

392 4245

Receipt Number: 74171

File Number **DL029975**



ARTICLES_OF_ORGANIZATION

For

REML, LLC

Filed at the request of:

**KOLKER LAW OFFICE
RICHARD KOLKER
PO BOX 467
GROTON SD 57445**

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

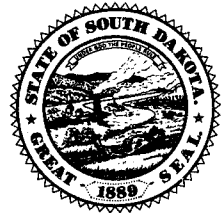
Filed in the office of the Secretary of State on: **Thursday, November 08, 2012**


Secretary of State

Fee Received: \$150.00

392 4246 11/14/2012

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL029975

I, Jason M. Gant, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **REML, 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 caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this November 8, 2012.



Jason M. Gant
Secretary of State

Litho in U.S.A.

392 4248

Robert Hildebrant PO Box 58
Conde, SD 57434

Laurel Hearnen PO Box 4
Conde, SD 57434

Edith Bertsch PO Box 112
Conde, SD 57434

ARTICLE VI

The duration of this Company's existence shall be perpetual.

ARTICLE VII

This company shall be a member-managed LLC. and the name and address of each initial manager is as follows:

Michael Hildebrant PO Box 31
Conde, SD 57434

Robert Hildebrant PO Box 58
Conde, SD 57434

Laurel Hearnen PO Box 4
Conde, SD 57434

Edith Bertsch PO Box 112
Conde, SD 57434

ARTICLE VIII

No member of the company shall be liable personally for any debts or obligations of the company under SDCL 47-34A-303(c). The company may, as determined by its members, indemnify and advance expenses to a member, manager, employee or agent of the company in connection with any proceedings, to the extent permitted by and in accordance with the applicable laws and statutes and the operating agreement of the company.

ARTICLE IX

The manner in which the company conducts its business and affairs, the duties and authority of its managers, and the rights and obligations of its members, to the extent not expressly required by and provided for in the act, shall be set forth in the operating agreement adopted by the initial members of the company. The operating agreement may, from time to time, be amended in accordance with the provisions therein contained.

2013

Enter Filing Year

ANNUAL REPORT

FILE DATE 10/1/2014

RECEIPT NO 235656

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:

DL029975
REML, LLC
380 BROADWAY STREET NW
CONDE, SD 57434-2227

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

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

380 BROADWAY STREET NW CONDE SD 57434-2227
Street Address City State ZIP+4
PO BOX 31 CONDE SD 57434-0031
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MICHAEL HILDEBRANT
380 BROADWAY STREET NW CONDE SD 57434-2227
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 31 CONDE SD 57434-0031
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 10/01/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
MICHAEL HILDEBRANT
(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 10/1/2014

RECEIPT NO 235657

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:

DL029975
REML, LLC
380 BROADWAY STREET NW
CONDE, SD 57434-2227

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

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

380 BROADWAY STREET NW CONDE SD 57434-2227
Street Address City State ZIP+4
PO BOX 31 CONDE SD 57434-0031
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MICHAEL HILDEBRANT
380 BROADWAY STREET NW CONDE SD 57434-2227
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 31 CONDE SD 57434-0031
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 10/01/2014

Signature Accepted Electronically
(Signature of an Authorized Person)
MICHAEL HILDEBRANT
(Printed Name)

2015

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

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: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 10/25/2015

RECEIPT NO 346246

Telephone #

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

DL029975

REML, LLC

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

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

380 BROADWAY STREET NW CONDE SD 57434-2227

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

PO BOX 31 CONDE SD 57434-0031

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: MICHAEL HILDEBRANT

380 BROADWAY STREET NW CONDE SD 57434-2227

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

PO BOX 31 CONDE SD 57434-0031

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

Email Address (Optional)

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) 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 10/25/2015

Email (Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

MICHAEL J HILDEBRANT

(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.

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 10/30/2016

RECEIPT NO 468871

1. LLC ID and Name:

DL029975

Enter LLC ID

REML, 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).

380 BROADWAY STREET NW CONDE SD 57434-2227

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

PO BOX 31 CONDE SD 57434-0031

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

4. The name of the South Dakota Registered Agent

Agent Name: MICHAEL HILDEBRANT

380 BROADWAY STREET NW CONDE SD 57434-2227

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

PO BOX 31 CONDE SD 57434-0031

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

Signature Accepted Electronically

(Signature of an Authorized Person)
MICHAEL J HILDEBRANT

(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.

10/30/2016 4:41:20 PM