET	DEADWOOD	SD	57732-1235
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: BLAKE T. HAVERBERG

470 MAIN ST.	DEADWOOD	SD	57732-0594
Actual Street Address or Rural Route Box Number in This State	City	State SD	ZIP+4
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 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

☐ Manager | Actual Street Address | City | State | ZIP+4

☐ Manager | Actual Street Address | City | State | ZIP+4

☐ Manager | Actual Street Address | City | State | ZIP+4

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 10/12/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

BLAKE D HAVERBERG

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. 10/12/2016 2:00:51 PM
A fee of up to $40 will be assessed for returned payments.