

1994

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-1-94
RECEIPT NO. 772947

MAR 1 1994

Secretary of State

1. Corporate Name, Registered Agent and Registered Address:

DF-009956
NELSON'S INC.
NELSON, CARROLL
306 W. 2ND ST.
MILLER, SD 57362-1202

JAN/93

Telephone #

FAX #

Federal Taxpayer ID

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

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

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

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

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

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

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

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

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

5. NUMBER OF SHARES ISSUED CLASS SERIES

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

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

Dated February 28 19 94

By Richard D. Nelson
(Signature) Richard D. Nelson
President
(Title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, Tammy Johnson, a notary public, do hereby certify that on this 28th day of February 19 94,
personally appeared before me Richard D. Nelson who, being by me first duly sworn, declared that he/she is the
President of Nelson's, Inc.

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

My Commission Expires 7-25-99

Tammy Johnson
Notary Public

(Notarial Seal)

SOS CRP 410 10/82

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-5077
805-773-4846

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

File Date: _____
Receipt No.: _____

FILING FEE: \$5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
ZIP + 4 _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
• The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19 _____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____
Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____ 19 _____
(signature)

9 4 0 0 1 7 1 6 0 3 3

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 3-1-94
FILE NO. _____

RECEIVED
MAR 1 1994

Secretary of State

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Nelson's Inc.
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Carroll Nelson, 306 W. Second St., Miller, SD Zip + 4 57362
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____
- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

- List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____
- The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 6277
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated February 28 19 94

By Richard Nelson
(Signature) Richard Nelson
Its President
(Title)

STATE OF South Dakota
COUNTY OF Beadle ss

I, Tammy Johnson, a notary public, do hereby certify that on this 28th day of February 19 94, personally appeared before me Richard Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Tammy Johnson
Notary Public

4004-674-6897

1995

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 2-24-95
RECEIPT NO. 418128
RECORDED
FEB 24 1995

1. Corporate Name, Registered Agent and Registered Address:

DF-009956
NELSON'S INC.
NELSON, CARROLL
306 W. 2ND ST.
MILLER, SD 57362-1202

JAN 94

Telephone # 605-352-8624
FAX # 605-352-2205

Federal Taxpayer IC

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

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

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

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

2. The character of the business in which it is actually engaged in South Dakota to engage in any commercial enterprise calculated or designed to be profitable to this corporation and in conformity with the laws of the State of South Dakota.

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>see attached sheet</u>	Director				
	Director				
	President				
	Vice President				
	Secretary				
	Treasurer				

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

NUMBER OF SHARES CAN. ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>10,000</u>	<u>COMMON</u>		<u>\$10.00</u>

5. NUMBER OF SHARES ISSUED 407 CLASS SERIES

6. The amount of its stated capital is \$ 40,700.00

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

Dated January 31st 19 95

By Richard D. Nelson
(Signature) Richard D. Nelson
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADIE ss

I, Kelli Peterson, a notary public, do hereby certify that on this 31st day of January 19 95,

personally appeared before me Richard D. Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's, Inc.

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

My Commission Expires _____

Kelli Peterson
Notary Public

(Notarial Seal)

SOS CRP 410 11/94

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

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

File Date: _____
Receipt No.: _____

FILING FEE: \$5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is Nelson's, Inc.
2. The previous street address, or a statement that there is no street address, of its registered office 306 W. 2nd Street,
Miller, South Dakota 57362 ZIP + 4 _____
3. The street address, or a statement that there is no street address, to which the registered office is to
be changed is 306 W. 2nd Street, Miller, South Dakota 57362
ZIP + 4 _____
4. The name of its previous registered agent is Carroll Nelson
5. The name of its successor registered agent is Richard D. Nelson
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed,
will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date January 31st 19 95

Richard D. Nelson
(signature) Richard D. Nelson

(title) President

STATE OF SOUTH DAKOTA
COUNTY OF BENDE SS

I, Kelli Peterson, a notary public, do hereby certify that on this 31st day
of January 19 95, personally appeared before me Richard D. Nelson
who, being by me first duly sworn, declared that he/she is the President of Nelson's, Inc.

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

My Commission Expires 9-9-2002

Kelli Peterson
Notary Public - Kelli Peterson

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Richard D. Nelson, hereby give my consent to serve as the
(name of registered agent)
registered agent for Nelson's, Inc.
(corporate name)

Dated January 31st 19 95

Richard D. Nelson
(signature)

57-6099/K

57-6099/K
10/10/80

NELSON'S INC.

NAME	OFFICE	STREET ADDRESS
Richard Nelson	Director	HC 76 Box 13, Miller, SD 57362-9401
David Nelson	Director	306 W. 2nd Street, Miller SD 57362
Becky Nelson	Director	Miller, SD 57362
Kim Nelson	Director	306 W. 2nd Street, Miller SD 57362
Richard Nelson	President	same as above
David Nelson	Vice President	same as above
Becky Nelson	Secretary	same as above
David Nelson	Treasurer	same as above
David Nelson	Assistant Secretary	same as above
Kim Nelson	Assistant Secretary	same as above
Becky Nelson	Assistant Treasurer	same as above
Kim Nelson	Assistant Treasurer	same as above

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

ANNUAL REPORT

CORPORATE FARMING
PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 2-24-95
FILE NO. 448176

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Nelson's, Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson 306 W.

Second St., Miller, SD Zip 57362

3. If a foreign corporation, the address of its principal office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

6. The number of shares owned by persons residing on the farm or actively engaged in farming or their relatives within the third degree of kindred is 407 (Degree of kindred is defined as the number of generations with each generation being a degree.) (Applies only to FAMILY FARM CORPORATIONS)

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated January 31st 19 95

By Richard D. Nelson
(Signature) Richard Nelson
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Kelli Peterson, a notary public, do hereby certify that on this 31st day of January 1995,

personally appeared before me Richard Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's, Inc. that he/she signed the foregoing document

as officer of the corporation, and the statements therein contained are true.

My Commission Expires 9-9-2002

Kelli Peterson
Notary Public

(Notarial Seal)

SOS CRP 410 6/89

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

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

FILING FEE: \$5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The current street address, or a statement that there is no street address, of its registered office _____
_____ ZIP _____
3. The street address, or a statement that there is no street address, to which the registered office is to be changed is _____
_____ ZIP _____
4. 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 agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president or by another of its officers.

Date _____ 19 _____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day
of _____ 19 _____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of the
corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 _____

(signature)

1996

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 2-5-96
RECEIPT NO. 121990
RECEIVED
JAN 23 1996
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-009956 JAN/95
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
MILLER, SD 57362-1202

Telephone # 352-8624
FAX # _____
Federal Taxpayer ID # _____

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

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

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

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

2. The character of the business in which it is actually engaged in South Dakota To engage in any commercial enterprises calculated or designed to be profitable to this corporation; to generally engage in, do and perform any enterprise, act or vocation that a natural person might or could do or perform, in relation to a farm and seed business, and all other related businesses.

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
See attached sheet	President				
	Vice President				
	Secretary				
	Treasurer				

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

Director _____
Director _____

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

NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
10,000 COMMON \$100.00

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES
4407 COMMON

6. The amount of its stated capital is \$ 440,700.00 (Money received for issued shares)

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

Dated January 10th 19 96

By X Richard D. Nelson
(Signature) Richard D. Nelson
its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Kelli Peterson a notary public, do hereby certify that on this 10th day of January 19 95, personally appeared before me Richard D. Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's Inc.

that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.
My Commission Expires 9/9/2002

Kelli Peterson
Notary Public Kelli Peterson

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

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

File Date: _____
Receipt No.: _____

FILING FEE: \$6 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

- The name of the corporation is Nelson's, Inc.
- The previous street address, or a statement that there is no street address, of its registered office 306 W. 2nd Street, Miller, South Dakota ZIP + 4 57362-1202
- The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. Box 151, Miller, South Dakota 57362
306 W. 2nd Street, Miller, South Dakota ZIP + 4 57362-1202
- The name of its previous registered agent is _____
- The name of its successor registered agent is * _____
* The Consent of Registered Agent below must be completed by the new agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date January 16th 19 96.

Richard D. Nelson
(signature) Richard D. Nelson
President
(title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE **

I, Kelli Peterson, a notary public, do hereby certify that on this 16th day of January 19 96, personally appeared before me Richard D. Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Kelli Peterson
Notary Public Kelli Peterson

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 _____

(signature)

93011011771
3/26/78

NELSON'S INC.

NAME	OFFICE	STREET ADDRESS
Richard Nelson	Director	BC 76 Box 13, Miller, SD 57362-9401
David Nelson	Director	306 W. 2nd Street, Miller SD 57362
Becky Nelson	Director	Miller, SD 57362
Kim Nelson	Director	306 W. 2nd Street, Miller SD 57362
Richard Nelson	President	same as above
David Nelson	Vice President	same as above
Becky Nelson	Secretary	same as above
David Nelson	Treasurer	same as above
David Nelson	Assistant Secretary	same as above
Kim Nelson	Assistant Secretary	same as above
Becky Nelson	Assistant Treasurer	same as above
Kim Nelson	Assistant Treasurer	same as above

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 2-5-96
FILE NO. _____
RECEIVED
JAN 23 1996
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Nelson's Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is _____

Richard D. Nelson, Box 151 Miller, South Dakota Zip - 4 57362

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4407
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated January 10th 19 96

By Richard D. Nelson
(Signature) Richard D. Nelson
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Kelli Peterson, a notary public, do hereby certify that on this 10th day of January 1996, personally appeared before me Richard D. Nelson who, being by me first duly sworn, declared that he is the President of Nelson's Inc. that he signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 9/9/2002

Kelli Peterson
Notary Public Kelli Peterson

(Notarial Seal)

SOS CRP 410 10/92

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4945

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

File Date _____
Receipt No. _____

FILING FEE: \$5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota:

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office, _____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, if changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19_____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____ a notary public, do hereby certify that on this _____ day of _____ 19_____, personally appeared me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____ hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19_____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 2-11-97
FILE NO. 603526

RECEIVED

FEB 11 1997

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report.

1 The name of the corporation is Nelson's Inc.

The state of incorporation is South Dakota

2 The name of the registered agent in South Dakota and the registered office address is
Richard D. Nelson, 306 W. Second Street, Miller, South Dakota Zip + 4 57362

3 If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4 List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation

5 List only the changes of the names or addresses of the officers and directors

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

6 The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4407
(Degree of kindred is defined as number of generations with each generation being a degree) #6 applies only to FAMILY FARM CORPORATIONS

7 List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

8 The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 % (Applies only to AUTHORIZED FARM CORPORATION)

Dated February 10th 19 97

Richard D. Nelson
Signature: Richard D. Nelson
is President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Kelli Peterson, a notary public, do hereby certify that on this 10th day of February 19 97, personally appeared before me Richard D. Nelson who being by me first duly sworn, declared that he/she is the President of Nelson's Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires _____

Kelli Peterson
Notary Public: Kelli Peterson

(Notary Seal)

SOS CRP 410 10/92

1998

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 2/23/98
RECEIPT NO. 6204

RECEIVED

FEB 23 1998

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-009956
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER, SD 57362-0151
JAN/97

Telephone # 352-8624
FAX # 352-2205
Federal Taxpayer IC
FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

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

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

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

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

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

SD law requires at least one director.

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated January 19 1998

By Richard D. Nelson
(Signature) Richard D. Nelson
its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Barbara K. DeSchepper, a notary public, do hereby certify that on this 19th day of January 1998, personally appeared before me Richard D. Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's Inc.

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

My Commission Expires: 10/15/2003

Barbara K. DeSchepper
Notary Public
Barbara K. DeSchepper

(Notarial Seal)

SOS CRP 6/97

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5070
605-773-4846

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

File Date: _____
Receipt No.: _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____

2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
* The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement must be signed by the chairman of the board of directors, or by its president, or by another of its officers in the presence of a notary public.

Date _____ 19_____

(signature)

(title)

STATE OF _____
COUNTY OF _____ ss

I, _____, a notary public, do hereby certify that on this _____ day of _____ 19_____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____ that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19_____

(signature)

K
1998

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE 2/23/98
FILE NO. 167011

RECEIVED
FEB 23 1998
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Nelson's Inc.
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is _____
Richard D. Nelson, 306 W. 2nd St, PO Box 151, Miller, SD Zip + 4 57362-0151
- If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

- List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation

- List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

- The NUMBER OF SHARES owned by persons) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4407. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

- List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

- The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%. (Applies only to AUTHORIZED FARM CORPORATION).

Dated January 19 1998

By Richard D. Nelson
(Signature) Richard D. Nelson
Its President
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF SPADLE SS

I, Barbara K. DeSchepper, a notary public, do hereby certify that on this 19th day of January 1998, personally appeared before me Richard D. Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires _____

Barbara K. DeSchepper
Notary Public Barbara K. DeSchepper

(Notarial Seal)

SOS CRP 410 10/92

4414N-501-6000/K

1999

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

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

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

FILE DATE 1-26-99 RECEIPT NO. 76 RECEIVED JAN 26 1999 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-009956 JAN/98 NELSON'S INC. NELSON, RICHARD D. 306 W. 2ND ST. BOX 151 MILLER, SD 57362-0151

Telephone # 605-352-8624 FAX # 605-352-2205 Federal Taxpayer I FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.

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

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

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

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

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows for President, Vice President, Secretary, Treasurer.

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

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class: NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated January 14, 1999 By Richard Nelson (Signature) Its Pres (Title)

STATE OF SOUTH DAKOTA ss COUNTY OF BEAUFORT I, Sherryl M. Cumbee, a notary public, do hereby certify that on this 14th day of January, 1999, personally appeared before me Richard D. Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's Inc. the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true. My Commission Expires [redacted] Sherryl M. Cumbee Notary Public Sherryl M. Cumbee

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

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

File Date _____
Receipt No. _____

FILING FEE: \$10 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____ 19 _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day
of _____ 19_____, personally appeared before me _____
who, being by me first duly sworn, declared that he/she is the _____ of _____
_____ that he/she signed the foregoing document as officer of
the corporation, and the statements therein contained are true.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ 19 _____

(signature)

1500/K

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED

JAN 26 1999

S.D. SEC. 629211

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Nelson's Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson,

306 W. 2nd St., Box 151, Miller, South Dakota Zip + 4 57362-0151

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4907
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated January 14, 19 99

By Richard D. Nelson
(Signature)

Its Pres
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Sherryl M. Cumbee, a notary public, do hereby certify that on this 14th day of January 19 99 personally appeared before me Richard D. Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires _____

Sherryl Cumbee
Notary Public / Sherryl M. Cumbee

(Notarial Seal)

SOS CRP 410 10/92

2000

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 1-28-00

RECEIPT NO. 860367

RECEIVED

JAN 28 2000

JAN 26 2000

S.D. SEC. OF STATE

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-009956	JAN/99
NELSON'S INC.	
NELSON, RICHARD D.	
306 W. 2ND ST.	
BOX 151	
MILLER SD 57362-0151	

Telephone # 605-352-8624

FAX # 605-352-2905

Federal Taxpayer ID

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

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

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

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

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

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

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

SD law requires at least one director.

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated January 24, 2000

By Richard Nelson
(Signature)

Its Pres
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

On this the 24th day of January 2000 before me, Gail A. Lichty
personally appeared Richard Nelson, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Gail A. Lichty
Notary Public Gail A. Lichty

(Notarial Seal)

SOS CRP 11/99

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

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

File Date _____
Receipt No. _____

FILING FEE: \$10 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
- (name of registered agent) -
registered agent for _____
(corporate name)
Dated _____

(signature)

* K / 0 0 0 0

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE 1-29-00
FILE NO. _____

RECEIVED RECEIVED

JAN 28 2000 JAN 26 2000

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

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Nelson's Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson,
305 W. 2nd St., Box 151, Miller, South Dakota Zip + 4 57362-0151

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4,401.00. (Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated January 24 19 2000

By Richard Nelson
(Signature)

His Pres.
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

I, Gail A. Lichty, a notary public, do hereby certify that on this 24th day of January 19 2000 personally appeared before me Richard Nelson who, being by me first duly sworn, declared that he/she is the President of Nelson's Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 12-28-2005

Gail A. Lichty
Notary Public Gail A. Lichty

(Notarial Seal)

SOS CRP 410 10/92

SECRETARY OF STATE
STATE CAPITOL
600 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4846

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

File Date _____
Receipt No. _____

FILING FEE: \$10 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
 2. The previous street address, or a statement that there is no street address, of its registered office _____
ZIP + 4 _____
 3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
ZIP + 4 _____
 4. The name of its previous registered agent is _____
 5. The name of its successor registered agent is _____
- *The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
 7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the _____ day of _____, 20____, before me, _____, known to me, or proved to me, personally appeared _____ of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

(Notarial Seal)

Notary Public

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____
(name of registered agent), hereby give my consent to serve as the
registered agent for _____
(corporate name)

Dated _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK

NO FILING FEE

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

FILE DATE _____
FILE NO. _____

RECEIVED
RECEIVED
FEB 02 '01
FEB 01 '01
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report

1. The name of the corporation is Nelson's Inc.

The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson
306 W. 2nd St., Box 151, Miller, South Dakota Zip + 4 57362-0151

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4,407
(Degree of kindred is defined as number of generations with each generation being a degree). #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%. (Applies only to AUTHORIZED FARM CORPORATION)

Dated _____

STATE OF SOUTH DAKOTA

COUNTY OF BEADLE ss

On this the 30th day of January, 2001, before me, Anita Selting

personally appeared Richard Nelson, known to me, or proved to me

to be the President of the corporation that is described in and that executed the within

instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 3-26-2001

Notary Public

(Notarial Seal)

2002

2002

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

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 2-1-02
RECEIPT NO. 1062500

RECEIVED

JAN 30 '02

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

DF-009956 JAN/2001
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

Telephone # _____

FAX # _____

Federal Taxpayer ID _____

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

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

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

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

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

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

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

SD law requires at least one director.

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated December 10, 2001

By Richard Nelson
(Signature)

Its Pres
(Title)

STATE OF SOUTH DAKOTA
COUNTY OF BEADLE ss

On this the 10th day of December, 2001, before me, Leore Nixon
personally appeared Richard Nelson, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires 7/22/2002

Leore Nixon
Notary Public Leore Nixon

(Notarial Seal)

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

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

File Date _____
Receipt No. _____

FILING FEE: \$10 in addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

*The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____
_____ (Signature)

_____ (Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____
_____ Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____
_____ (signature)

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

ANNUAL FARM REPORT
PLEASE TYPE OR USE BLOCK LETTERS
NO FILING FEE ⁰²¹⁸¹⁰² 2775

FILE DATE _____
RECEIPT NO. _____
RECEIVED
JAN 30 '02
S.D. SEC. OF STATE

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

Pursuant to the provisions of SDCL 47-9A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Nelson's Inc.
The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson
305 W. 2nd St., Box 151, Miller, South Dakota 57362-0151

3. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

4. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

5. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
_____	_____	_____

6. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4407 (Degree of kindred is defined as number of generations with each generation being a degree.) #6 applies only to FAMILY FARM CORPORATIONS

7. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
_____	_____	_____	_____

8. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %
(Applies only to AUTHORIZED FARM CORPORATION)

Dated December 10, 2001
STATE OF SOUTH DAKOTA
COUNTY OF BEADLE
On this the 10th day of December, 2001, before me, Leore Nixon
personally appeared Richard Nelson, known to me, or proved to me,
to be the president of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____
(Notarial Seal) _____
(Signature) Leore Nixon
(Title) Notary Public

2003

ANNUAL REPORT

0303219.3566
3/20/03

FILE DATE 1-24-03
RECEIPT NO 159196
RECEIVED
JAN 24 03
S.D. SEC. OF STATE

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

1. Corporate Name, Registered Agent and Registered Address:

DF-009956 JAN/2002
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

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

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

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

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

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

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

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

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

4. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:
NUMBER OF SHARES CAN ISSUE (authorized) CLASS SERIES PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

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

Dated 1-13-03 By Richard Nelson (Signature)
its _____ (Title)

STATE OF South Dakota ss
COUNTY OF Hamde
On this the 13th day of January 2003 before me, Becky Nelson
personally appeared Richard D. Nelson, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.
My Commission Expires 1/28/04 _____
Becky Nelson
Notary Public

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
805-773-4845

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____
*The Consent of Registered Agent below must be completed by the new agent.
6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

My Commission Expires _____

Notary Public

(Notarial Seal).

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)
Dated _____

(signature)

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

ANNUAL FARM REPORT
PLEASE TYPE OR USE BLOCK LETTERS
File pursuant to the provisions of ~~SDCL 40-10-3~~ 40-10-3A

NO FILING FEE

FILE DATE _____

RECEIVED

JAN 1 2003

1. Corporate name and address:



DF-009956 JAN/2002

NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

FILING DATE: Due during the month of ~~the~~ ^{S.D. SEC. OF STATE} the domestic Certificate of Incorporation or the foreign Certificate of Authority was issued, and delinquent the last day of the following month.

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is
Richard D. Nelson 306 W 2nd Street, Box 151, Miller, South Dakota 57362-0151

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4407. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-13-03

Richard Nelson
(Signature)
President
(Title)

STATE OF South Dakota
COUNTY OF Ham

On this the 13th day of January, 2002, before me, Becky Nelson
personally appeared Richard D. Nelson, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

1/28/04
My Commission Expires
(Notarial Seal)

Becky Nelson
(Notary Public)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE

9/29/04
129/920
JAN 27 04

S.D. SEC. OF STATE

225 4697

1. Corporate name and address:



* D F 0 0 9 9 5 6 *
DF009956 JAN/2003
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson
306 W. 2nd Street Miller, SD 57362

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4407. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 1/16/2004
STATE OF South Dakota
COUNTY OF Hand

Richard Nelson
(Signature)
Pres.
(Title)

On this the 16th day of January, 2004, before me, Becky Nelson
personally appeared Richard Nelson, known to me, or proved to me,
to be the President of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corporation executed the same.

1/28/2004
My Commission Expires
(Notarial Seal)

Becky Nelson
(Notary Public)



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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

*The Consent of Registered Agent below must be completed by the new agent.

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or by another of its officers in the presence of a notary of public.

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

On this the ____ day of _____, 20____, before me, _____
personally appeared _____, known to me, or proved to me,
to be the _____ of the corporation that is described in and that executed the within
~~instrument and acknowledged to me that such corporation executed the same~~

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

(signature)

232 5370 01/19/2005

2005

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 01/14/05
RECEIPT NO. 1397502
RECEIVED
JAN 14 05
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



* D F 0 0 9 9 5 6 *
DF009956 JAN/2004
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

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

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

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

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

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

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

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

SD law requires at least one director.

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

Director _____
Director _____

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

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

5. NUMBER OF SHARES ACTUALLY ISSUED CLASS SERIES

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

The report must be signed by the chairman of the board of directors, its president, or any other officer.

Dated _____

Richard D. Nelson
(Signature)

President
(Title)

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The previous street address, or a statement that there is no street address, of its registered office _____
_____ ZIP + 4 _____
3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its previous registered agent is _____
5. The name of its successor registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, by its president, or any other officer.

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 01/14/05

1397502 RECEIVED

S.D. SECRETARY OF STATE

232 5371

1. Corporate name and address:



DF009956 JAN/2004

NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson
306 W. 2nd. St. - Miller, SD 57362

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4407. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

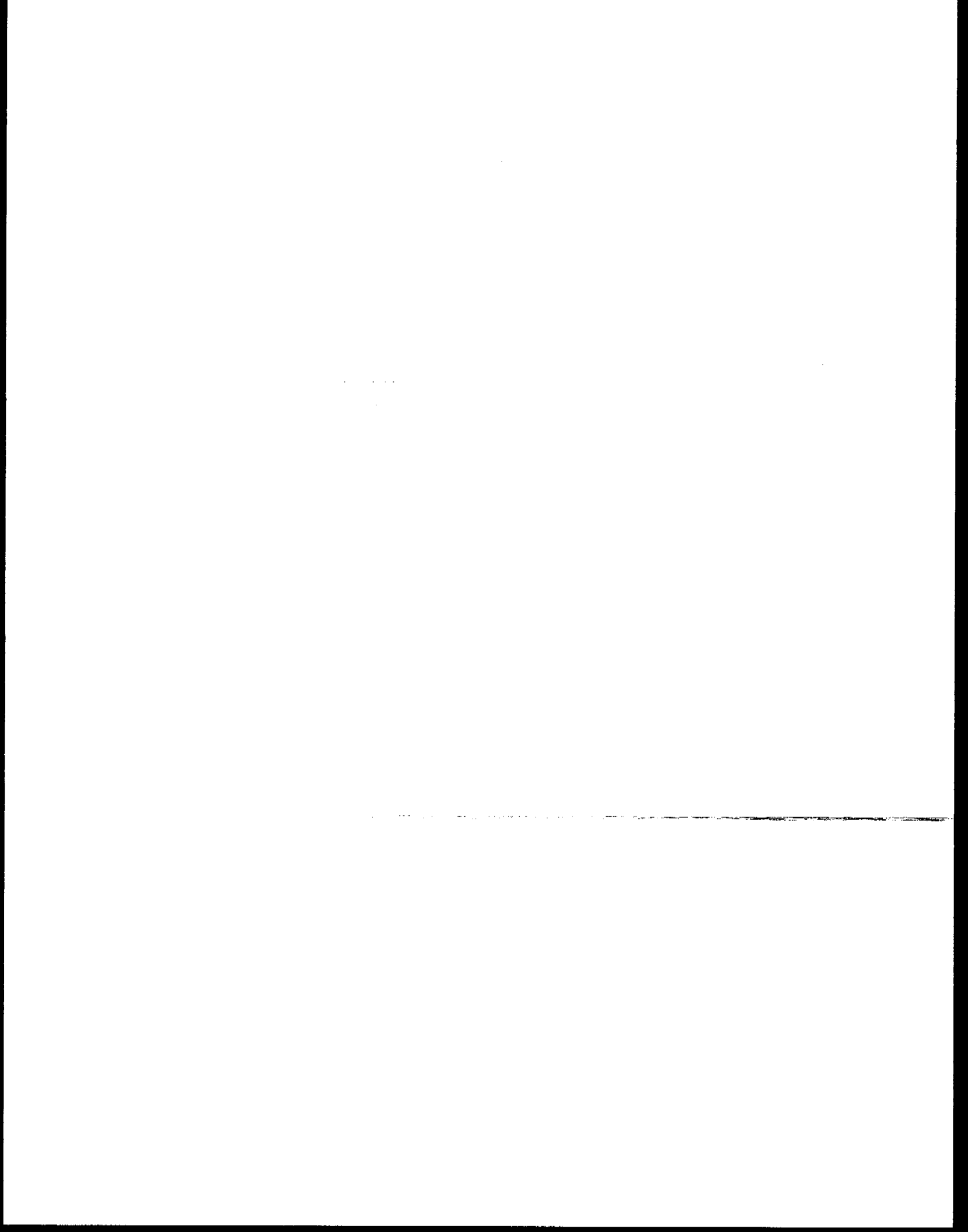
NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated _____

Richard D Nelson
(Signature)

President
(Title)



2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 02/23/06
RECEIPT NO. 1533052
RECEIVED
FEB 23 06
S.D. SEC. OF STATE

246 2434

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



DF009956 JAN/2005
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

Telephone #
FAX #

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

ATTENTION - FILING INSTRUCTIONS

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

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

2. The address of the principal office 306 W. 2nd Street, Miller, South Dakota 57362

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Richard Nelson (President), David Nelson (Vice President & Asst. Sec.), Becky Nelson (Secretary & Asst. Treas.), David Nelson (Treasurer), and Kim Nelson (Asst. Treasurer & Treas.).

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

4. Provide a brief description of the nature of the business farming operation

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

Table with columns: NUMBER OF AUTHORIZED SHARES, CLASS, SERIES. Row: 10,000, Voting, \$100 par value.

6. NUMBER OF ISSUED SHARES

Table with columns: CLASS, SERIES. Row: 4,407, Voting, \$100 par value.

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

Dated 2-20-06

Richard D. Nelson
Signature

Richard D. Nelson
Printed Name

President
Title

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____
_____ ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 02/23/06

RECEIVED

FEB 23 '06

S.D. SEC. of STATE

246 2435

1. Corporate name and address:



DF009956 JAN/2005
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson,
306 W. 2nd Street, Miller, South Dakota 57362

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is _____

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4,407. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

DEGREE OF KINDRED

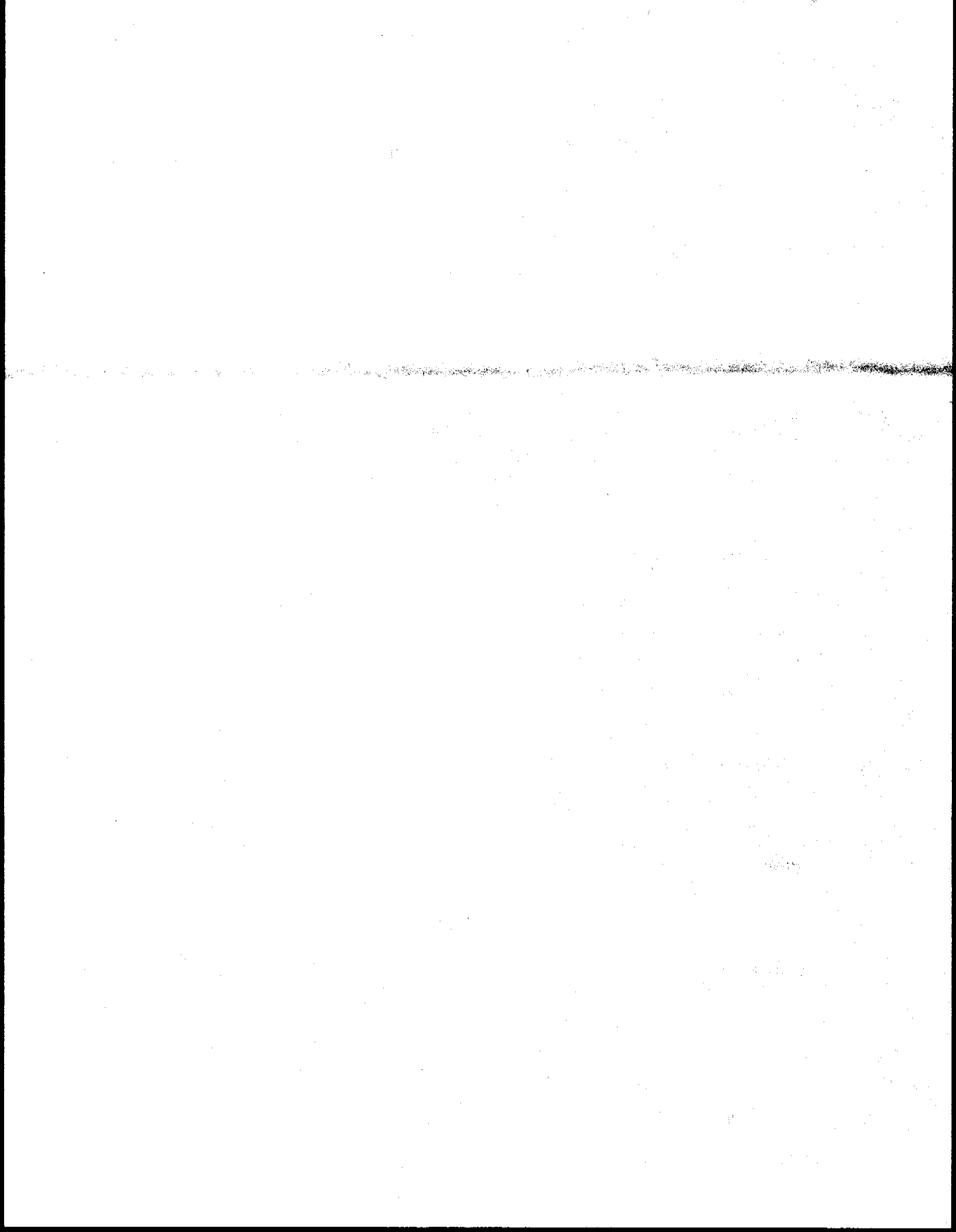
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 2-20-06

Richard D. Nelson
(Signature)

President

(Title)



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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 01/19/07

RECEIVED

JAN 19 2007

S.D. SEC. OF STATE

257 3730

1. Corporate name and address:



DF009956 JAN/2006

NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson
306 W. 2nd Street, Miller, South Dakota 57362-0151

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is n/a

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME

REPLACED

AS OFFICER OR DIRECTOR

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4,407. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

NAME

ADDRESS

NUMBER OF SHARES

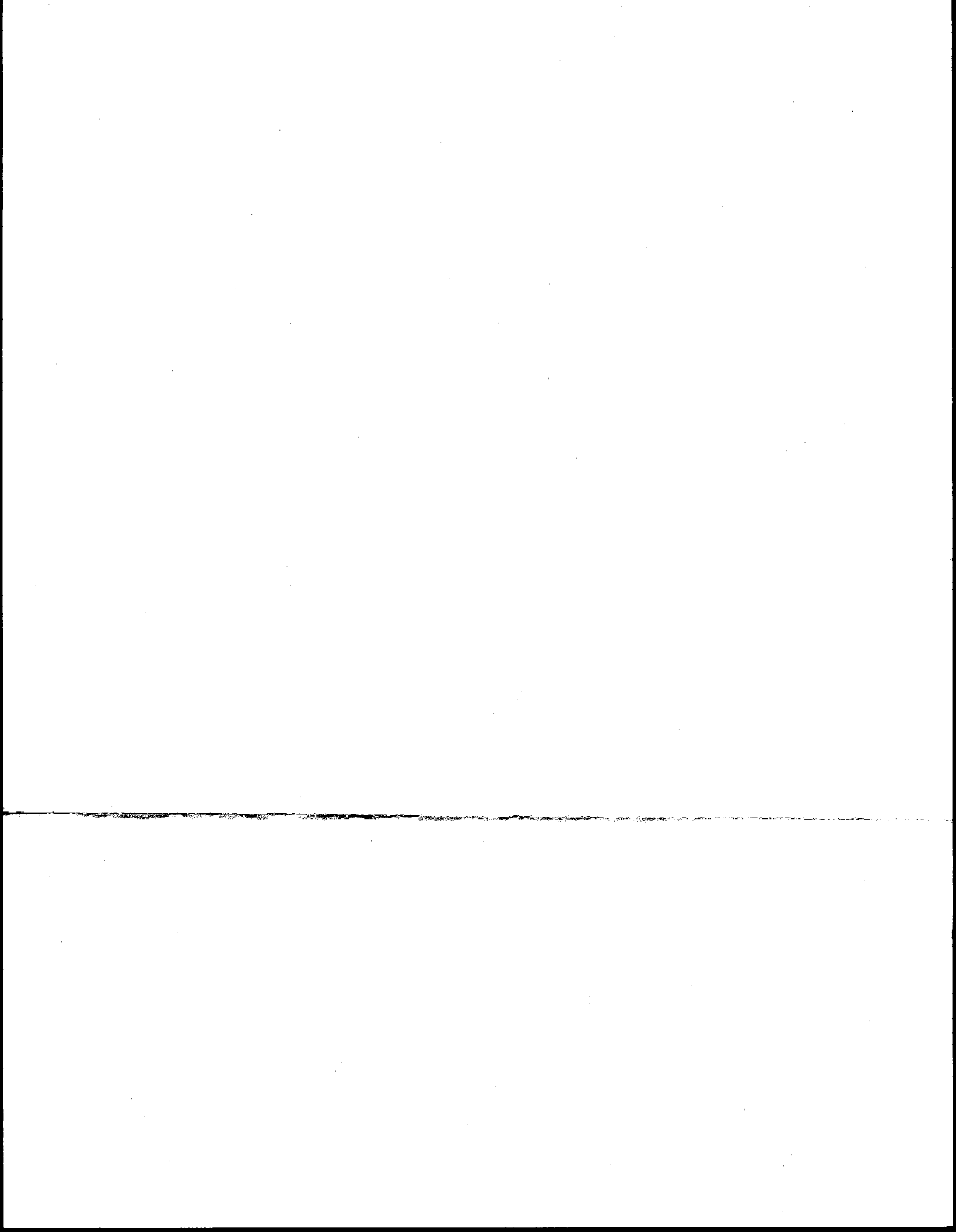
DEGREE OF KINDRED

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-18-07

Richard Nelson
(Signature)

President
(Title)



SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

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

File Date _____
Receipt No. _____

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

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____
_____ ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____ (signature)

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

File Date _____

Receipt No. _____

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

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the corporation is _____
2. The street address, or a statement that there is no street address, of its current registered office _____
_____ ZIP + 4 _____
3. The new address to which the registered office is to be changed. A PO box number can be used for mailing but a street address, or a statement that there is no street address, if street addresses have not been assigned, or the RR address, must also be included. _____
_____ ZIP + 4 _____
4. The name of its current registered agent is _____
5. The name of its new registered agent is * _____

***The Consent of Registered Agent below must be completed by the new agent.**

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

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

Dated _____

Signature

Printed Name

Title

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(corporate name)

Dated _____

(signature)

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

ANNUAL FARM REPORT

PLEASE TYPE OR USE BLACK INK
Filed pursuant to the provisions of SDCL 47-9A

NO FILING FEE

FILE DATE 2-28-08

RECEIVED

FEB 28 2008

S.D. SEC. OF STATE

274 1015

1. Corporate name and address:



* D F 0 0 9 9 5 6 *
DF009956 JAN/2007

NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

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

2. The state of incorporation is South Dakota

3. The name of the registered agent in South Dakota and the registered office address is Richard D. Nelson,
306 W. 2nd Street, PO Box 151, Miller, South Dakota 57362-0151

4. If a foreign corporation, the address of its principal office, or registered office in its state of incorporation is N/A

5. List only the changes since the last report of the acreage and location by section, township, and county of each lot or parcel of land in this state owned or leased by the corporation.

6. List only the changes of the names or addresses of the officers and directors.

NAME	REPLACED	AS OFFICER OR DIRECTOR
------	----------	------------------------

7. The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is 4,407. (Degree of kindred is defined as number of generations with each generation being a degree.) #7 applies only to FAMILY FARM CORPORATIONS

8. List changes only of names, address and number of shares owned by shareholders

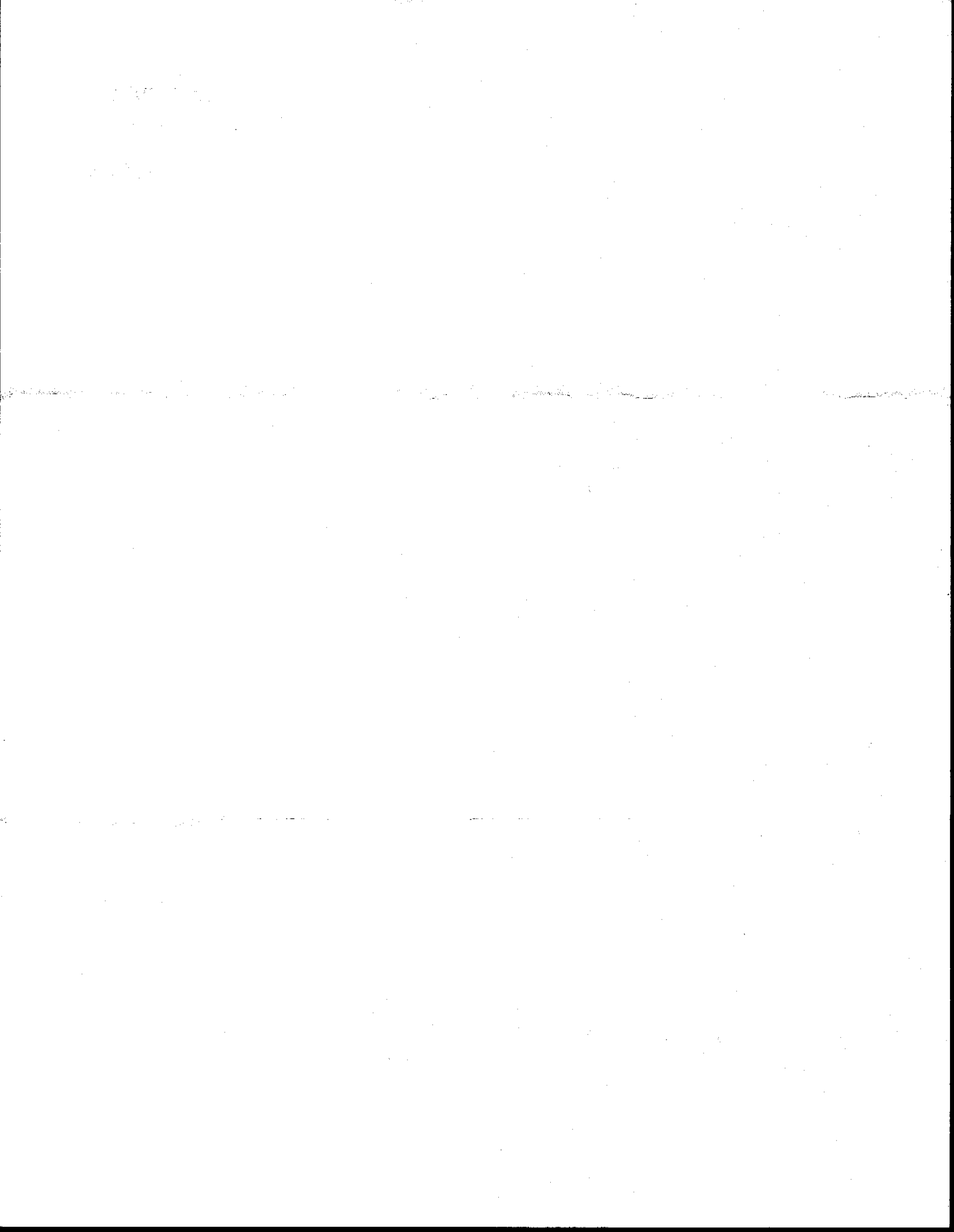
NAME	ADDRESS	NUMBER OF SHARES	DEGREE OF KINDRED
------	---------	------------------	-------------------

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 2-27-08

Richard Nelson
(Signature)

President
(Title)



ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE 03/02/09
RECEIPT NO _____
RECEIVED
MAR 02 2009
S.D. SEC. OF STATE

1. Corporate ID, Name and Address:



* D F 0 0 9 9 5 6 *
DF009956 JAN/2008
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

Telephone # _____
FAX # _____
FILING DATE: To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent Richard D. Nelson

<u>306 W. 2nd Street</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box 151</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>4,407</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

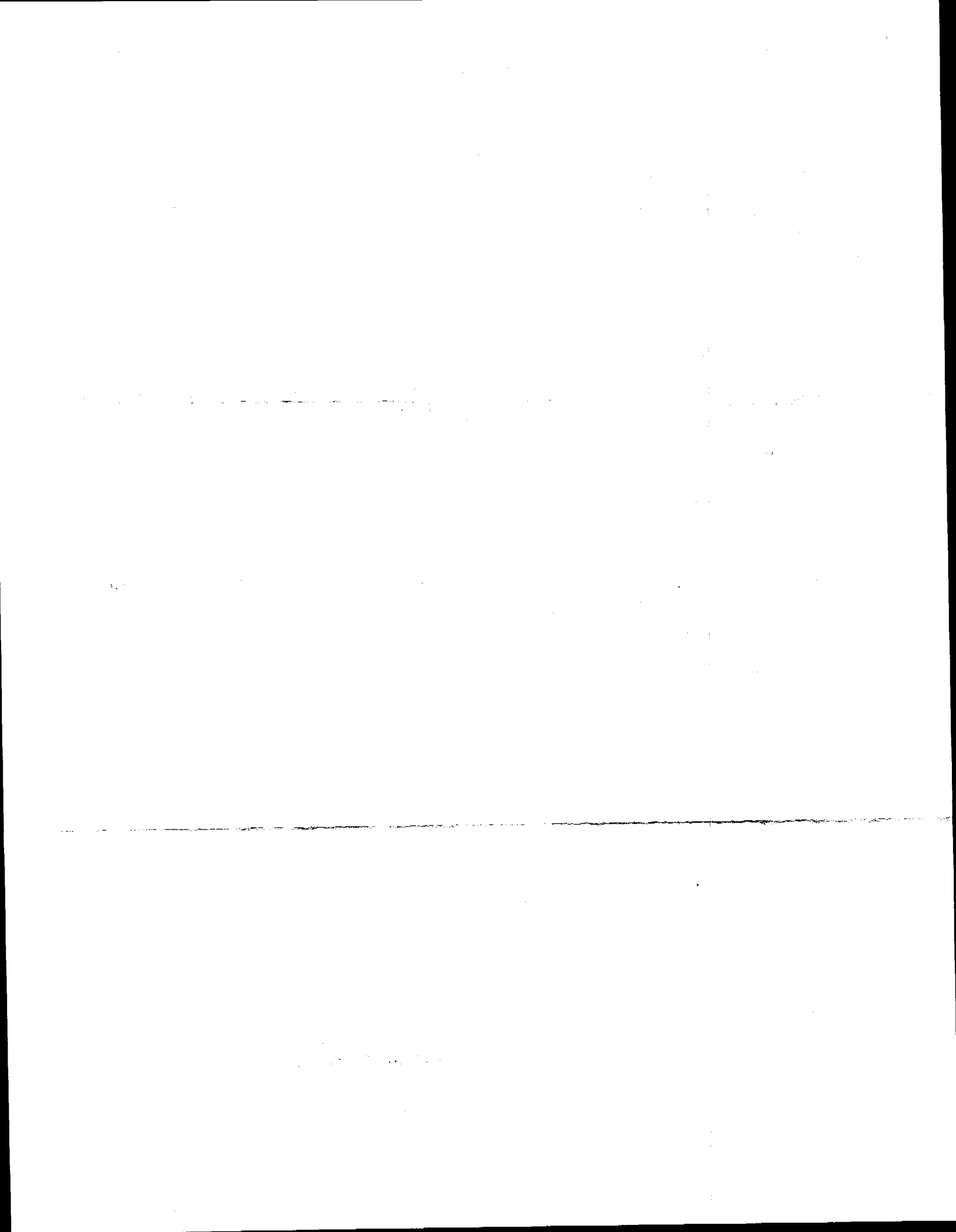
5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred

Dated 2.27-09

(Signature of an authorized officer)
Richard D. Nelson
(Printed Name)
President
(Title)

287 0604



287 0602 03/10/2009

2009

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE 03/02/09
RECEIPT NO 188 5583
RECEIVED
MAR 02 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



* D F 0 0 9 9 5 6 *
DF009956 JAN/2008
NELSON'S INC.
NELSON, RICHARD D.
306 W. 2ND ST.
BOX 151
MILLER SD 57362-0151

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

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

<u>306 2nd Street</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Street Address	City	State	ZIP+4
<u>PO Box 151</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Richard D. Nelson

<u>306 2nd Street</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box 151</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

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

- See attached list**
- | | | | | | |
|--------------------------|----------------|----------------|------|-------|-------|
| <input type="checkbox"/> | President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Vice President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Secretary | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Treasurer | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Director | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Director | Street Address | City | State | ZIP+4 |

Dated 2.27.09

Richard Nelson
(Signature of an authorized officer)

Richard D. Nelson
(Printed Name)

President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

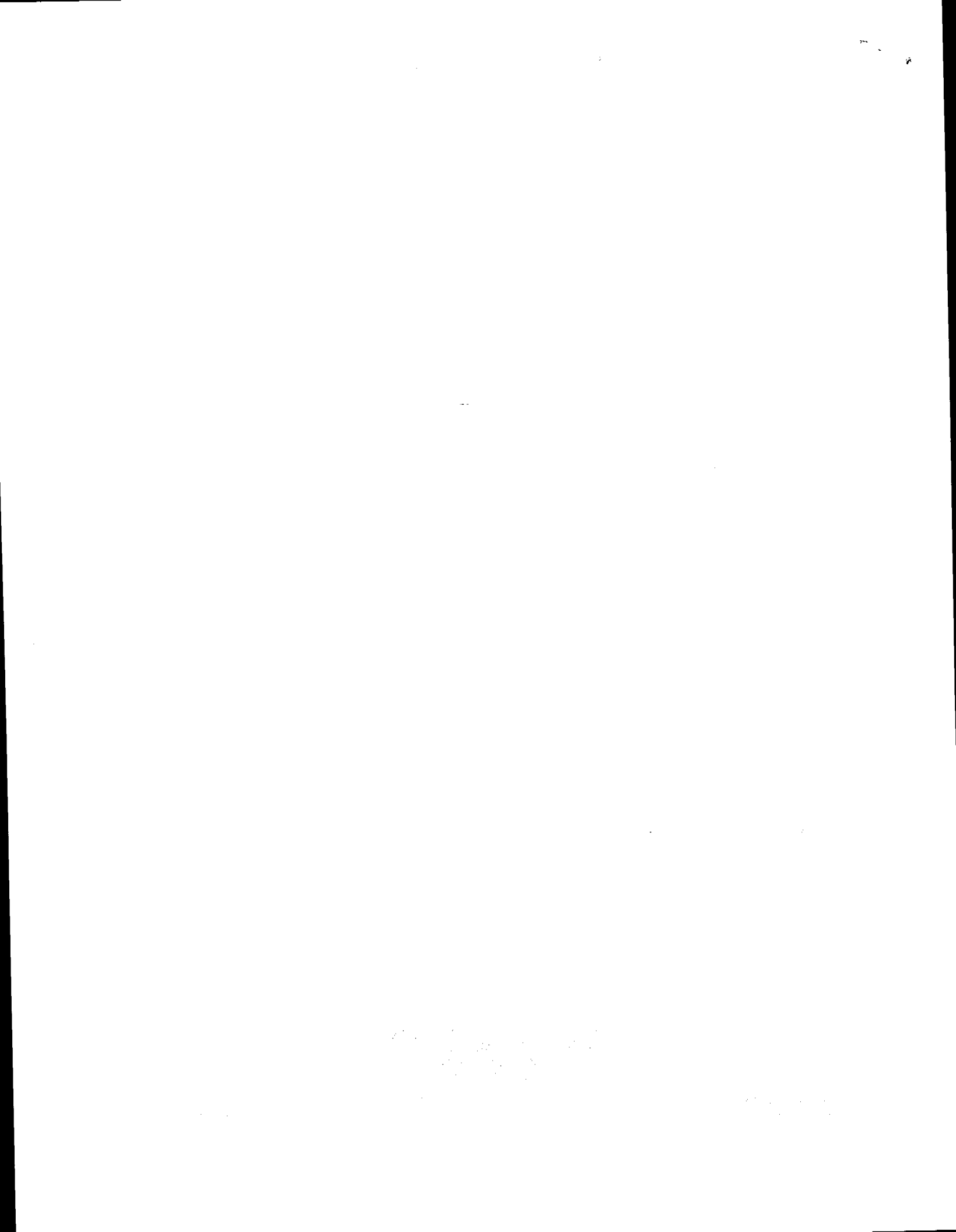
(Signature of an authorized officer)

(Printed Name)

(Title)

OFFICERS AND DIRECTORS
OF
NELSON'S INC.

Richard Nelson	President/Director	PO Box 151, Miller, SD 57362
David Nelson	Vice President Assistant Secretary Treasurer Director	PO Box 151, Miller, SD 57362
Becky Nelson	Secretary Assistant Treasurer Director	PO Box 151, Miller, SD 57362
Kim Nelson	Treasurer Assistant Treasurer Director	PO Box 151, Miller, SD 57362



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

ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink
 No Filing Fee

FILE DATE 2-25-10
 RECEIPT NO _____
RECEIVED
FEB 25 2010
S.D. SEC. OF STATE

Telephone # _____
 FAX # _____
 FILING DATE: To be filed with the
 Annual Report.

1. Corporate ID, Name and Address:



* D F 0 0 9 9 5 6 *
 DFO09956 JAN/2009
 NELSON'S INC.
 NELSON, RICHARD D.
 PO BOX 151
 MILLER SD 57362-0151

2. The name of the South Dakota Registered Agent Richard D. Nelson

306 W. 2nd Street Miller SD 57362-0151
 Street Address (Required to be a South Dakota Address) City State ZIP+4

PO Box 151 Miller SD 57362-0151
 Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acre

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	4,407
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	%

5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

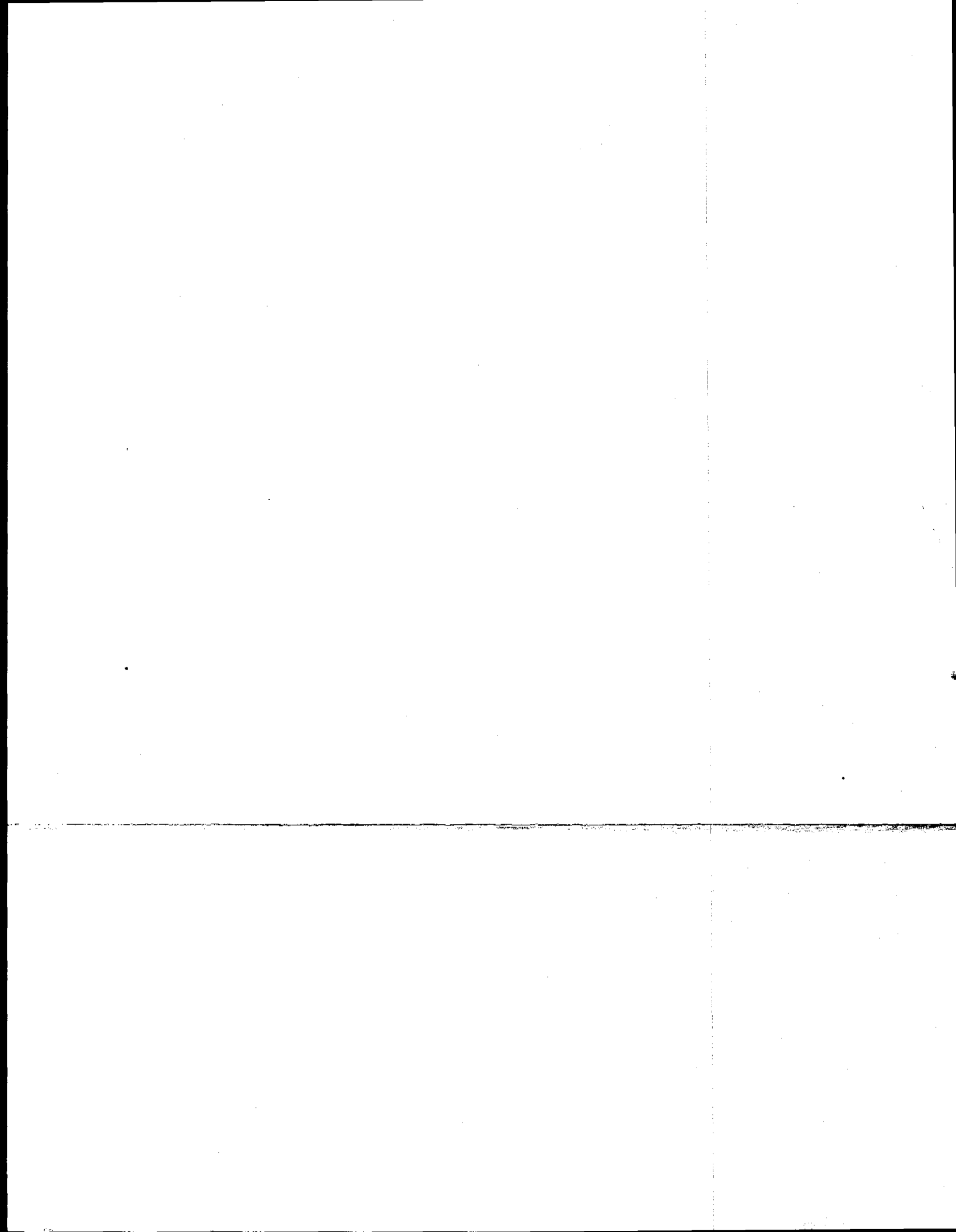
Name	Address	City	State	Zip	Shares	Kindred

Dated 2.24.10

Richard Nelson
 (Signature of an authorized officer)

Richard D. Nelson
 (Printed Name)

President
 (Title)



302 1897 03/03/2010

2010

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

ANNUAL REPORT
DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE	<u>2-25-10</u>
RECEIPT NO	<u>2007809</u>
RECEIVED	
FEB 25 2010	
S.D. SEC. OF STATE	

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

1. Corporate Name, Registered Agent Name and Address:



* D F 0 0 9 9 5 6 *
DF009956 JAN/2009
NELSON'S INC.
NELSON, RICHARD D.
PO BOX 151
MILLER SD 57362-0151

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

<u>306 2nd Street</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Street Address	City	State	ZIP+4
<u>PO Box 151</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Richard D. Nelson

<u>306 2nd Street</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
<u>PO Box 151</u>	<u>Miller</u>	<u>SD</u>	<u>57362-0151</u>
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

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

- See attached list
- _____
President Street Address City State ZIP+4
- _____
Vice President Street Address City State ZIP+4
- _____
Secretary Street Address City State ZIP+4
- _____
Treasurer Street Address City State ZIP+4
- _____
Director Street Address City State ZIP+4
- _____
Director Street Address City State ZIP+4

Dated 2.24.10

Richard Nelson
(Signature of an authorized officer)

Richard D. Nelson
(Printed Name)

President
(Title)

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

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

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

1. The name of the entity _____

2. The name of the registered agent on file _____

The name of the successor registered agent _____

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

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

Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

302 1898 03/03/2010

DF009956
OFFICERS AND DIRECTORS
OF
NELSON'S INC.

Richard Nelson	President/Director	PO Box 151, Miller, SD 57362
David Nelson	Vice President Assistant Secretary Treasurer Director	PO Box 151, Miller, SD 57362
Becky Nelson	Secretary Assistant Treasurer Director	PO Box 151, Miller, SD 57362
Kim Nelson	Treasurer Assistant Treasurer Director	PO Box 151, Miller, SD 57362

316 1482 03/22/2011

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE	<u>2-8-11</u>
RECEIPT NO	<u>2122006</u>
RECEIVED	
FEB 08 2011	
S.D. SEC. OF STATE	

1. Corporate ID and Name:

DF009956
Nelson's Inc.
Nelson, Richard D.
PO Box 151
Miller, SD 57362-0151

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

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

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

306 W. 2nd Street	Miller	SD	57362-0151
Street Address	City	State	ZIP+4
PO Box 151	Miller	SD	57362-0151
Mailing Address (Optional)	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Richard D. Nelson

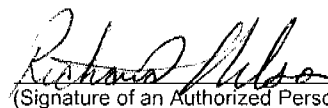
306 2nd Street	Miller	SD	57362-0151
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO Box 151	Miller	SD	57362-0151
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

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

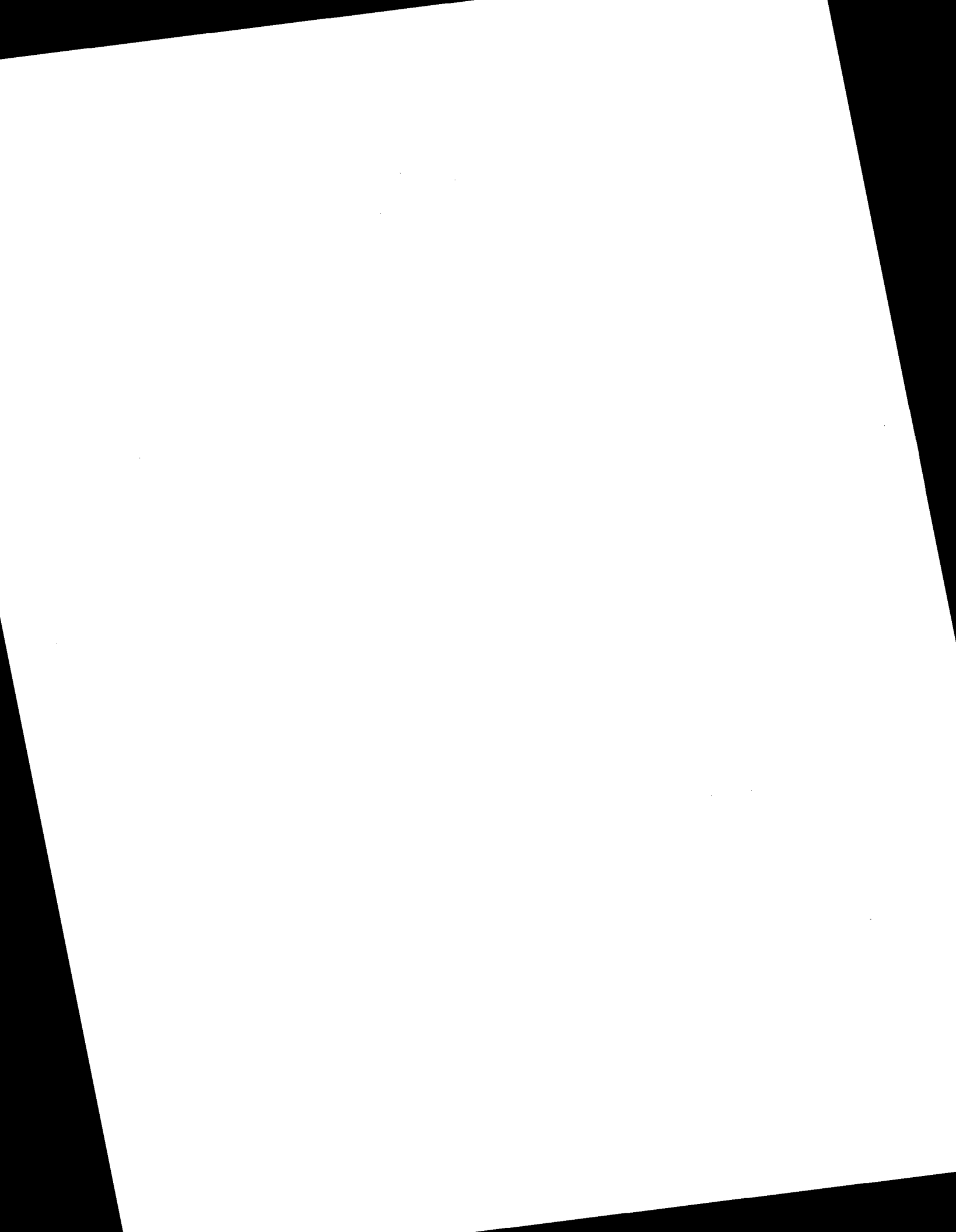
<input type="checkbox"/> See Attached List	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4

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

Dated 2-3-11


(Signature of an Authorized Person)

Richard Nelson
(Printed Name)



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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly in Ink
 No Filing Fee

FILE DATE <u>2-8-11</u>
RECEIPT NO _____
RECEIVED
FEB 08 2011
S.D. SEC. OF STATE
Telephone # _____
FAX # _____
FILING DATE: To be filed with the Annual Report.

316 1483

1. Corporate ID, Name and Address:

DF009956
 Nelson's Inc.
 Nelson, Richard D.
 PO Box 151
 Miller, SD 57362-0151

2. The name of the South Dakota Registered Agent Richard D. Nelson

306 W. 2nd Street	Miller	SD	57362-0151
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO Box 151	Miller	SD	57362-0151
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Township	Acres

4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	<u>4,407</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

5. List any changes to shareholder name, address and number of shares owned.

Name	Address	City	State	Zip	Shares

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

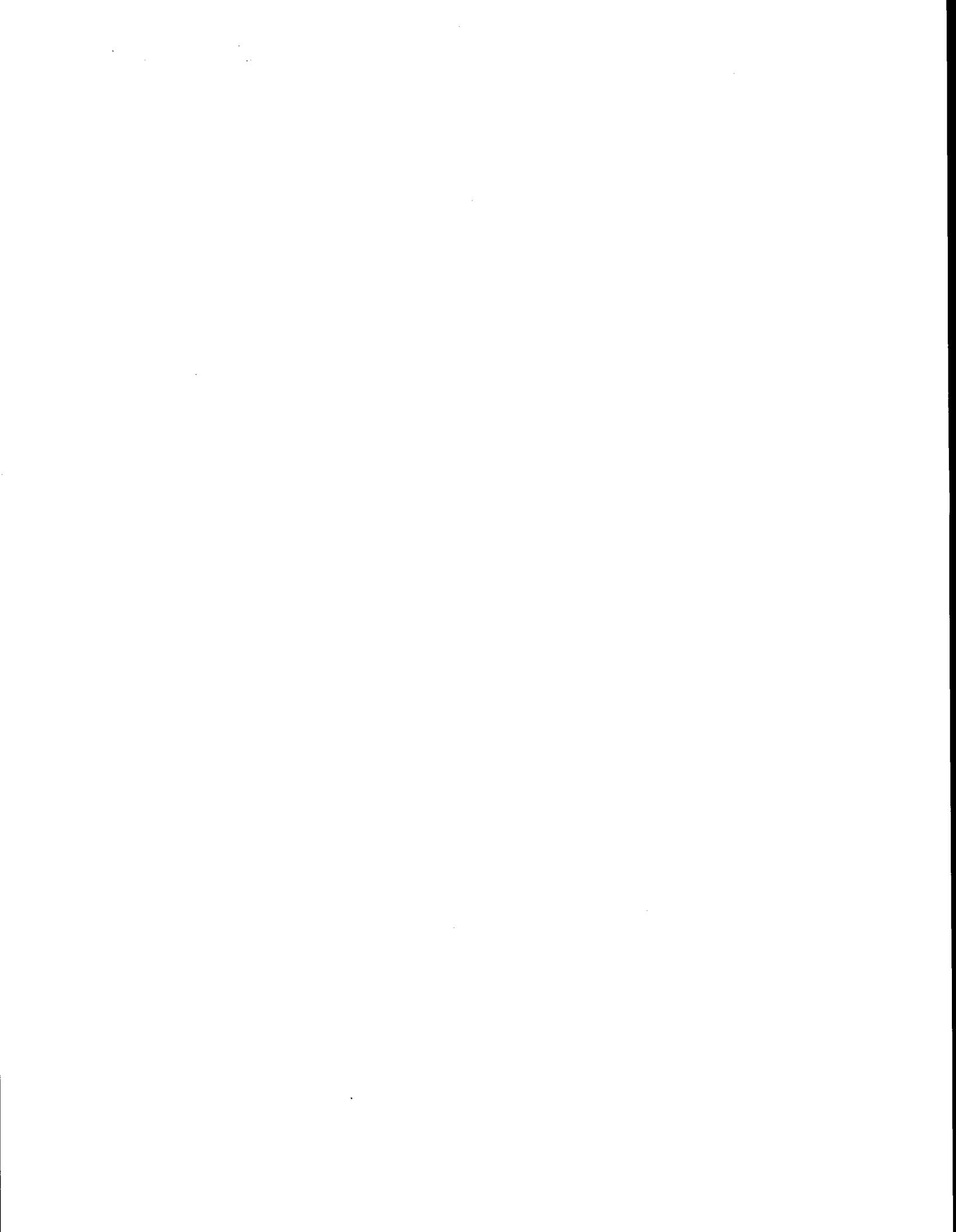
Dated 2-3-11

Richard Nelson

 (Signature of an Authorized Person)

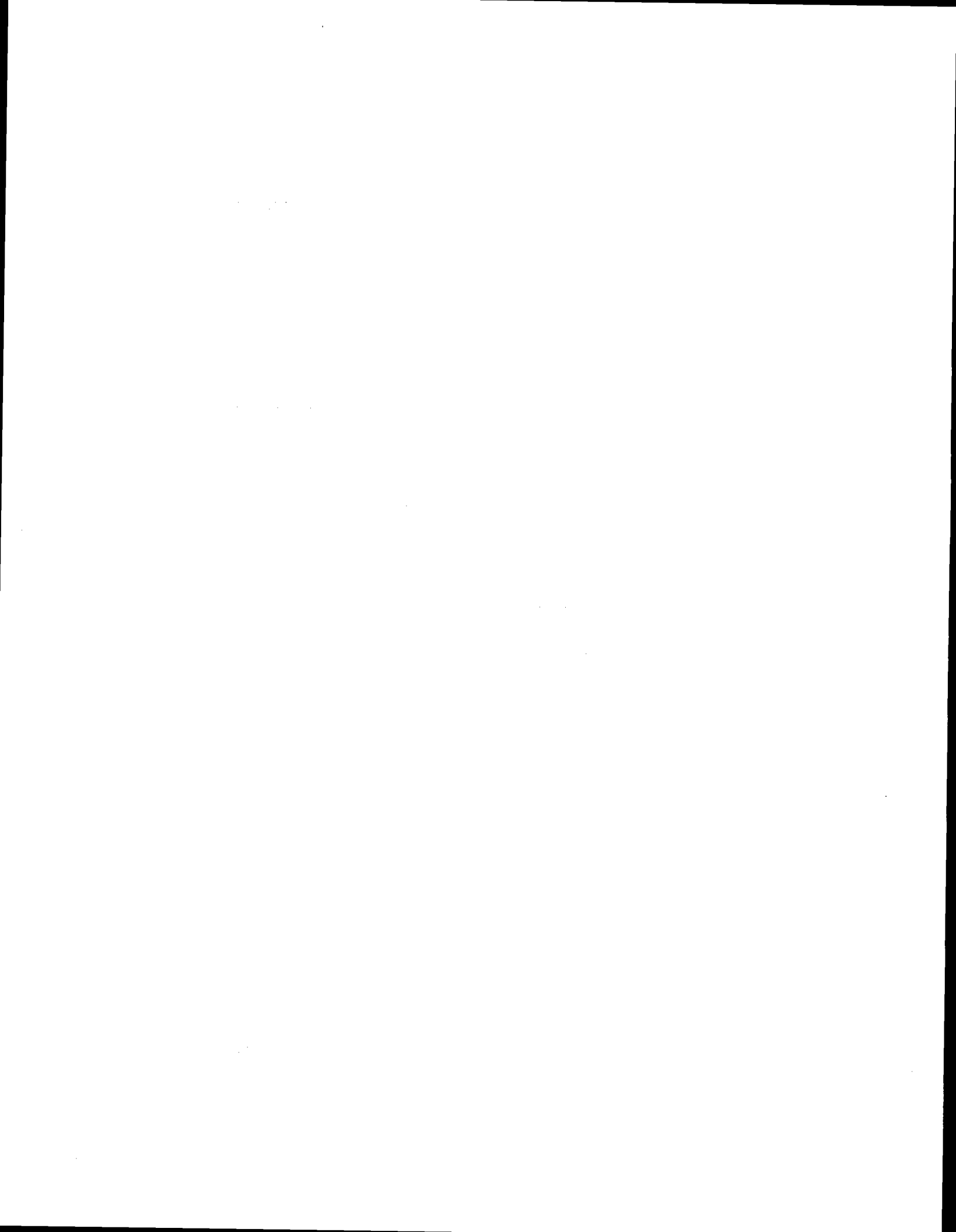
Richard D. Nelson/President

 (Printed Name)



OFFICERS AND DIRECTORS
OF
NELSON'S INC.
DF009956

Richard Nelson	President/Director	PO Box 151, Miller, SD 57362
David Nelson	Vice President/Director Treasurer Assistant Secretary	PO Box 151, Miller, SD 57362
Becky Nelson	Secretary/ Director Assistant Treasurer	PO Box 151, Miller, SD 57362
Kim Nelson	Director Assistant Treasurer Assistant Secretary	PO Box 151, Miller, SD 57362



2012

Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 02/28/2012

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

Corporation

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

RECEIPT NO 25541

1. Corporate Name and Address:

DF009956
 NELSON'S INC.
 306 2ND STREET
 MILLER, SD 57362

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

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

306 2ND STREET	MILLER	SD	57362
Street Address	City	State	ZIP+4
PO BOX 151	MILLER	SD	57362-0151
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICHARD D. NELSON

306 W. 2ND ST.	MILLER	SD	57362-1202
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 151	MILLER	SD	57362-0151
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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	RICHARD NELSON	PO BOX 151	MILLER	SD	57362
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DAVID NELSON	PO BOX 151	MILLER	SD	57362
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BECKY NELSON	PO BOX 151	MILLER	SD	57362
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KIM NELSON	PO BOX 151	MILLER	SD	57362
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

County	Section	Tow nship	Acres
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7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	4,414.00
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares	DOK
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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

Signature Accepted Electronically
(Signature of an Authorized Person)

RICHARD NELSON
(Printed Name)

2013

Enter Filing Year

ANNUAL FARM REPORT

FILE 2/11/2013

RECEIPT NO 94310

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF009956
NELSON'S INC.
306 2ND STREET
MILLER, SD 57362

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

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

306 2ND STREET	MILLER	SD	57362
Street Address	City	State	ZIP+4
PO BOX 151	MILLER	SD	57362-0151
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICHARD D. NELSON

306 W. 2ND ST.	MILLER	SD	57362-1202
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
PO BOX 151	MILLER	SD	57362-0151
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. Please place a check mark next to the name if the principal officer serves as a director. South Dakota Law requires at least one director.

<input checked="" type="checkbox"/>	RICHARD NELSON	PO BOX 151	MILLER	SD	57362
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	DAVID NELSON	PO BOX 151	MILLER	SD	57362
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	BECKY NELSON	PO BOX 151	MILLER	SD	57362
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	KIM NELSON	PO BOX 151	MILLER	SD	57362
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	4414
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
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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

Signature Accepted Electronically

(Signature of an Authorized Person)

RICHARD NELSON

(Printed Name)

2014

Enter Filing Year

ANNUAL FARM REPORT

FILE 1/9/2014

RECEIPT NO 167369

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

Corporation

Please Type or Print Clearly In Ink

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

1. Corporate Name and Address:

DF009956
NELSON'S INC.
306 2ND STREET
MILLER, SD 57362

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

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

306 2ND STREET MILLER SD 57362

Street Address City State ZIP+4

PO BOX 151 MILLER SD 57362

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICHARD D. NELSON

306 W. 2ND ST. MILLER SD 57362-1202

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

PO BOX 151 MILLER SD 57362-0151

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

RICHARD NELSON PO BOX 151 MILLER SD 57362
President Street Address City State ZIP+4

DAVID NELSON PO BOX 151 MILLER SD 57362
Vice President Street Address City State ZIP+4

BECKY NELSON PO BOX 151 MILLER SD 57362
Secretary Street Address City State ZIP+4

KIM NELSON PO BOX 151 MILLER SD 57362
Treasurer Street Address City State ZIP+4

Director Street Address City State ZIP+4

Director Street Address City State ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	4414
Authorized Farm	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
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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

Signature Accepted Electronically

(Signature of an Authorized Person)

RICHARD NELSON

(Printed Name)

2015 Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 3/3/2015

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

Corporation

Please Type or Print Clearly In Ink

RECEIPT NO 279388

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

1. Corporate Name and Address:

DF009956
NELSON'S INC.
306 2ND STREET
MILLER, SD 57362

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

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

306 2ND STREET MILLER SD 57362
Street Address City State ZIP+4
PO BOX 151 MILLER SD 57362
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RICHARD D. NELSON

306 W. 2ND ST. MILLER SD 57362-1202
Street Address or Rural Route Box Number in This State and City State ZIP+4
PO BOX 151 MILLER SD 57362-0151
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. Please place a check mark next to the name if the principal officer servers as a director. South Dakota Law requires at least one director.

[X] RICHARD NELSON PO BOX 151 MILLER SD 57362
President Street Address City State ZIP+4
[X] DAVID NELSON PO BOX 151 MILLER SD 57362
Vice President Street Address City State ZIP+4
[X] BECKY NELSON PO BOX 151 MILLER SD 57362
Secretary Street Address City State ZIP+4
[X] KIM NELSON PO BOX 151 MILLER SD 57362
Treasurer Street Address City State ZIP+4
[] Director Street Address City State ZIP+4
[] Director Street Address City State ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	4414
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Street Address	City	State	ZIP+4	Shares
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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 03/03/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

RICHARD NELSON

(Printed Name)

2015

STATEMENT OF CHANGE OF REGISTERED OFFICE

FILE DATE 2/26/2016

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

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

RECEIPT NO 387923

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DF009956

Enter Corporate ID

NELSON'S INC.

Enter Corporate Name

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: RICHARD D. NELSON

306 W. 2ND ST. MILLER SD 57362-1202
Actual Street Address or Rural Route Box Number City State ZIP+4
PO BOX 151 MILLER SD 57362-0151
Mailing Address, if Different from Street Address City State ZIP+4

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

New Agent Name: WILLIAM M VAN CAMP

117 E CAPITOL AVE PIERRE SD 57501
Actual Street Address or Rural Route Box Number in This State City State ZIP+4
PO BOX 66 PIERRE SD 57501
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 (SDCL 47-1A-129).

Dated 02/26/2016

Signature Accepted Electronically
(Signature of an Authorized Person)
WILLIAM M VAN CAMP
(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

ANNUAL FARM REPORT

FILE DATE 2/26/2016

Enter Filing Year

Corporation

RECEIPT NO 387924

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

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

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DF009956

Enter Corporate ID

NELSON'S INC.

Enter Corporate Name

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

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

306 2ND STREET	MILLER	SD	57362
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Actual Street Address or Rural Route Box Number	City	State	ZIP+4
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PO BOX 151	MILLER	SD	57362
------------	--------	----	-------

Mailing Address, if Different from Street Address	City	State	ZIP+4
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4. The name of the South Dakota Registered Agent

Agent Name: WILLIAM M VAN CAMP

117 E CAPITOL AVE	PIERRE	SD	57501
-------------------	--------	----	-------

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

PO BOX 66	PIERRE	SD	57501
-----------	--------	----	-------

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

<input checked="" type="checkbox"/> RICHARD NELSON	PO BOX 151	MILLER	SD	57362
President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> DAVID NELSON	PO BOX 151	MILLER	SD	57362
Vice President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> BECKY NELSON	PO BOX 151	MILLER	SD	57362
Secretary	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/> KIM NELSON	PO BOX 151	MILLER	SD	57362
Treasurer	Actual Street Address	City	State	ZIP+4

Director Actual Street Address City State ZIP+4

Director Actual Street Address City State ZIP+4

6. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation.

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	4414
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

8. List changes only of names, address and number of membership interests owned by shareholders.

Name	Actual Street Address	City	State	ZIP+4	Shares
------	-----------------------	------	-------	-------	--------

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 02/26/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

RICHARD NELSON

(Printed Name)