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ANNUAL REPORT

Domestic Nonprofit Corporation
SDCL 47-24-6, 59-11-24

South Dakota State Capitol
500 E. Capitol Ave
Pierre, SD 57501-5070
(605) 773-4845

2017
FILING YEAR

Please Type or Print Clearly in Ink
Please submit one Original
Make payable to the SECRETARY OF STATE

Filing Fee: $10

Total Fee: $10

1. Business ID and Name:

NS012468
BUSINESS ID

PRAIRIE HORIZONS, INC.
BUSINESS NAME

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

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

Actual Street Address
110 EAST CENTER ST #1456
MADISON, SD 57042-2908

Mailing Address
110 EAST CENTER ST #1456
MADISON, SD 57042-2908

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name **DAVID J. LARSON**

Actual Street Address in this State
131 S MAIN ST
CHAMBERLAIN, SD 57325-1363

Mailing Address in this State
PO BOX 131
CHAMBERLAIN, SD 57325-0131

5. The names and addresses of its principal officers.

Title	Name	Address
President	**Curt Wood**	**110 E Center St #1456 Madison SD 57042-2908**

6. The names and addresses of its directors (governors).

Name	Address
Curt Wood	**110 E Center St #1456 Madison SD 57042**
Willie Wood	**110 E Center St #1456 Madinson, SD 57042**
Zachery Wood	**110 E Center St #1456 Madison SD 57042**

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

06/07/2018

Dated

Email (Optional)

David J Larson

Signature of an Authorized Person

David J Larson

Printed Name