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**2017**  
FILING YEAR  
South Dakota State Capitol  
500 E. Capitol Ave  
Pierre, SD 57501  
(605) 773-3537

**ANNUAL REPORT**  
Domestic Business Corporation  
SDCL 59-11-24, 24.1

Filing Fee: \$50

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

1. Business ID and Name:

**DB032811**  
BUSINESS ID

**LANKOTA GROUP, INC.**  
BUSINESS NAME

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

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

**270 WEST PARK AVE**  
**HURON, SD 57350-5059**

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

**CADWELL SANFORD DEIBERT & GARRY LLP**  
**200 EAST 10TH STREET STE 200**  
**SIOUX FALLS, SD 57104-6371**

5. The names and addresses of its principal officers.

Name	Address
<b>MARVIE TSCHETTER</b>	<b>270 WEST PARK AVENUE, HURON, SD, 57350</b>
<b>LANCE TSCHETTER</b>	<b>270 WEST PARK AVENUE, HURON, SD, 57350</b>
<b>LANCE TSCHETTER</b>	<b>270 WEST PARK AVENUE, HURON, SD, 57350</b>
<b>DAKOTA TSCHETTER</b>	<b>270 WEST PARK AVENUE, HURON, SD, 57350</b>

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

Name	Address
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7. A beneficial owner (Optional) 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 criminal penalty (SDCL 22-39-36).

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02/15/2017

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*Kristi M Laber*

\_\_\_\_\_  
Signature of an Authorized Person

Kristi M Laber

\_\_\_\_\_  
Printed Name

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