

770102

State of South Dakota



OFFICE OF THE SECRETARY OF STATE Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL004823

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **TIMBER RIDGE RANCH, 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 June 7, 2002.



Joyce Hazeltine
Secretary of State

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

ARTICLES OF ORGANIZATION
OF A
DOMESTIC LIMITED LIABILITY COMPANY

020731600160
718102 RECEIVED
JUN 07 02
S.D. SEC. OF STATE

1. The name of the Limited Liability Company is: TIMBER RIDGE RANCH, LLC

2. The duration of the company if other than perpetual is: _____

3. The address of the initial designated office is: 11817 TIMBER RIDGE LANE, WHITEWOOD, SD 57793

4. The name and street address of the initial agent for service of process is: ARLO POTTER
11817 TIMBER RIDGE LANE, WHITEWOOD, SD 57793

5. The name and address of each organizer:
ARLO POTTER, 11817 TIMBER RIDGE LANE, WHITEWOOD, SD 57793

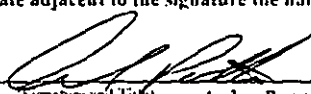
6. If the company is to be a manager-managed company rather than a member-managed company, the name and address of each initial manager is:
ARLO POTTER, 11817 TIMBER RIDGE LANE, WHITEWOOD, SD 57793

7. Whether one or more of the members of the company are to be liable for its debts and obligations under SDCL 47-34A-303 (c).
NO MEMBER OF THE COMPANY IS TO BE LIABLE FOR THE COMPANY'S DEBTS AND OBLIGATIONS UNDER SDCL 47-34A-303(c).

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

The Articles of Organization must be signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date: 5-25-02


(Signature and Title) Arlo Potter, Organizer

(Signature and Title)

(Signature and Title)

- FILING INSTRUCTIONS:
- One or more persons may organize a Limited Liability Company
 - The articles must be accompanied by the first Annual Report
 - One original and one exact or conformed copy must be submitted

d/004823

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

FIRST ANNUAL REPORT
OF A
LIMITED LIABILITY COMPANY

020731600160
718102 RECEIVED
JUN 09 '02
S.D. SEC. OF STATE

1. The name of the Limited Liability Company is: TIMBER RIDGE RANCH, 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 of its registered agent for service of process in South Dakota is:

Address: 11817 TIMBER RIDGE LANE, WHITEWOOD, SD 57793

Agent: ARLO POTTER

4. The address of its principal office is: 11817 TIMBER RIDGE LANE, WHITEWOOD, SD 57793

5. The names and business addresses of any managers:
ARLO POTTER, Manager
11817 TIMBER RIDGE LANE, WHITEWOOD, SD 57793

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 691,200⁰⁰

Date: 5-25-02


(Signature and Title) Arlo Potter, Organizer

* FILING FEE:

AGREED CONTRIBUTION	FEE
Not in excess of \$50,000	\$ 90
\$50,001 to \$100,000	\$150
In excess of \$100,000	\$150 for first \$100,000 plus \$.50 for each additional \$1,000

The maximum amount charged may not exceed sixteen thousand dollars (\$16,000).

2003

ANNUAL REPORT

DOMESTIC LLC.
PLEASE TYPE OR USE BLACK INK

6237221.2544
7/9/03

FILE DATE 5/23/03
RECEIPT NO. RECEIVED
1217384
5/23/03

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



DL-004823 JUN/0000
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

Telephone # 605-578-3463
FAX # _____
Federal Taxpayer ID _____
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

SD SEC. OF STATE

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

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
Arlo Potter
11817 Timber Ridge Lane
Whitewood SD 57793

4. The address of its principal office is: 11817 Timber Ridge Lane
Whitewood SD 57793

5. The names and business addresses of any managers:

Arlo Potter
11817 Timber Ridge Lane
Whitewood SD 57793

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 691,200.00

Dated 5-19-03

[Signature]
(Signature and Title) MEMBER

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.

* FILING FEE: \$50

If the report reflects additional contributions in excess of those stated in the prior report, an additional fee is due to make the total sum equal to the fee due on the below listed fee schedule.

AGREED CONTRIBUTION	FEE
Not in excess of \$50,000	\$ 90
\$50,001 to \$100,000	\$150
In excess of \$100,000	\$150 for first \$100,000 plus \$.50 for each additional \$1,000

The maximum amount charged may not exceed sixteen thousand dollars (\$16,000.)

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

DBLLCAR.DOC

44 JUN - 11 2003

228 4697 06/23/2004

2004

ANNUAL REPORT

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

6-17-04
FILE DATE **RECEIVED**
RECEIPT NO. 332683
JUN 17 '04
S.D. SEC. of STATE

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



DL004823
DL004823 JUN/2003
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

Telephone # 605-578-3463
FAX # _____
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 USA

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

Arlo Potter
11817 Timber Ridge Lane; Whitewood, SD 57793

4. The address of its principal office is: 11817 Timber Ridge Lane
Whitewood, SD 57793

5. The names and business addresses of any managers:

Arlo Potter
11817 Timber Ridge Lane
Whitewood SD 57793

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 691,200.00*

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 6-9-04

(Signature and Title) MANAGER

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			

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

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)

2005

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 06/16/05
RECEIPT NO. 1448880
RECEIVED
JUN 16 '05
S.D. SEC. OF STATE

238 2734

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



* D L 0 0 4 8 2 3 *
DL004823 JUN/2004
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

Telephone # 605-578-3463
FAX # _____
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:
Arlo Potter
11817 Timber Ridge Lane, Whitewood SD 57793

4. The address of its principal office is:
11817 Timber Ridge Lane, Whitewood SD 57793

5. The names and business addresses of any managers:
Arlo Potter
11817 Timber Ridge Lane, Whitewood SD 57793

6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ 691,200.00

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 6-13-05

[Signature]
(Signature)
Manager
(Title)

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)

250 2456 07/07/2006

2006

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 06/28/06
RECEIPT NO. 1570409
RECEIVED
JUN 28 08
S.D. SEC. OF STATE

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



DL004823
DL004823 JUN/2005
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

Telephone # 605-518-3463
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:

Arlo Potter
11817 Timber Ridge Lane, Whitewood SD 57793

4. The address of its principal office is: _____

11817 Timber Ridge Lane, Whitewood SD 57793

5. The names and business addresses of any managers:

Arlo Potter
11817 Timber Ridge Lane
Whitewood SD 57793

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 6-26-06

Signature

Arlo Potter
Printed Name

Manager
Title

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)

2007

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 6/1/07
RECEIPT NO. 7679261
RECEIVED
MAY 17 2007
S.D. SEC. OF STATE

262 1604

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



DL004823 JUN/2006
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

Telephone # 605-578-3463
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: ~~Delaware~~ South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
Arlo Potter
11817 Timber Ridge Lane - Whitewood SD 57793

4. The address of its principal office is:
11817 Timber Ridge Lane - Whitewood SD 57793

5. The names and business addresses of any managers:
Arlo Potter
11817 Timber Ridge Lane
Whitewood SD 57793

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 5-15-07

Signature

Arlo Potter
Printed Name

Manager
Title

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

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 _____

***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. 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)

(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 _____
(limited liability company name)

Dated _____

(signature)

2007

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 6/1/07
RECEIPT NO. 7679261
RECEIVED
MAY 17 2007
S.D. SEC. OF STATE

262 1604

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



DL004823 JUN/2006
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

Telephone # 605-578-3463
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: ~~Delaware~~ South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
Arlo Potter
11817 Timber Ridge Lane - Whitewood SD 57793

4. The address of its principal office is:
11817 Timber Ridge Lane - Whitewood SD 57793

5. The names and business addresses of any managers:
Arlo Potter
11817 Timber Ridge Lane
Whitewood SD 57793

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 5-15-07

Signature

Arlo Potter
Printed Name

Manager
Title

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

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 _____

***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. 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)

(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 _____
(limited liability company name)

Dated _____

(signature)

278 3302 07/25/2008

2008

ANNUAL REPORT

FILE DATE 07/16/08
RECEIPT NO. 1815629

RECEIVED
JUL 16 2008
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:



DL004823
DL004823 JUN/2007
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

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:

Arlo Potter
11817 Timber Ridge Lane, Whitewood, SD 57793

4. The address of its principal office is: _____

11817 Timber Ridge Lane, Whitewood SD 57793

5. The names and business addresses of any managers:

Arlo Potter
11817 Timber Ridge Lane
Whitewood, SD 57793

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 7-14-08


Signature

Arlo Potter
Printed Name

Manager
Title

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

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 _____

***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. 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)

(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 _____
(limited liability company name)

Dated _____

(signature)

2009

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

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 05/29/09
 RECEIPT NO 1916752
RECEIVED
MAY 29 2009
S.D. SEC. OF STATE

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



DL004823
DL004823 JUN/2008
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

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

11817 Timber Ridge Lane Whitewood SD 57793
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Arlo Potter

11817 Timber Ridge Lane Whitewood SD 57793
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.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 5-26-09

[Signature]
(Signature of an Authorized Manager or Member)

Arlo Potter
(Printed Name)

Manager
(Title)

291 2378

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

2010

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 06/01/10
 RECEIPT NO 2534624
RECEIVED
 MAY 27 2010
 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. Name, Registered Agent Name and Address:



DL004823
DL004823 JUN/2009
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

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

11817 Timber Ridge Lane Whitewood SD 57793
Street Address City State ZIP+4

same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Arlo Potter

11817 Timber Ridge Lane Whitewood SD 57793
Street Address (Required to be a South Dakota Address) City State ZIP+4

same
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.

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 5-25-2010

[Signature]
(Signature of an Authorized Manager or Member)

Arlo Potter
(Printed Name)

Manager
(Title)

306 2260

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)

322 2391 07/26/2011

2011

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

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	07/11/11
RECEIPT NO	2168211
RECEIVED	
JUL 11 2011	
S.D. SEC. OF STATE	

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



DL004823
DL004823 JUN/2010
TIMBER RIDGE RANCH, LLC
POTTER, ARLO
11817 TIMBER RIDGE LANE
WHITEWOOD SD 57793-3008

Telephone #	_____
-------------	-------

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.

11817 Timber Ridge Lane Whitewood SD 57793
Street Address City State ZIP+4

(Same)
Mailing Address City State ZIP+4

Email Address _____

4. The name of the South Dakota Registered Agent Arlo Potter

11817 Timber Ridge Lane Whitewood SD 57793
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

Email Address _____

5. If member-managed, do not complete. If manager-managed, please complete.

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 6-30-2011

Patricia Potter
(Signature of an Authorized Person)

Email _____

Patricia Potter, Sec / Treas
(Printed Name)

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 _____
(Old Registered Agent)

The name of the successor registered agent _____
(New 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 (Old Registered Agent Address)

Street Address (Required) _____ City _____ State _____ ZIP+4 _____

Mailing Address _____ City _____ State _____ ZIP+4 _____

5. If the address has changed, list the new registered agent address

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 _____

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

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

Dated _____

(Signature of an Authorized Person)

Email _____

(Printed Name)

2012

Enter Filing Year

ANNUAL REPORT

FILE 6/4/2012

RECEIPT NO 45407

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

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

DL004823
TIMBER RIDGE RANCH, LLC
11817 TIMBER RIDGE LANE
WHITEWOOD, SD 57793

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

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

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: ARLO POTTER

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793-3008
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
---	------	-------	-------

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.

<input type="checkbox"/>	ARLO POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	PATRICIA POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
	Secretary/Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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 06/04/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

PATRICIA POTTER

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 5/20/2013

RECEIPT NO 117422

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

DL004823
TIMBER RIDGE RANCH, LLC
11817 TIMBER RIDGE LANE
WHITEWOOD, SD 57793

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

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

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: ARLO POTTER

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793-3008
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
---	------	-------	-------

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.

<input type="checkbox"/>	ARLO POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	PATRICIA POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
	Secretary/Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	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 05/20/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

ARLO POTTER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 5/19/2014

RECEIPT NO 202437

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

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

DL004823
TIMBER RIDGE RANCH, LLC
11817 TIMBER RIDGE LANE
WHITEWOOD, SD 57793

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

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

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: ARLO POTTER

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793-3008
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
---	------	-------	-------

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.

<input type="checkbox"/> ARLO POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
Manager	Street Address	City	State	ZIP+4

<input type="checkbox"/> PATRICIA POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
Secretary/Treasurer	Street Address	City	State	ZIP+4

<input type="checkbox"/>				
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 05/19/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ARLO POTTER

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

FILE DATE 5/18/2015

RECEIPT NO 302954

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

DL004823
TIMBER RIDGE RANCH, LLC
11817 TIMBER RIDGE LANE
WHITEWOOD, SD 57793

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

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

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: ARLO POTTER

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793-3008
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

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.

<input type="checkbox"/>	ARLO POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
--------------------------	-------------	-------------------------	-----------	----	-------

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

<input type="checkbox"/>	PATRICIA POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
--------------------------	-----------------	-------------------------	-----------	----	-------

Secretary/Treasurer	Street Address	City	State	ZIP+4
---------------------	----------------	------	-------	-------

<input type="checkbox"/>					
--------------------------	--	--	--	--	--

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 05/18/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

ARLO POTTER

(Printed Name)

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 6/21/2016

RECEIPT NO 428447

1. LLC ID and Name:

DL004823

Enter LLC ID

TIMBER RIDGE RANCH, 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).

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
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: ARLO POTTER

11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793-3008
Actual Street Address or Rural Route Box Number in This State	City	State	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.

<input type="checkbox"/> ARLO POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
Manager	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/> PATRICIA POTTER	11817 TIMBER RIDGE LANE	WHITEWOOD	SD	57793
Secretary/Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>				
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

Signature Accepted Electronically

(Signature of an Authorized Person)
ARLO POTTER

(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.

6/21/2016 3:06:34 PM