

State of South Dakota

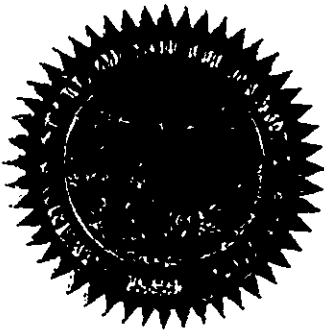


OFFICE OF THE SECRETARY OF STATE

# CERTIFICATE OF AUTHORITY

I, JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify that the Application for a Certificate of Authority of CITY SERVICE INCORPORATED, OF KALISPELL (MT) to transact business in this state duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Authority and attach hereto a duplicate of the application to transact business in this state.



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 February 3, 1999.

JOYCE HAZELTINE  
Secretary of State

100-111  
100

## APPLICATION FOR CERTIFICATE OF AUTHORITY

RECEIVED

FEB 3 1999

**SEN. OF STATE**

Number of shares	Class	Series	Par value per share or statement that shares are without par value
168,000	Common		\$1 PAR

77022247

(10) The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of shares	Class	Series	Par value per share or statement that shares are without par value
<u>168,000</u>	<u>Common</u>		<u>\$ / PAR</u>

(11) The amount of its stated capital is \$ 168,000.00  
Shares issued times par value equals stated capital. In the case of no par value stock, stated capital is the consideration received for the issued shares.

(12) This application is accompanied by a CERTIFICATE OF FACT or a CERTIFICATE OF GOOD STANDING duly acknowledged by the secretary of state or other officer having custody of corporate records in the state or country under whose laws it is incorporated.

(13) That such corporation shall not directly or indirectly combine or make any contract with any incorporated company, foreign or domestic, through their stockholders or the trustees or assigns of such stockholders, or with any copartnership or association of persons, or in any manner whatever to fix the prices, limit the production or regulate the transportation of any product or commodity so as to prevent competition in such prices, production or transportation or to establish excessive prices therefor.

(14) That such corporation, as a consideration of its being permitted to begin or continue doing business within the State of South Dakota, will comply with all the laws of the said State with regard to foreign corporations.

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

I DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY THAT THIS APPLICATION IS IN ALL THINGS TRUE AND CORRECT.

Dated JANUARY 27 19 99

(Signature)

PRESIDENT

(Title)

State of MONTANA  
County of FLATHEAD

On this 27 day of JANUARY, 19 99, before me Cynthia L. Holm  
personally appeared DAVID R. Waack, 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 same.

My Commission Expires: 2-13-01

(Notary Public)

Notarial Seal

\*\*\*\*\*

The Consent of Appointment below must be signed by the registered agent listed in number six.

### CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Brent A. Wilbur of May, Adam, Gerdes &, hereby give my consent to serve as the  
(name of registered agent) Thompson

registered agent for City Service Inc. of Kalispell  
(corporate name)

Dated February 2 19 99

(signature of registered agent)

SECRETARY OF STATE  
STATE OF MONTANA

RECEIVED  
FEB 3 1999  
S.B. SEC. OF STATE

CERTIFICATE OF EXISTENCE

I, Mike Cooney, Secretary of State of the State of Montana, do hereby certify that

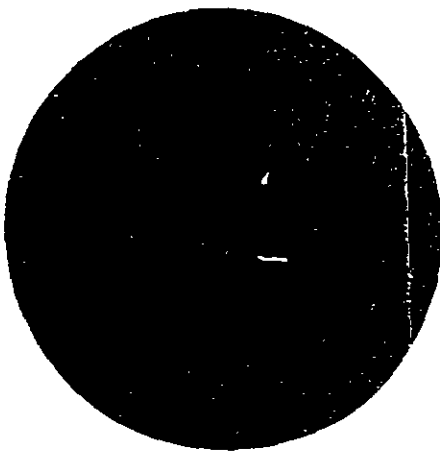
**CITY SERVICE INCORPORATED, OF KALISPELL**

duly filed its Articles of Incorporation in this office on July 7, 1969, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this January 23, 1999.



*Mike Cooney*  
**MIKE COONEY**  
Secretary of State

Receipt No: 7-235

199:293.0260  
1/3/99

File Number: FB022247

CERT OF AUTHORITY

For

CITY SERVICE INCORPORATED, OF KALISPELL (MT)

File at the request of:

MAY ADAM GERDES & THOMPSON  
BENT WILBUR  
PO BOX 160  
PIERRE SD 57501

STATE OF SOUTH DAKOTA

OFFICE OF THE SECRETARY OF STATE

SS.

Filed in the office of Secretary of State on

Date February 3, 1999

*Joyce Hazeltine*  
Secretary of State

Fee Received \$130 168,000 CM @ \$1.

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

# ANNUAL REPORT

FOREIGN  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 2-1-00  
RECEIPT NO. 857125  
**RECEIVED**  
JAN 24 '00  
S.D. SEC. OF STATE

1. Corporate Name and Mailing Address, including Zip + 4:

FB-022247 FEB/0000  
CITY SERVICE INCORPORATED, OF KALISPELL  
PO BOX 1  
KALISPELL MT 59903

Telephone # (406) 755-4321

FAX # (406) 756-8591

Federal Taxpayer ID

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

## \*\*\*\*\* ATTENTION - FILING INSTRUCTIONS \*\*\*\*\*

If ALL of the information 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. ANY CHANGE requires full completion of the form.

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

\*\*\*\*\*

2. It is incorporated under the laws of MONTANA and the address of its principal office or registered office in the state of incorporation is P.O. BOX 1 KALISPELL, MT Zip + 4 59903-0001

3. The address of its registered office in South Dakota is MAY, ADAM GERDES & THOMPSON LLP  
503 S. PIERRE ST. PIERRE, S.D. Zip + 4 57501

and the name of its registered agent at such address is

4. The character of the business in which it is actually engaged in South Dakota IMPORTING AVIATION GASOLINE  
AND JET FUEL FROM MONTANA

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP + 4
<u>RICHARD A. DASEN SR.</u>	Director	<u>400 WEST VALLEY DR.</u>	<u>KALISPELL</u>	<u>MT</u>	<u>59901</u>
<u>DAVID A. TONTUM</u>	Director	<u>1310 THREE MILE DR.</u>	<u>KALISPELL</u>	<u>MT</u>	<u>59901</u>
<u>DAVID R. WAATTI</u>	President	<u>2854 AIRPORT RD.</u>	<u>KALISPELL</u>	<u>MT</u>	<u>59901</u>
<u>EDWARD J. CROHMANS</u>	Vice President	<u>2215 TEAL DR.</u>	<u>KALISPELL</u>	<u>MT</u>	<u>59901</u>
<u>MATHEW J. WAATTI</u>	Secretary	<u>99 DERNS RD.</u>	<u>KALISPELL</u>	<u>MT</u>	<u>59901</u>
	Treasurer				

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

NUMBER OF SHARES CAN ISSUE CLASS COMMON SERIES \$1 PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE

7. NUMBER OF SHARES ISSUED CLASS COMMON SERIES \$1

8. The amount of its stated capital is \$ 143000

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

Dated January 20 2000

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

STATE OF MONTANA  
COUNTY OF FLATHEAD ss

I, Cynthia L. Holm, a notary public, do hereby certify that on this 20 day of January 2000, personally appeared before me DAVID R. WAATTI who, being by me first duly sworn, declared that he/she is the PRESIDENT of CITY SERVICE INC OF KALISPELL that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 2-13-01

Cynthia L. Holm  
Notary Public

(Notarial Seal)

SOS CRP 410 6/97

10413331

10413331

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

ANNUAL REPORT

FOREIGN  
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 2-1-01  
RECEIPT NO. 953514  
RECEIVED  
JAN 29 01  
S.D. SEC. OF STATE

1 Corporate Name and Mailing Address

FB-022247 FEB 2000  
CITY SERVICE INCORPORATED, OF KALISPELL  
PO BOX 1  
KALISPELL MT 59903

Telephone # (406) 755-4321  
FAX # (406) 756-8591  
Federal Taxpayer I  
FILING DATE: Due during the month the  
Certificate of Authority was issued, and  
delinquent after the last day of the following  
month

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

IF ALL of the information 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. ANY CHANGE requires full completion of the form.

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

2. It is incorporated under the laws of \_\_\_\_\_ and the address of its principal office or registered office in the state of incorporation is \_\_\_\_\_ Zip + 4 \_\_\_\_\_

3. The address of its registered office in South Dakota is \_\_\_\_\_ Zip + 4 \_\_\_\_\_

and the name of its registered agent at such address is \_\_\_\_\_

4. The character of the business in which it is actually engaged in South Dakota \_\_\_\_\_

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

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

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

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

8. The amount of its stated capital is \$ \_\_\_\_\_

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

Dated January 24th, 2001

By \_\_\_\_\_

(Signature)

Its \_\_\_\_\_

(Title)

STATE OF Montana

COUNTY OF Flathead

On this the 24th day of January, 2001

personally appeared David R. Waples

to be the President

instrument and acknowledged to me that such corporation executed the same

My Commission Expires June 21st, 2003

(Notarial Seal)

before me, Marcy K. Miller

known to me, or proved to me,

of the corporation that is described in and that executed the within

Marcy K. Miller

Notary Public

SOS CRP 03/00



2002

## ANNUAL REPORT

FOREIGN  
PLEASE TYPE OR USE BLACK INKFILE DATE 2-1-02  
RECEIPT NO. 1003257  
RECEIVED

JAN 22 02

S.D. SEC. OF STATE

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

1. Corporate Name and Mailing Address:

FB-022247 FEB/2001  
CITY SERVICE INCORPORATED, OF KALISPELL  
PO BOX 1  
KALISPELL MT 59903Telephone # (406) 755-4321FAX # (406)

Federal Taxpayer ID

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

## \* \* \* \* ATTENTION - FILING INSTRUCTIONS \* \* \* \*

If ALL of the information 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. ANY CHANGE requires full completion of the form.☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.2. It is incorporated under the laws of MONTANA and the address of its principal office or registered office in the state  
of incorporation is P.O. BOX 1 KALISPELL, MONTANA3. The address of its registered office in South Dakota is 503 S. PIERRE ST. PIERRE, SD Zip + 4 59903-0001and the name of its registered agent at such address is MAY, ADAM GERDES & THOMPSON LLP4. The character of the business in which it is actually engaged in South Dakota GASOLINE AND JET FUEL Zip + 4 57501

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
RICHARD A DASEN	Director	400 WEST VALLEY DR	KALISPELL	MT	59901
DAVID A TONTUM	Director	1310 THREE MILE DR	KALISPELL	MT	59901
DAVID A WAATTI	President	2854 AIRPORT RD	KALISPELL	MT	59901
EDWARD J CROUMANS	Vice President	2215 TEAL DR	KALISPELL	MT	59901
MATHEW J WAATTI	Secretary	98 DERNS RD	KALISPELL	MT	59901
	Treasurer				

6. 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) 168000 CLASS COMMON SERIES  PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE  
NUMBER OF SHARES ISSUED 151500 CLASS COMMON SERIES  \$ 18. The amount of its stated capital is \$ 151500 \$ 1The 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 1/14/02By Edward J Croumans

(Signature)

its Vice President

(Title)

STATE OF Montana  
COUNTY OF Flathead ssOn this 14th day of Januarypersonally appeared Edward J Croumansto be the Vice President

Instrument and acknowledged to me that such corporation

My Commission Expires June 21, 2003

(Notarial Seal)



Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL BLDG., S.D. 57501-5077  
PHONE: 605-773-4845 FAX: 605-773-4846

SOS CRP 03/00

RECEIVED

1952



2003

## ANNUAL REPORT

FOREIGN  
PLEASE TYPE OR USE BLACK INK6305221.1679  
5/20/03FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE  
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

## 1. Corporate Name and Mailing Address:



FB022247 FEB/2002

CITY SERVICE INCORPORATED, OF KALISPELL  
PO BOX 1  
KALISPELL MT 59903FILE DATE 3/24/03  
RECEIPT NO. 1097441  
RECEIVED  
MAR 24 '03  
MAR 13 '03  
S.D. SEC. OF STATE

Telephone # (406) 755-4321

FAX # (406) 751-5501

Federal Taxpayer ID

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

## \* \* \* \* \* ATTENTION - FILING INSTRUCTIONS \* \* \* \* \*

If ALL of the information 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. ANY CHANGE requires full completion of the form.

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

2. It is incorporated under the laws of MONTANA and the address of its principal office or registered office in the state of incorporation is PO BOX 1 KALISPELL MONTANA Zip +4 59903-0001
3. The address of its registered office in South Dakota is MAH ADAM GERDES & THOMPSON LLP  
503 S. PIERRE ST. PIERRE S.D. Zip +4 57501  
and the name of its registered agent at such address is BRENT WILBUR \*
4. The character of the business in which it is actually engaged in South Dakota IMPORTING AVIATION  
GASOLINE AND JET FUEL

## 5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
DAVID A. TONTUM	Director	1310 THREE MILE DRIVE	KALISPELL	MT	59901
DAVID R. WAHTE	Director	2854 AIRPORT ROAD	KALISPELL	MT	59901
KARU W. TONTUM	President	1312 THREE MILE DRIVE	KALISPELL	MT	59901
EDWARD J. CROMAN	Vice President	303 SULBERG DRIVE	KALISPELL	MT	59901
THURMONT ONEAL	Secretary	180 BUFFALO STAGE	KALISPELL	MT	59901
MURT A. TONTUM	Treasurer	65 HURNINGBOROUGH LANE	KALISPELL	MT	59901

## 6. 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

165000 COMMON \$1

7. NUMBER OF SHARES ISSUED CLASS SERIES PAR VALUE

51500 COMMON \$1

8. The amount of its stated capital is \$ 151500

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 3-10-03

By Kurt Tontum

its VP Finance

STATE OF Montana

COUNTY OF Flithead

On this the 10th day of March 20 03, before me, Mary K. Miller

personally appeared KURT TONTUM known to me, or proved to me,

to be the VP FINANCE 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 June 21st 2003

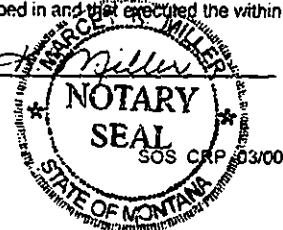
(Notarial Seal)

Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077

PHONE: 605-773-4345 FAX (605) 773-4550

www.state.sd.us/sos/sos.htm



Receipt Number: 1359923

File Number **FB022247**



**APPLICATION\_FOR\_WITHDRAWAL**

For

**CITY SERVICE INCORPORATED OF KALISPELL (MT)**

Filed at the request of:

MAY ADAM GERDES & THOMPSON  
PO Box 160  
Pierre SD 57501

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

Filed in the office of the Secretary of State on: **Tuesday, September 21, 2004**



Secretary of State

Fee Received: \$10.00

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

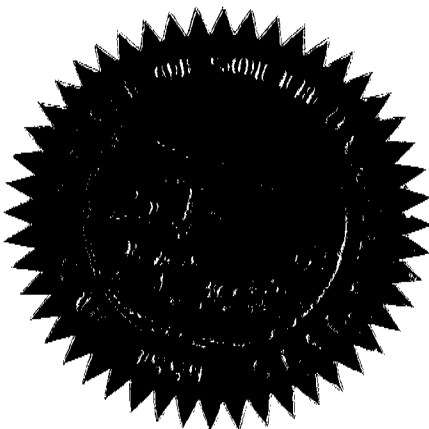
### Certificate of Withdrawal

ORGANIZATIONAL ID #: FB022247

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the application for Withdrawal from South Dakota for **CITY SERVICE INCORPORATED OF KALISPELL (MT)** duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

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

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 September 21, 2004.



*Chris Nelson*

Chris Nelson  
Secretary of State

334 3200

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

APPLICATION FOR  
CERTIFICATE OF WITHDRAWAL

RECEIVED  
SEP 21 04  
S.D. SEC. OF STATE

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation hereby applies for a Certificate of Withdrawal from your State, and for that purpose submits the following statement:

1. The name and address of the corporation is CITY SERVICE INCORPORATED OF KALISPELL
2. It is incorporated under the laws of the state of MONTANA 76022247
3. That this corporation is not doing or engaging in any business in this state, and hereby surrenders its authority to transact business in South Dakota.
4. It revokes the authority of its registered agent in your State to accept service of process, and consents that service of process in any action, suit or proceeding based upon any cause of action arising in your State during the time the corporation was authorized to transact business in your State may thereafter be made on the corporation by service thereof on the Secretary of State of your State.
5. The post-office address to which the Secretary of State may mail a copy of any process against the corporation that may be served on him is P.O. Box 1  
KALISPELL, MT 59903
6. 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, as of this date is:
- | Number of shares | Class         | Series | Par value per share or statement that shares are without par value |
|------------------|---------------|--------|--|
| <u>1,000,000</u> | <u>Common</u> |        | <u>\$1.00</u>  |
7. The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, as of this date is:
- | Number of shares | Class         | Series | Par value per share or statement that shares are without par value |
|------------------|---------------|--------|--|
| <u>151,000</u>   | <u>Common</u> |        | <u>\$1.00</u>  |
- (8) The amount of its stated capital as of this date is \$

To be signed in the presence of a notary public by either the chairman of the board of directors, or by the president or any other officer.

Dated 9-14-04

(Signature) [Signature]  
(Title) PRESIDENT

STATE OF Montana  
COUNTY OF Flathead

I, Marcey K. Miller, a notary public, do hereby certify that on this 14th day of Sept., 20 04, personally appeared before me Karey Johnson who, being by me first duly sworn, declared that he/she is the President of City Service Valcon, LLC, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.  
June 21st, 2007  
My Commission Expires

Marcey K. Miller  
(Notary Public)

Filing Fee: \$10

\*\*\* An Original and one exact or conformed copy must be submitted. \*\*\*

