

Secretary of State

State Capitol, Ste 204
500 East Capitol Avenue
Pierre, South Dakota
57501-5070
TDD (605) 773-5010



JOYCE HAZELTINE
Secretary of State

TOM LECKEY
Deputy

OF-029316
STAHL CHARDLAIS, INC.
STAHL, RONALD L.
RR 1 BOX 118
BRIDGEWATER, SD 57319-9708

July, 1993

DOMESTIC BUSINESS

NOTICE OF ADMINISTRATIVE DISSOLUTION

This is to notify you that the above named corporation is delinquent in filing the corporate report(s) as required by South Dakota Codified Law 47-9-1. South Dakota law states that a corporation may be Administratively Dissolved for failure to file its corporate report within sixty days after it is due. Pursuant to SDCL 47-7-29.1 the corporation will be administratively dissolved October 1, 1993.

The delinquent corporate reports along with the \$60 fee for each will need to be filed PRIOR to October 1st to avoid administrative dissolution. Forms may be obtained by contacting the Secretary of State's Office, Corporate Division, 500 E. Capitol, Pierre, SD 57501, or by calling 773-4845.

Administration
(605) 773-3537
Fax (605) 773-6580

Corporations
(605) 773-4845
Fax (605) 773-4550

Uniform Commercial Code
(605) 773-4422
Fax (605) 773-4550

1 2 6 1 0 4 3 3

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, by virtue of the authority vested in me by SDCL 47-7-30.1 hereby Administratively Dissolve the below named corporation for failure to file the corporate annual report when due.

DF-029316
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
RR 1 BOX 118
BRIDGEWATER, SD 57319-9708



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this 15th day of November, 1993.

Joyce Hazeltine
JOYCE HAZELTINE
Secretary of State

THE STATE OF TEXAS,
COUNTY OF [illegible]



STATE OF TEXAS, COUNTY OF [illegible]

TO BE CAPTIONED
IN THE PROCEEDINGS

[illegible text]

[illegible text]

SOS CRP 6/98

1996

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

1996292.0992
1/25/99

FILE DATE 1-25-99
RECEIPT NO. 705797

RECEIVED

JAN 25 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

Stahl Charolais, Inc.
Ronald L. Stahl, Registered Agent
RR 1, Box 11B
Bridgewater, South Dakota 57319

df 029316

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 1-22 1999

By Ronald Stahl
(Signature)

His President
(Title)

STATE OF South Dakota ss
COUNTY OF Minnehaha

I, Peary L. Savage, a notary public, do hereby certify that on this 22 day of January 19 99, personally appeared before me Ronald Stahl who, being by me first duly sworn, declared that he/she is the President of Stahl Charolais 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 3-20-99

Peary L. Savage
Notary Public

(Notarial Seal)

SOS CRP 6/98

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1/3/99

1996

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 25 1999
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-3A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is Stahl Charolais, Inc.
The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Ronald L. Stahl
RR 1, Box 11B, Bridgewater, South Dakota Zip 57319

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 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 100,000
(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 1-22-99 By Ronald L. Stahl
(Signature) (Name)
President

STATE OF South Dakota
COUNTY OF Minnehaha

I, Peggy L. Savage, a notary public, do hereby certify that on this 22 day of January, 1999, personally appeared before me Ronald Stahl, who, being by me first duly sworn, declared that he/she is the President of Stahl Charolais, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 3-22-99 Peggy L. Savage
(Notarial Seal) (Signature)
SOS CAP 410 10/92

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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 1-25-99
RECEIPT NO. 515747

RECEIVED

JAN 25 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

Stahl Charolais, Inc.
Ronald L. Stahl, Registered Agent
RR 1, Box 11B
Bridgewater, South Dakota 57319

df 029314

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 1-22 1999

By Ronald Stahl
(Signature)

Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Minnehaha

I, Peeggy L. Savage, a notary public, do hereby certify that on this 22 day of January 19 99, personally appeared before me Ronald Stahl who, being by me first duly sworn, declared that he/she is the President of Stahl Charolais 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 3-20-99

Peeggy L. Savage
Notary Public

(Notarial Seal)

SOS CRP 6/98

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1995

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 FRING 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 25 1999
S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-34, the undersigned corporation hereby submits the following corporate farming annual report:

- The name of the corporation is Stahl Charolais, Inc.
The state of incorporation is South Dakota
- The name of the registered agent in South Dakota and the registered office address is Ronald L. Stahl
RR 1, Box 11B, Bridgewater, South Dakota Zip # 4 57319
- 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 100,000
(Degree of kindred is defined as number of generations with each generation being a degree). RB 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

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 1-22-99
By Ronald L. Stahl (Signature)
President (Title)

STATE OF South Dakota
COUNTY OF Minnehaha
I, Peggy L. Savage, a notary public, do hereby certify that on this 20 day of January 19 99
personally appeared before me Ronald L. Stahl who, being by me first duly sworn, declared that he/she
is the President of Stahl Charolais, Inc. and that he/she signed the foregoing document.
AS OFFICER OF THE CORPORATION, and the statements therein contained are true.
My Commission Expires 3-30-99
Peggy L. Savage
Notary Public

(Notarial Seal)

SOS (HP #10 10/92

1997

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 1-25-99
RECEIPT NO. 765297

RECEIVED

JAN 25 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

Stahl Charolais, Inc.
Ronald L. Stahl, Registered Agent
RR 1, Box 11B
Bridgewater, South Dakota 57319

df029316

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 1-22 1999

By Ronald L. Stahl
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF Minnehaha SS

I, Peggy L. Savage, a notary public, do hereby certify that on this 22 day of January, 19 99, personally appeared before me Ronald Stahl who, being by me first duly sworn, declared that he/she is the President of Stahl Charolais 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 3-20-99

Peggy L. Savage
Notary Public

(Notarial Seal)

SOS GRP 6/98

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1997 JAN 25 1999

1997

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 25 1999

S.D. SECRETARY 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 Stahl Charolais, Inc. The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Ronald L. Stahl RR 1, Box 11B, Bridgewater, South Dakota Zip + 4 57319

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 members and are actively engaged in farming as their primary economic activity is 100,000 (Degree of kindred is defined as number of generations with each generation being a degree). 86 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 1-22% (Applies only to AUTHORIZED FARM CORPORATION)

Dated 1-22-99 By Peggy L. Savage, President

STATE OF South Dakota COUNTY OF Minnehaha I, Peggy L. Savage, a notary public, do hereby certify that on this 22 day of January 19 99

personally appeared before me Ronald Stahl who, being by me first duly sworn, declared that he/she is the President of Stahl Charolais Inc. and that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true. My Commission Expires 3-20-99

(Notarial Seal)

SOS CRP 410 10/92

1904292.0900
1/3/99

1994
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 1-25-99
RECEIPT NO. 765797
RECEIVED
JAN 25 1999
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

Stahl Charolais, Inc.
Ronald L. Stahl, Registered Agent
RR 1, Box 11B
Bridgewater, South Dakota 57319

df 025316

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 1-22 1999
By Ronald L. Stahl
(Signature)
Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Mitchell

I, Peggy L. Savage, a notary public, do hereby certify that on this 22 day of January 19 99, personally appeared before me Ronald Stahl, who, being by me first duly sworn, declared that he/she is the President of Stahl Charolais 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 3-20-99

Peggy L. Savage
Notary Public

(Notarial Seal)

SOS CRP 6/98

1999

1905292.0000
1/25/99

1994

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
delinquency the first day of the following month.

FILE DATE _____
FILE NO. _____

RECEIVED

JAN 25 1999

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-3A, the undersigned corporation hereby submits the following corporate farming annual report:

1. The name of the corporation is: Stahl Charolais, Inc.

The state of incorporation is: South Dakota

2. The name of the registered agent in South Dakota and the registered office address is: Ronald L. Stahl

RR 1, Box 11B, Bridgewater, South Dakota Zip: 57319

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 year owned or leased by the corporation.

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

6. 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: 100,000
(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

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 1-22, 1999

By Ronald L. Stahl
(Signature) President
(Title)

STATE OF South Dakota
COUNTY OF Minnehaha

I, Peggy L. Savage, a Notary Public, do hereby certify that on the 22 day of January, 1999, personally appeared before me Ronald Stahl, who, being by me first duly sworn, declared that he/she is the President of Stahl Charolais Inc. that he/she signed the foregoing document.

As officer of the corporation, and the statements therein contained are true
My Commission Expires 3-30-99

Peggy L. Savage
(Signature)
Notary Public

(Material Sent)

SOS CIP 410 10/92

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
delinquency the last day of the following month.

FILE DATE _____
FILE NO. _____
RECEIVED
JAN 25 1999
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 Stahl Charolais, Inc.
The state of incorporation is South Dakota

2. The name of the registered agent in South Dakota and the registered office address is Ronald L. Stahl
RR 1, Box 11B, Bridgewater, South Dakota Zip 57319

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 100,000
(Degree of kindred is defined as number of generations with each generation being a degree). NS 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 1-22, 1999
By Ronald L. Stahl
(Signature)
is President
(Title)

STATE OF South Dakota
COUNTY OF Minnehaha
I, Peggy L. Savage, a notary public, do hereby certify that on this 22 day of January, 1999
personally appeared before me Ronald Stahl, who, being by me first duly sworn, declared that he/she
is the President of Stahl Charolais, Inc. and that he/she signed the foregoing document
as officer of the corporation, and the statements therein contained are true.
My Commission Expires 3-21-99
Peggy L. Savage
(Signature)

Notarial Seal

SDS CUP 4-10 10/92

1993

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 1-25-99
RECEIPT NO. 765797

RECEIVED

JAN 25 1999

S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

Stahl Charolais, Inc.
Ronald L. Stahl, Registered Agent
RR 1, Box 11B
Bridgewater, South Dakota 57319

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.

df029316

***** 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 1-22- 19 99

By Ronald L Stahl
(Signature)

Its President
(Title)

STATE OF South Dakota ss
COUNTY OF Minnehaha

I, Peggy L Saruge, a notary public, do hereby certify that on this 22 day of January 19 99, personally appeared before me Ronald Stahl who, being by me first duly sworn, declared that he/she is the President of Stahl Charolais, 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 3-20-99

Peggy L Saruge
Notary Public

(Notarial Seal)

SOS CRP 6/98

1100-ND0009-7*

State of South Dakota

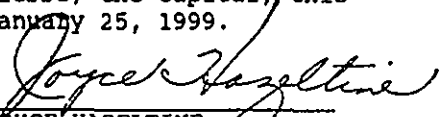


OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF REINSTATEMENT

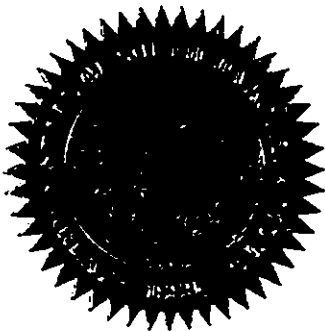
I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Application for Reinstatement of STAHL CHAROLAIS, INC. duly signed and verified, pursuant to the provisions of the South Dakota Business Corporation Act, have been received in this office and are found to conform to law.

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this January 25, 1999.



JOYCE HAZELTINE
Secretary of State



UNION



DEPARTMENT OF REVENUE
445 EAST CAPITOL AVENUE
PIERRE, SD 57501-3185
(605) 773-3311

**CORPORATION
REINSTATEMENT TAX
CERTIFICATION FORM**

Stahl Charlais, Inc.
RR 1 Box 118
Bridgewater, SD 57319
Federal Tax ID :

RECEIVED

JAN 25 1999

S.D. SEC. OF STATE

DATE: January 19, 1999

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

SALES TAX DIVISION

- owes no taxes
- unknown (no records could be found) *CB 1-19-99*
- owes the following: _____

SPECIAL TAXES DIVISION

- owes no taxes
- unknown (no records could be found) *ejl 1-19-99*
- owes the following: _____

MOTOR VEHICLE DIVISION

- owes no taxes
- unknown (no records could be found) *1-20-99 - MF/PPB*
- owes the following: _____

South Dakota Department of Revenue

By: *[Signature]* *1-20-99*

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

Receipt No.: 765797

0903292.0999
5/3/99

File Number: DF029316

REINSTATEMENT, ANNUAL REPORTS

For

STAHL CHAROLAIS, INC.

File at the request of:

DAVENPORT EVANS HURWITZ & SMITH
CATHERINE TANCK
PO BOX 1030
SIOUX FALLS SD 57101

STATE OF SOUTH DAKOTA

SS.

OFFICE OF THE SECRETARY OF STATE

Filed in the office of Secretary of State on

Date January 25, 1999

Joyce Hazeltine
Secretary of State

Fee Recieved \$130 RI, \$450 AR

SOS CRP 491 10/93

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

9908198 3578
8/17/99
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
JUL 15 1999
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 Stahl Charolais Inc
The state of incorporation is S.D.
2. The name of the registered agent in South Dakota and the registered office address is Ronald Stahl
43255 Hwy 42 Bridgewater SD 57319 zip+4 6206
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 100000
(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 7-14 19 99

By Ronald Stahl
(Signature)

Its President
(Title)

STATE OF South Dakota
COUNTY OF McCook ss

I, L. L. Keeffe, a notary public, do hereby certify that on this 14th day of July 19 99 personally appeared before me Ronald Stahl who, being by me first duly sworn, declared that he/she is the President of Stahl Charolais, Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true

My Commission Expires 8-29-2001

L. L. Keeffe
Notary Public

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

STATEMENT OF CHANGE OF
REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH
FILING FEE: \$9908198.3078
9908198.3078
9917199

RECEIVED

JUL 15 1999

S.D. SEC. OF STATE

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 Stahl Carolais Inc
- The previous street address, or a statement that there is no street address, of its registered office RT 1 Box 113 Bridge water SD 57319 ZIP - 4 57319
- The street address, or a statement that there is no street address, to which the registered office is to be changed is 43255 Hwy 42 Bridge water SD ZIP + 4 57319 6206
- The name of its previous registered agent is _____
- The name of its successor registered agent is * _____
* The Consent of Registered Agent below must be completed by the new agent.
- The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
- This change has been authorized by resolution duly adopted by the board of directors

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

Date 7-14 19 99

Ronald St...
(Signature)
President
(Title)

STATE OF South Dakota
COUNTY OF McCook ss

I, L. L. Keefe, a notary public, do hereby certify that on this 14th day of July 19 99, personally appeared before me L. L. Keefe who, being by me first duly sworn, declared that he/she is the President of Stahl Carolais Inc that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 8-29-2001
L. L. Keefe
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 of registered agent)



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 3-13-00

RECEIPT NO. 868820

RECEIVED RECEIVED

MAR 13 2000 FEB 23 2000

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

1. Corporate Name, Registered Agent and Registered Address:

DF--029316 MAR/1999
STAHM CHAROLAIS, INC.
STAHM, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-9708

Telephone # 605-729-2466

FAX # _____

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 2-22-00

By [Signature]
(Signature)

Its President
(Title)

STATE OF South Dakota ss

COUNTY OF McCook

On this the 22nd day of Feb, 2000, before me, Paul T. Richards

personally appeared Ronald Stahl, 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 9-21-04

[Signature]
Notary Public

(Notarial Seal)

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)

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 _____

Ronald Stahl
(Signature)

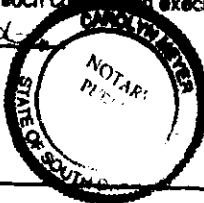
President
(Title)

STATE OF South Dakota ss
COUNTY OF McCook

On this the 5 day of March, 2002, before me, Caroline Meyer, personally appeared Ronald Stahl, 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 3-13-2004

(Notarial Seal)



Caroline Meyer
Notary Public

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)

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 BLOCK LETTERS

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

MAR 07 '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:

- The name of the corporation is Stahl Charolais Inc
The state of incorporation is SD
- The name of the registered agent in South Dakota and the registered office address is Ronald L Stahl
4325.5 Hwy 42 Bridgewater SD Zip + 4 57319-6206
- 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 100,000
(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 _____ By Ronald L Stahl
(Signature)
Its President
(Title)

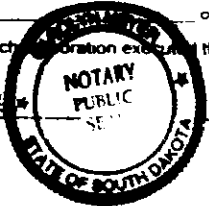
STATE OF South Dakota ss
COUNTY OF McCook

On this the 5 day of March, 2001, before me, Candyn Meyer

personally appeared Ronald Stahl 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 3-13-2006



Candyn Meyer
Notary Public

(Notarial Seal)

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

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ SS
COUNTY OF _____

On this the _____ day of _____, 20____, before me, _____, known to me, or proved to me, personally appeared _____ 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)

2003

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

0305227.2465 5720703

RECEIVED FILE DATE 3/7-03 RECEIPT NO. 11912010 RECEIVED MAR 17 03 S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:



DF-029316 MAR/2002 STAHL CHAROLAIS, INC. STAHL, RONALD L. 43255 HWY 42 BRIDGEWATER SD 57319-9708

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 Farming

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Ronald Stahl (President) and Ronke Stahl (Vice President).

SD law requires at least one director.

Do the above listed officers serve also as directors? YES [X] NO

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 \$ 100,000 (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 3-03-03

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

STATE OF South Dakota COUNTY OF Minnehaha

On this the 3 day of March, 2003, before me, Tom Pruner personally appeared Ronald Stahl, 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 9-10-08

[Signature] Notary Public

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

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
Filed pursuant to the provisions of S.D.C. 40-10-9A

NO FILING FEE

FILE DATE 03-17-03
RECEIVED
MAR 17 03
S.D. SEC. OF STATE

1. Corporate name and address:



DF-029316 MAR/2002
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-9708

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 Ronald Stahl 43255 Highway 42 Bridgewater, SD 57319-9708

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 100,000. (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 3-23-03 _____
(Signature)

STATE OF South Dakota
COUNTY OF Munichana
(Title)

On this the 3 day of March, 2003 before me, Tom Pruner
personally appeared Ronald Stahl, 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.

9-10-08
My Commission Expires _____
(Notarial Seal)

Tom Pruner
(Notary Public)

RECEIVED

MAR 06 '03

S.D. SEC. of STATE

0305223.2465
5/20/03

**STAHL CHAROLAIS, INC.
CORPORATION REPORT OF SOUTH DAKOTA AGRICULTURE ACTIVITY
SUPPLEMENTAL STATEMENT**

Question #5:

- McCook County E 1/2 NW 1/4 21-101-56 acquired by the corporation
- McCook County W 1/2 NE 1/4 21-101-56 acquired by the corporation
- McCook County Stahl's Addition acquired by the corporation
- Hanson County NW 1/4 15-101-57 acquired by the corporation
- Hanson County SE 1/4 15-101-57 acquired by the corporation
- Hanson County SE 1/4 9-101-57 acquired by the corporation
- Hanson County SW 1/4 9-101-57 acquired by the corporation
- 37% Hanson County NE 1/4 34-102-57 acquired by the corporation

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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public

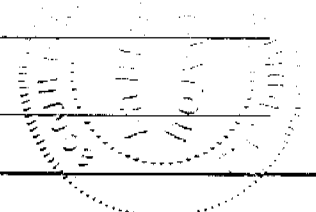
(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

Dated _____

(signature)



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

File Date _____
Receipt No. _____

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

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

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

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

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

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

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

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 3-1-06

RECEIVED

FEB 28 '06

S.D. SEC. OF STATE

1. Corporate name and address:



DF029316 MAR/2005
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-9708

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 Ronald Stahl
43255 SD HWY 42 Bridgewater SD 57319

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 100000. (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
------	---------	------------------	-------------------

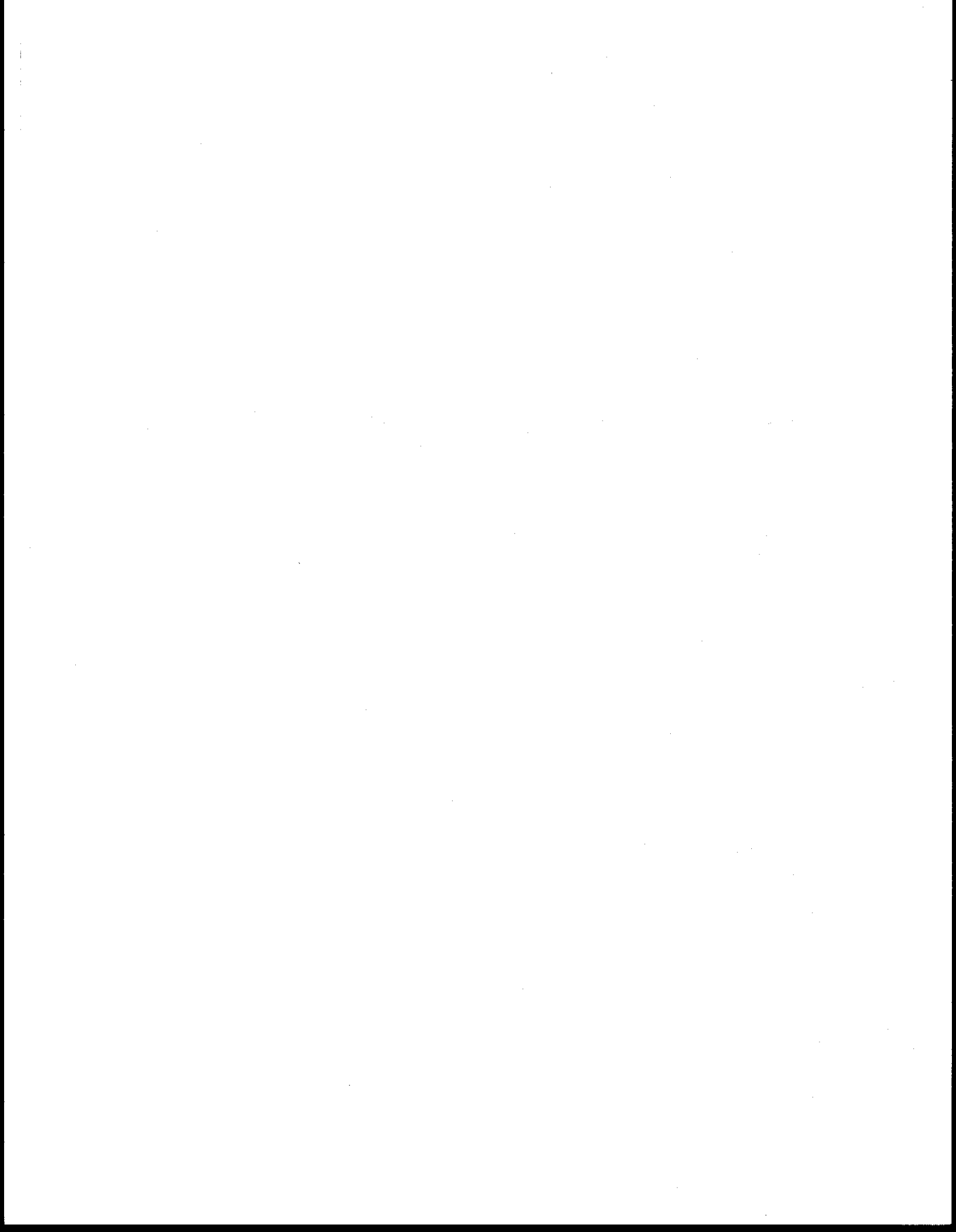
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 2-27-06


(Signature)

President
(Title)

246 2594



246 2593 03/15/2006

2006

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 3-1-06
RECEIPT NO. 1533642
RECEIVED
FEB 28 '06
RECEIVED
FEB 14 '06
S.D. SEC. OF STATE
S.D. SEC. OF STATE

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



* D F O 2 9 3 1 6 *
DF029316 MAR/2005
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-9708

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 43255 SD Hwy 42 Bridgewater SD 57319.

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Ronald Stahl</u>	<u>President</u>	<u>43255 SD HWY 42</u>	<u>Bridgewater</u>	<u>SD</u>	<u>57319</u>
<u>Carla Stahl</u>	<u>Vice President</u>	<u>43255 SD HWY 42</u>	<u>Bridgewater</u>	<u>SD</u>	<u>57319</u>
<u>Carla Stahl</u>	<u>Secretary</u>	<u>''</u>			
<u>Ronald Stahl</u>	<u>Treasurer</u>	<u>''</u>			

SD law requires at least one director.

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

Director _____
Director _____

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

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>500,000</u>		

6. NUMBER OF ISSUED SHARES CLASS SERIES

100,000

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

Dated 2-13-06

Ronald Stahl
Signature

Ronald Stahl
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 3-9-07

RECEIVED

MAR 09 2007

S.D. SEC. OF STATE

259 3384

1. Corporate name and address:



* D F 0 2 9 3 1 6 *
DF029316 MAR/2006
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-9708

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 Ronald Stahl
43255 SD HWY 42 Bridgewater SD 57319

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 100%. (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 00 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 3-8-07

Ronald Stahl
(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 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 03/20/08

RECEIVED

MAR 20 2008

S.D. SEC. OF STATE

1. Corporate name and address:



DF029316 MAR/2007
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-9708

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 Ronald Stahl
43255 SD HWY 42 Bridgewater SD 57319

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 100%. (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
------	---------	------------------	-------------------

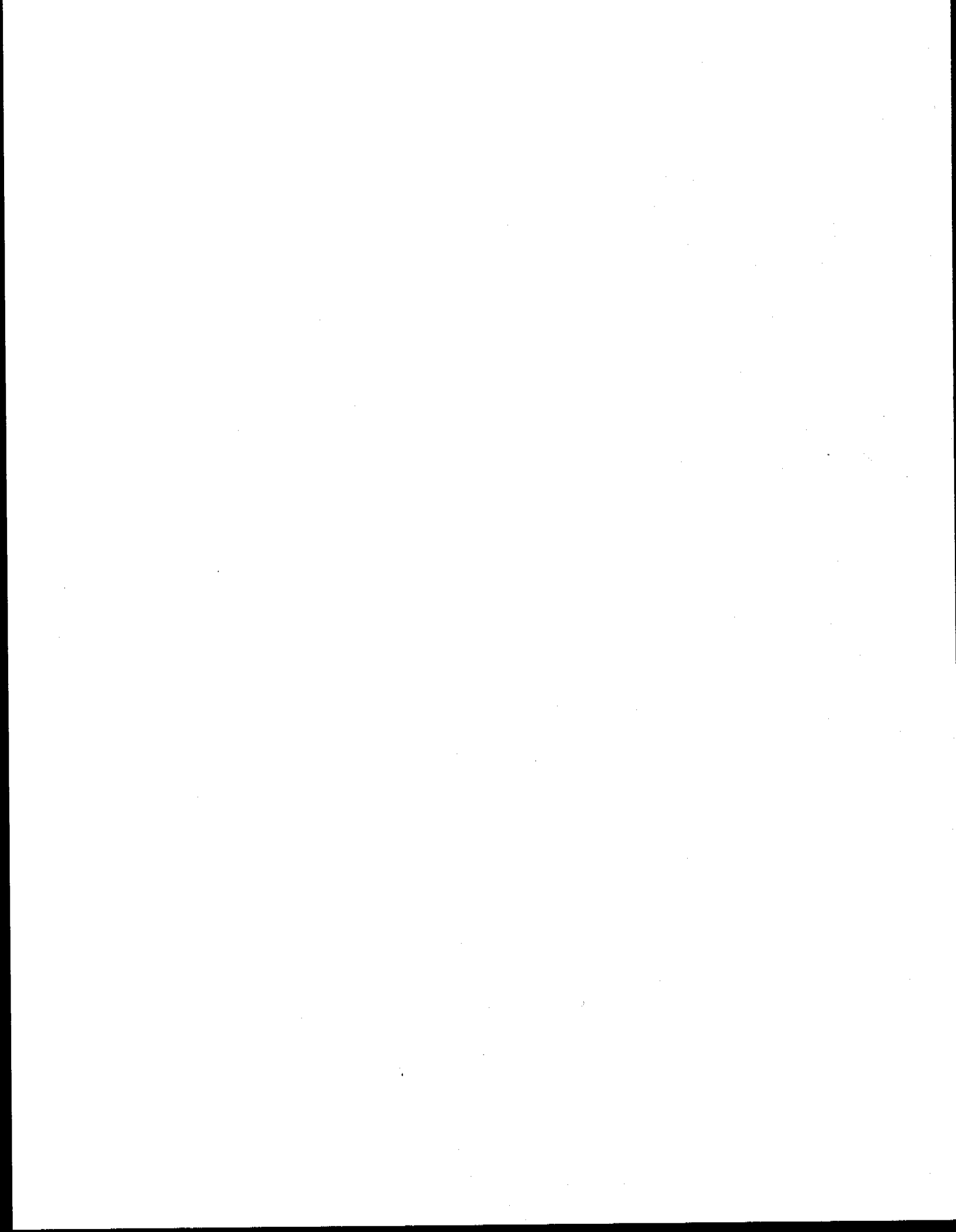
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 100 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 3.19.08

[Signature]
(Signature)

President
(Title)

274 1297



**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 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 3-1-09
 RECEIPT NO _____
RECEIVED
FEB 24 2009
S.D. SEC. OF STATE

Corporate ID, Name and Address:



* DF029316 *
 DF029316 MAR/2008
 STAHL CHAROLAIS, INC.
 STAHL, RONALD L.
 43255 HWY 42
 BRIDGEWATER SD 57319-9708

Telephone # 605-729-2466
 FAX # _____
 FILING DATE: To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent Ronald Stahl
43255 SD HWY 42 BridgeWater SD 57319
 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

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>100,000</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	_____ %

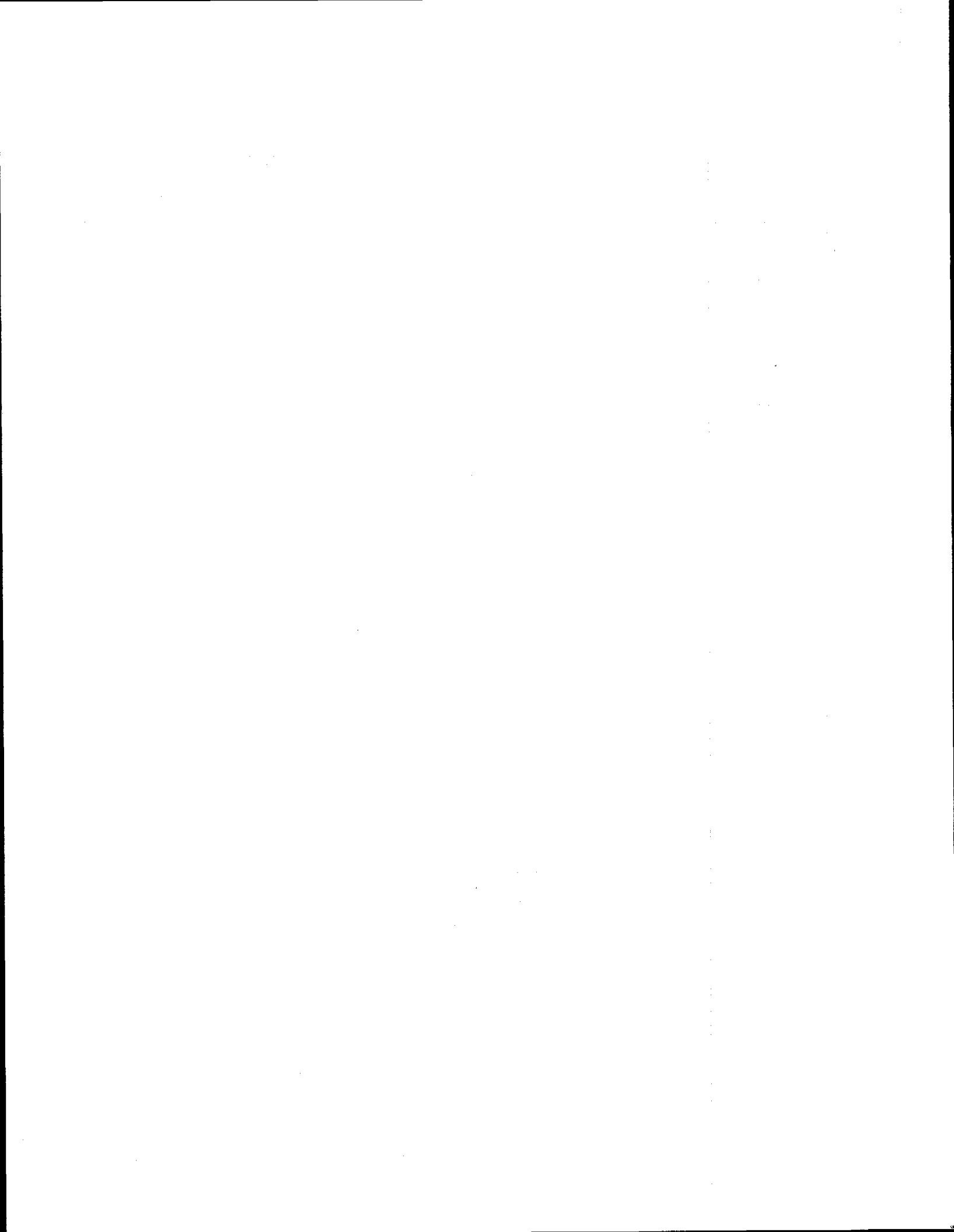
5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred

Dated _____

Ronald Stahl
 (Signature of an authorized officer)
Ronald Stahl
 (Printed Name)
President
 (Title)

288 1033 882



2009
288 1032 03/31/2009

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

Corporate Name, Registered Agent Name and Address:



DF029316 MAR/2008
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-9708

FILE DATE 3-1-09
RECEIPT NO 1491795
RECEIVED
FEB 24 2009
S.D. SEC. OF STATE

Telephone # 605-729-2466
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.

43255 SD HWY 42 Bridgewater SD 57319-9708
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Ronald Stahl

43255 SD HWY 42 Bridgewater SD 57319-9708
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

- Ronald Stahl 43255 SD HWY 42 Bridgewater SD 57319-9708
President Street Address City State ZIP+4
- Carla Stahl 43255 SD HWY 42 Bridgewater SD 57319-9708
Vice President Street Address City State ZIP+4
- Carla Stahl || || || ||
Secretary Street Address City State ZIP+4
- Ronald Stahl || || || ||
Treasurer Street Address City State ZIP+4
- _____ || || || ||
Director Street Address City State ZIP+4
- _____ || || || ||
Director Street Address City State ZIP+4

Dated 2-23-09

Ronald Stahl
(Signature of an authorized officer)
Ronald Stahl
(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 3858 03/11/2010

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>3/9/10</u>
RECEIPT NO.	RECEIVED
MAR 09 2010	
S.D. SEC. OF STATE	

1. Corporate ID, Name and Address:



DF029316 MAR/2009
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-6206

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

2. The name of the South Dakota Registered Agent Ronald Stahl
43255 SD Hwy 42 Bridgewater SD 57319-6206
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

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:

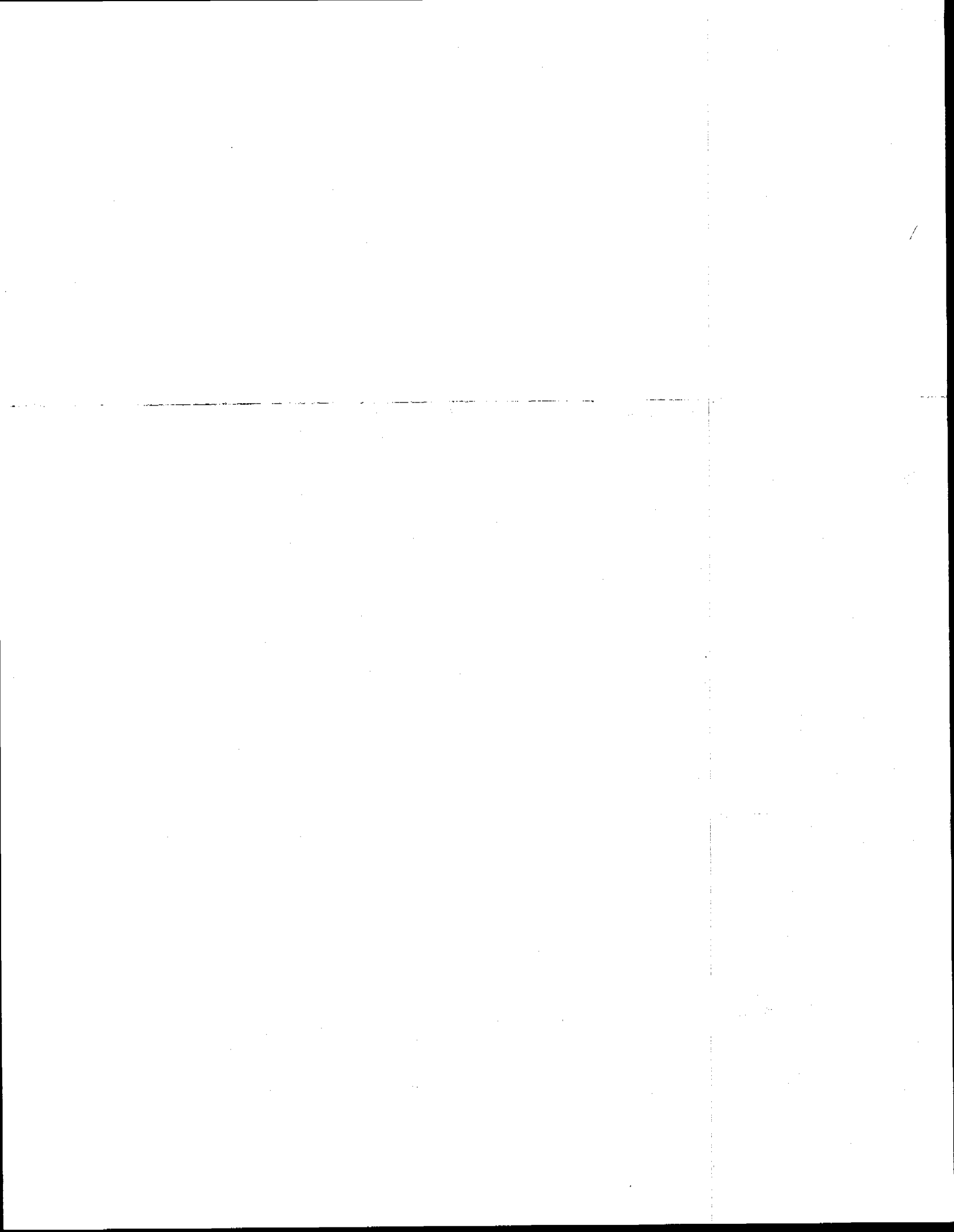
Family Farm Corporation	The NUMBER OF SHARES owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	<u>100,000</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>100</u> %

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

Name	Address	City	State	Zip	Shares	Kindred

Dated _____

Ronald Stahl
(Signature of an authorized officer)
Ronald Stahl
(Printed Name)
President
(Title)



2010

ANNUAL REPORT DOMESTIC

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

Please Type or Print Clearly in Ink

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

FILE DATE 3/9/10
RECEIPT NO 2000878
RECEIVED
MAR 09 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF029316 MAR/2009
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-6206

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.

43255 SD HWY 42 Bridgewater SD 57319-6206
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Ronald Stahl

43255 SD HWY 42 Bridgewater SD 57319-6206
Street Address (Required to be a South Dakota Address) City State ZIP+4

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

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

- President: Ronald Stahl, 43255 SD Hwy 42, Bridgewater, SD 57319-6206
Vice President: Carla Stahl, 43255 SD Hwy 42, Bridgewater, SD 57319-6206
Secretary: Carla Stahl
Treasurer: Ronald Stahl
Director: (empty)
Director: (empty)

Dated 3-8-2010

(Signature of an authorized officer)
Ronald Stahl
(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
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5. If the address has changed, its new address

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

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

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

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

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

ANNUAL FARM REPORT

Corporation

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE _____
RECEIPT NO 2132577
RECEIVED
MAR 17 2011
S.D. SEC. OF STATE

1. Corporate ID, Name and Address:



* D F 0 2 9 3 1 6 *
DF029316 MAR/2010
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-6206

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

2. The name of the South Dakota Registered Agent

Ronald Stahl

43255 SD HWY 42 BridgeWater SD 57319-6206
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

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>100,000</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>100%</u>

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

Name	Address	City	State	Zip	Shares

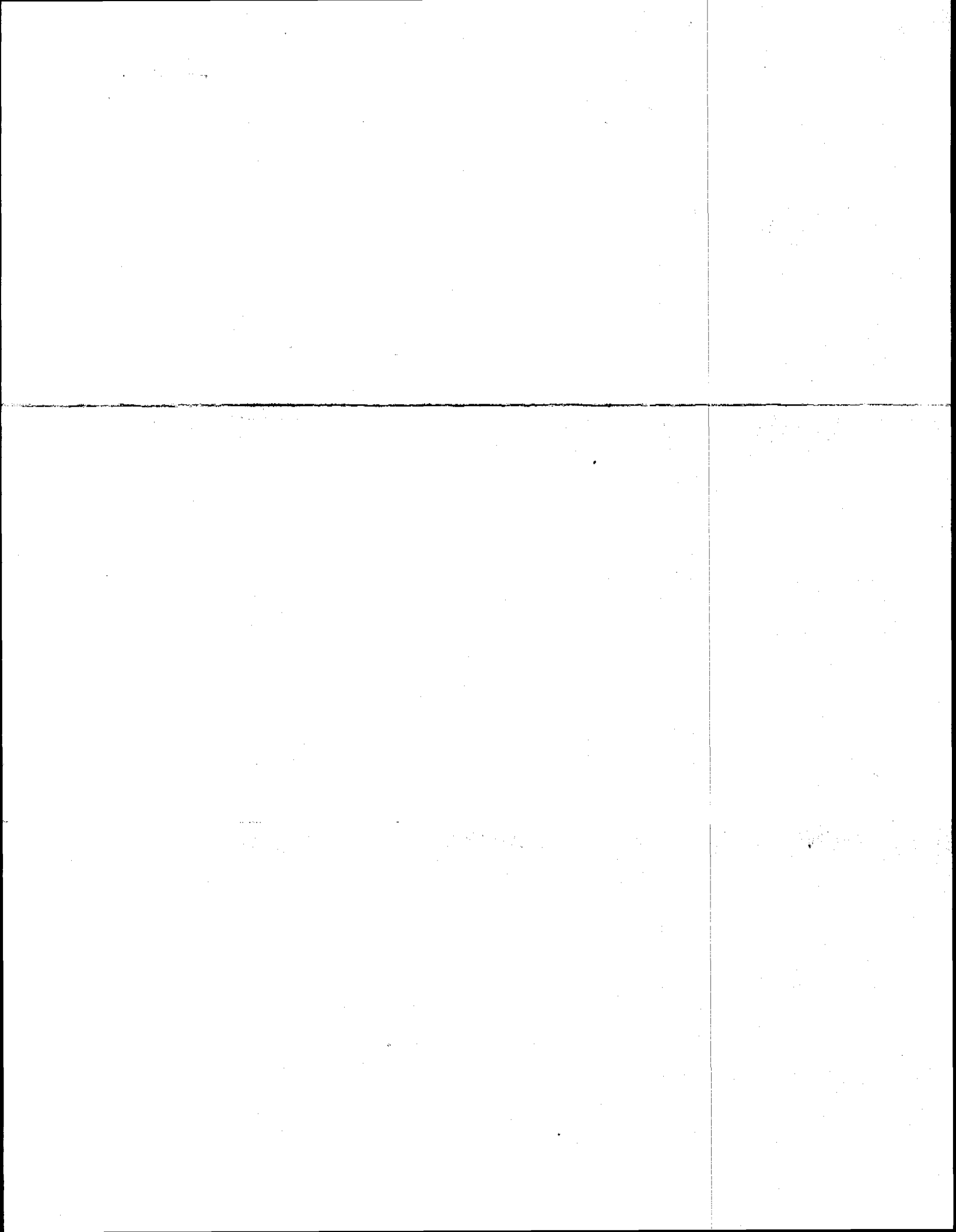
No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 3-16-11

Ronald Stahl
(Signature of an Authorized Person)

Ronald Stahl
(Printed Name)

318 0314 011711



318 0313 04/19/2011

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 03-17-2011
 RECEIPT NO 2132577
RECEIVED
MAR 17 2011
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



* D F 0 2 9 3 1 6 *
DF029316 MAR/2010
STAHL CHAROLAIS, INC.
STAHL, RONALD L.
43255 HWY 42
BRIDGEWATER SD 57319-6206

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:

43255 SD HWY 42 Bridgewater SD 57319-6206
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Ronald Stahl

43255 SD Hwy 42 Bridgewater SD 57319-6206
Street Address or Rural Route Box Number in This State and City State ZIP+4

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

5. The names and business addresses of its 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.

- Ronald Stahl 43255 SD HWY 42 Bridgewater SD 57319-6206
President Street Address City State ZIP+4
- Carla Stahl 43255 SD HWY 42 Bridgewater SD 57319-6206
Vice President Street Address City State ZIP+4
- Carla Stahl 1
Secretary Street Address City State ZIP+4
- Ronald Stahl 11
Treasurer Street Address City State ZIP+4
- _____
Director Street Address City State ZIP+4
- _____
Director Street Address City State ZIP+4

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

Dated 3-16-11

Ronald Stahl
(Signature of an Authorized Person)
Ronald Stahl
(Printed Name)

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
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Mailing Address	City	State	ZIP+4
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5. If the address has changed, its new address

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

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

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

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

Dated _____

(Signature of an Authorized Person)

(Printed Name)

2012

Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 03/13/2012

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 28783

1. Corporate Name and Address:

DF029316

STAHL CHAROLAIS, INC.

43255 SD HWY 42

BRIDGEWATER, SD 57319-6206

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

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

43255 SD HWY 42

Street Address

BRIDGEWATER

City

SD

State

57319-6206

ZIP+4

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

RONALD L. STAHL

43255 HWY 42

Street Address or Rural Route Box Number in This State and

BRIDGEWATER

City

SD

State

57319-6206

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

5. The names and business addresses of its principal officers and directors. 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"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	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)	100,000.00
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
------	----------------	------	-------	-------	--------	-----

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)

RONALD L STAHL;
(Printed Name)

2013

Enter Filing Year

ANNUAL FARM REPORT

FILE 3/13/2013

RECEIPT NO 101140

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:

DF029316
STAHL CHAROLAIS, INC.
43255 SD HWY 42
BRIDGEWATER, SD 57319-6206

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

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

43255 SD HWY 42	BRIDGEWATER	SD	57319-6206
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: RONALD L. STAHL

43255 HWY 42	BRIDGEWATER	SD	57319-6206
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its 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"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	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)	100000
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
------	----------------	------	-------	-------	--------

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)

RONALD L STAHL

(Printed Name)

2014

Enter Filing Year

ANNUAL FARM REPORT

FILE 3/17/2014

RECEIPT NO 184952

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:

DF029316
STAHL CHAROLAIS, INC.
43255 SD HWY 42
BRIDGEWATER, SD 57319-6206

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

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

43255 SD HWY 42	BRIDGEWATER	SD	57319-6206
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: RONALD L. STAHL

43255 HWY 42	BRIDGEWATER	SD	57319-6206
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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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"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	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)	100000
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
------	----------------	------	-------	-------	--------

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)

RONALD L STAHL

(Printed Name)

2015

Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 3/21/2015

RECEIPT NO 284812

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:

DF029316
STAHL CHAROLAIS, INC.
43255 SD HWY 42
BRIDGEWATER, SD 57319-6206

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

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

43255 SD HWY 42	BRIDGEWATER	SD	57319-6206
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: RONALD L. STAHL

43255 HWY 42	BRIDGEWATER	SD	57319-6206
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

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

5. The names and business addresses of its 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"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	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.

2016

ANNUAL FARM REPORT

FILE DATE 3/22/2016

Enter Filing Year

Corporation

RECEIPT NO 396387

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:

DF029316

Enter Corporate ID

STAHL CHAROLAIS, 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).

43255 SD HWY 42

BRIDGEWATER

SD

57319-6206

Actual Street Address or Rural Route Box Number

City

State

ZIP+4

Mailing Address, if Different from Street Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

RONALD L. STAHL

43255 HWY 42

BRIDGEWATER

SD

57319-6206

Actual Street Address or Rural Route Box Number in This State

City

State

ZIP+4

Mailing Address in This State, if Different from Street Address

City

State

ZIP+4

5. The names and business addresses of its principal officers and directors. 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"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	President	Actual Street Address	City	State	ZIP+4

<input checked="" type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Secretary	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Vice President	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	RONALD L STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	Director	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	CARLA A STAHL	43255 SD HWY 42	BRIDGEWATER	SD	57319
	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)	
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	20.00 %

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

Signature Accepted Electronically

(Signature of an Authorized Person)

RONALD L STAHL

(Printed Name)