

03/13/2003 09:51

STATE OF SOUTH DAKOTA

REVISED BY: [unclear]
DATE: 03/03/03

State of South Dakota



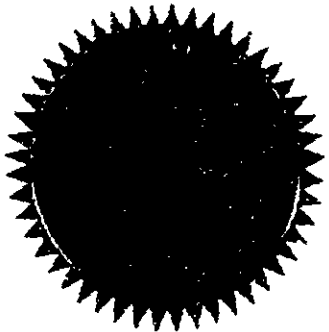
OFFICE OF THE SECRETARY OF STATE Certificate of Incorporation Business Corporation

ORGANIZATIONAL ID #: DB046592

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Incorporation of **MICHAEL HEMMER FARMS, 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 issue this Certificate of Incorporation and attach hereto a duplicate of the Articles of Incorporation.

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 March 13, 2003.



Chris Nelson
Chris Nelson
Secretary of State

0304321.0961

0304321.0961
4:23/03

RECEIVED
MAR 13 '03
S.D. SEC. OF STATE

Filed this 13th day of
March 2003
S.D. SEC. OF STATE

ARTICLES OF INCORPORATION
OF
MICHAEL HEMMER FARMS, INC.

- Executed by the undersigned for the purpose of forming a South Dakota corporation under SDCL 47-2 of the South Dakota Business Corporation Act.

ARTICLE I

The name of the corporation is MICHAEL HEMMER FARMS, INC.

ARTICLE II

The period of existence of the corporation is perpetual.

ARTICLE III

The purpose or purposes for which the corporation is organized are to engage in the business of farming and to engage in any business incidental or related thereto, and such other business activities as shall be considered desirable by the directors, and to make and execute any and all agreements for the purposes outlined, including agreements for borrowing money, to construct, own, purchase, maintain, operate, sell, lease, or dispose of real and personal property which may be necessary or advisable for the carrying on of the business of the corporation to buy, sell, trade, deal and/or dispose of real estate, stocks, bonds, mortgages, notes, debentures, other types of securities, including those of its own; to do all other things subsidiary, necessary or contingent for carrying out and into effect the main purposes of the corporation; and any and all other lawful purposes for which corporations may be incorporated under this act.

ARTICLE IV

The aggregate number of shares which the corporation shall be authorized to issue is 10,000 shares of common stock of the par value of \$1.00 per share.

ARTICLE V

The corporation shall not commence business until at least \$1,000.00 has been received by it as consideration for the issuance of shares.

dh46592

0304321.0951
4/23/03

ARTICLE VI

The street address of the registered office of the corporation is 23691 474th Avenue, Dell Rapids, South Dakota 57022, and the name of its registered agent at such address is Jeff Hemmer.

ARTICLE VII

The number of directors constituting the initial board is ~~one~~, and the names and addresses of the persons who are to serve as such directors until the first annual meeting of shareholders or until their successors are elected and shall qualify, are:

<u>Name</u>	<u>Address</u>
Michael Hemmer	23691 474 th Avenue Dell Rapids, South Dakota 57022

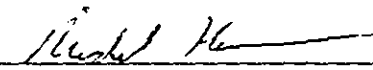
ARTICLE VIII

The names and addresses of the incorporator is:

<u>Name</u>	<u>Address</u>
Michael Hemmer	23691 474 th Avenue Dell Rapids, South Dakota 57022

These Articles may be amended in the manner authorized by law at the time of amendment.

EXECUTED in duplicate this 11th day of March, 2003.



Michael Hemmer

01-21-03

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

0304321.0961
4/23/03

RECEIVED
MAR 13 '03
S.D. SEC. OF STATE

LETTER OF CONSENT TO USE SIMILAR NAME

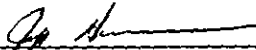
The undersigned corporate officers, general partner of a limited partnership, or holder of reserved or registered name, or a general manager/member of a limited liability company of

Hammer Farms, Inc.

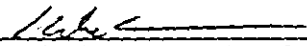
Hereby grant consent to the use of the name of

Michael Hammer Farms, Inc.

Dated 3-11-03


Corporate President or Vice-President signature

Corporation


Corporation Secretary or Assistant Secretary signature

Limited Partnership

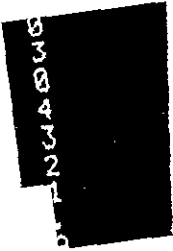
General Partner signature

Limited Liability Company:

Manager/Member signature and title

(constname)

4



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

0304321.0961
4/23/03

RECEIVED
MAR 13 '03
S.D. SEC. OF STATE

LETTER OF CONSENT TO USE SIMILAR NAME

The undersigned corporate officers, general partner of a limited partnership, or holder of reserved or registered name, or a general manager/member of a limited liability company of

Hemmer Grain, LLC

Hereby grant consent to the use of the name of

Michael Hemmer Farms, Inc.

Dated 3-11-03

Corporate President or Vice-President signature

Corporation

Corporation Secretary or Assistant Secretary signature

Limited Partnership

General Partner signature

Limited Liability Company:

[Signature]
Manager/Member signature and title

(constituted)

0307323.0106
7/1/03

Receipt Number: 1210647

File Number DF046592



DF046592



ARTICLES OF CORRECTION

For

MICHAEL HEMMER FARMS, INC.

Filed at the request of:

CUTLER & DONAHOE, LLP
RYAN TAYLOR
100 NORTH PHILLIPS AVE 9TH FLOOR
SIOUX FALLS SD 57104

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: May 14, 2003

Secretary of State

Fee Received: \$20

0307323.0107
7/1/03

Receipt Number: NO Fee 12/0647

File Number DF046592



FARM_QUALIFICATION

For

MICHAEL HEMMER FARMS, INC.

Filed at the request of:

CUTLER & DONAHOE, LLP
RYAN TAYLOR
100 NORTH PHILLIPS AVE 9TH FLOOR
SIOUX FALLS SD 57104

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

Filed in the office of the Secretary of State on: May 14, 2003

Chi Nelson

Secretary of State

Fee Received: No fee

State of South Dakota



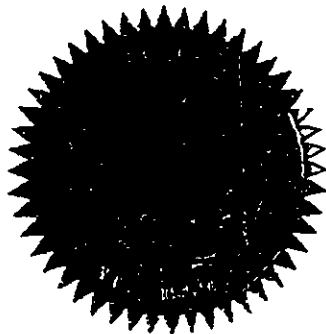
OFFICE OF THE SECRETARY OF STATE Farm Certificate of Authorization

ORGANIZATIONAL ID #: DF046592

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the report for **MICHAEL HEMMER FARMS, INC.** required by SDCL 47-9A-16 and 47-9A-17 of the Family Farm Act of 1974 has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issued this Farm Certificate of Authorization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and the Great Seal of the State of South Dakota, at Pierre, the Capital, this May 14, 2003.



Chris Nelson
Chris Nelson
Secretary of State

100-210-1000

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

**QUALIFICATION
FOR FAMILY FARM CORPORATION
AND AUTHORIZED FARM CORPORATION**
No Filing Fee

0307323.0007
711:03 RECEIVED
APR 21 '03
RECEIVED
S.D. SEC. OF STATE
APR 28 '03
RECEIVED
MAY 14 '03
S.D. SEC. OF STATE
S.D. SEC. OF STATE

Pursuant to the provisions of the Family Farm Act of 1974, SDCL 47-9A the following report is filed in order to qualify to engage in farming as defined under the terms of said Act.

- 1. The name of the corporation is Michael Hemmer Farms, Inc.
- 2. The state of its incorporation is South Dakota
- 3. The address of the registered office and the name of the registered agent in South Dakota is 23691 - 474th Street, Dell Rapids, South Dakota Registered Agent: Michael Hemmer Zip+4 57022
- 4. If a foreign corporation, the address of its principal office or registered office in its state of incorporation is _____ Zip+4 _____

5. List 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 and used for the growing of crops or the keeping or feeding of poultry or livestock.
See attachment

Filed this 14th day of May 2003
Chris Wilson
SECRETARY OF STATE

- 6. The names and addresses of the officers and the board of directors: (Both officers and directors are to be listed even though they may be the same.)
- President Michael Hemmer
- Vice President Michael Hemmer
- Secretary Michael Hemmer
- Treasurer Michael Hemmer
- Director Michael Hemmer
- Director _____
- Director _____

7. Please check which applies to this corporation.
FAMILY FARM CORPORATION AUTHORIZED FARM CORPORATION _____

(A) Applies to a FAMILY FARM CORPORATION: (SDCL 47-9A-14) The number of shares owned by person(s) residing on the farm or actively engaged in farming, or their relatives within the third degree of kindred, or who has resided on or has actively operated the farm is 1000. Degree of kindred is defined as the number of generations with each generation being a degree

OR

The number of shares owned by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is _____

(B) Applies only to AUTHORIZED FARM CORPORATION: (SDCL 47-9A-15) The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ %. (Must not exceed 20% of its gross receipts).

Attachment to Qualification for Family Farm Corporation
and Authorized Farm Corporation
for Michael Hemmer Farms, Inc.

0307323.0107
7/1/03

Tract 2 of Ginsbach Addition in the NE1/4 of Section 29, Township 106 North, Range 49 West of the 5th P.M., Moody County, South Dakota, subject to easements and rights of way of record

NE1/4 of SE1/4 of Section 29, Township 106 North, Range 49 West of the 5th P.M., Moody County, South Dakota, subject to easements, reservations, restrictions and highways of record, if any.

N1/2 of SE1/4 and S1/2 of NE1/4, less Tract #1 of Hemmer's Addition, all in Section 27, Township 106 North, Range 49 West of the 5th P.M., Moody County, South Dakota
AND
W1/2 of NW1/4 of Section 25, Township 106 North, Range 49 West of the 5th P.M., Moody County, South Dakota

W1/2 of SE1/4 and the NE1/4 of SW1/4 of Section 29, Township 106 North, Range 49 West of the 5th P.M., Moody County, South Dakota, subject to all existing easements, highways and rights of way of record, if any

W 58 Acres of NW1/4 of Section 13, Township 105 North, Range 48 West of the 5th P.M., Moody County, South Dakota

NW1/4 of Section 2, Township 105 North, Range 49 West of the 5th P.M., Moody County, South Dakota, subject to all existing easements, highways and rights of way of record, if any

S1/2 of NW1/4, except Lots H-2 and H-3 and SW1/4, all in Section 13, Township 106 North, Range 49, West of the 5th P.M., Moody County, South Dakota (excludes Hemmer Add NW1/4)

NW1/4 of Section 2, Township 105 North, Range 49 West of the 5th P.M., Moody County, South Dakota, subject to all existing easements, highways and rights of way of record, if any

E1/2 of SE1/4 of Section 12, Township 106 North, Range 50 West of the 5th P.M., Moody County, South Dakota

227 0948
04/23/04
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

FILE DATE _____

RECEIVED

APR 12 04

NO FILING FEE

1. Corporate name and address:



* D F O 4 6 5 9 2 *
DF046592 MAR/0000
HEMMER (MICHAEL) FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

FILING DATE: Due during the month of 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 SD

3. The name of the registered agent in South Dakota and the registered office address is Mike Hemmer
23691 474th Ave Dell Rapids SD 57022-6402

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 1000. (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

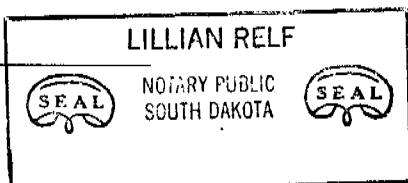
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 4-8-04

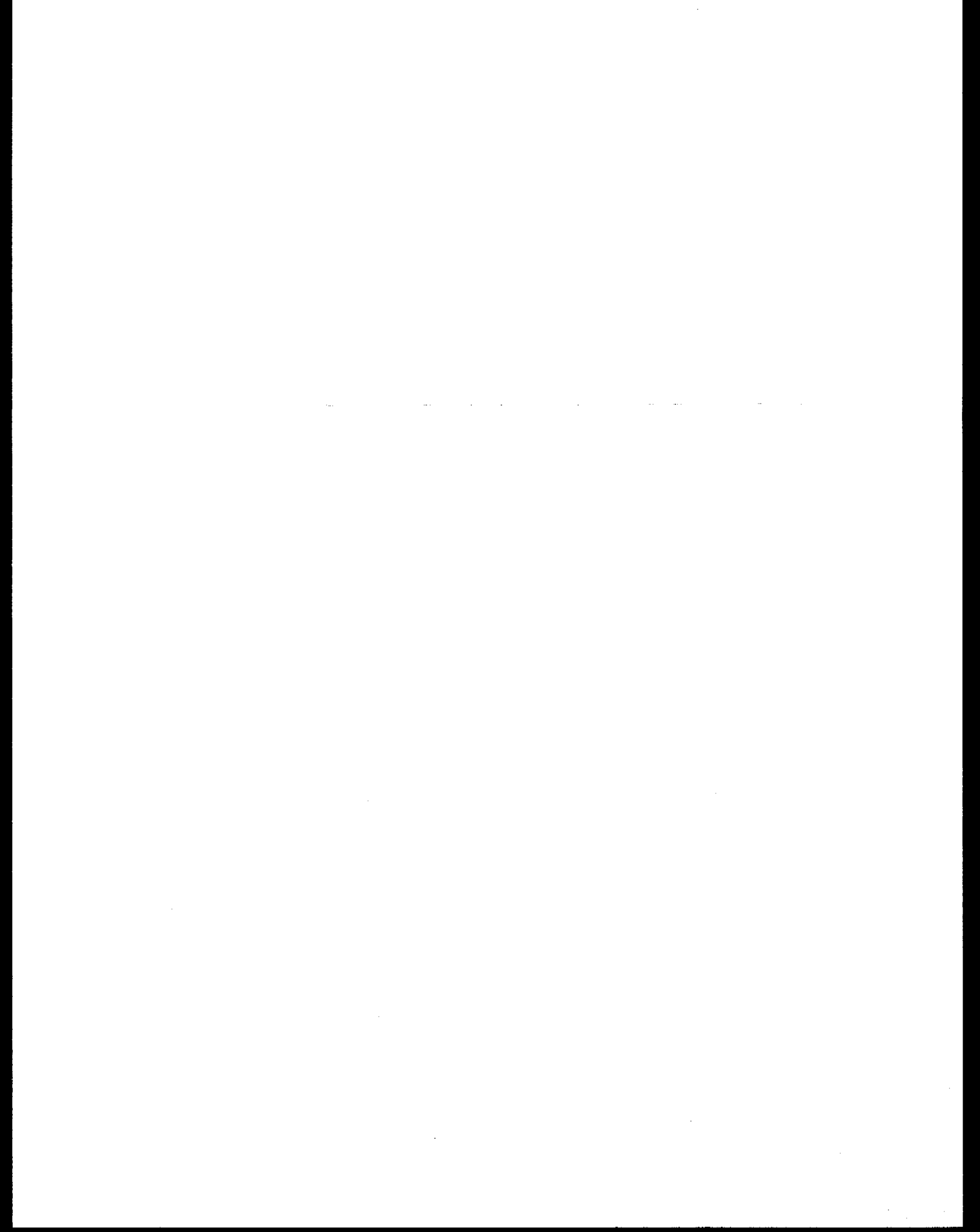
STATE OF South Dakota (Signature) _____
COUNTY OF Moody (Title) President

On this the 8th day of April, 2004, before me, Lillian Relf
personally appeared Michael Hemmer, 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.

10-24-09
My Commission Expires
(Notarial Seal)



Lillian Relf
(Notary Public)



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

File Date _____
Receipt No. _____

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

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

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

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

Dated _____

(Signature)

(Title)

STATE OF _____ ss
COUNTY OF _____

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

My Commission Expires _____

Notary Public
(Notarial Seal)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

(signature)

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 03/01/05

RECEIVED
1409362
FEB 16 05

STATE OF SOUTH DAKOTA

233 4331

1. Corporate name and address:



* D F O 4 6 5 9 2 *
DFO46592 MAR/2004
HEMMER (MICHAEL) FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

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 SD

3. The name of the registered agent in South Dakota and the registered office address is Mike Hemmer

23691 474th Ave Dell Rapids SD 57022-6402

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 1000. (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 0 %.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 2-14-05

Mike H
(Signature)

President
(Title)



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

File Date _____
Receipt No. _____

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

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

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

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

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

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

Dated _____

(Signature)

(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

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

registered agent for _____
(corporate name)

Dated _____

(signature)

246 0364 03/02/2006

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 03/01/06

RECEIVED

FEB 15 '06

S.D. SEC. OF STATE

1. Corporate name and address:



* D F 0 4 6 5 9 2 *
DF046592 MAR/2005
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

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 Mike Hemmer

23691 474th Ave Dell Rapids SD 57022-6402

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 1000. (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

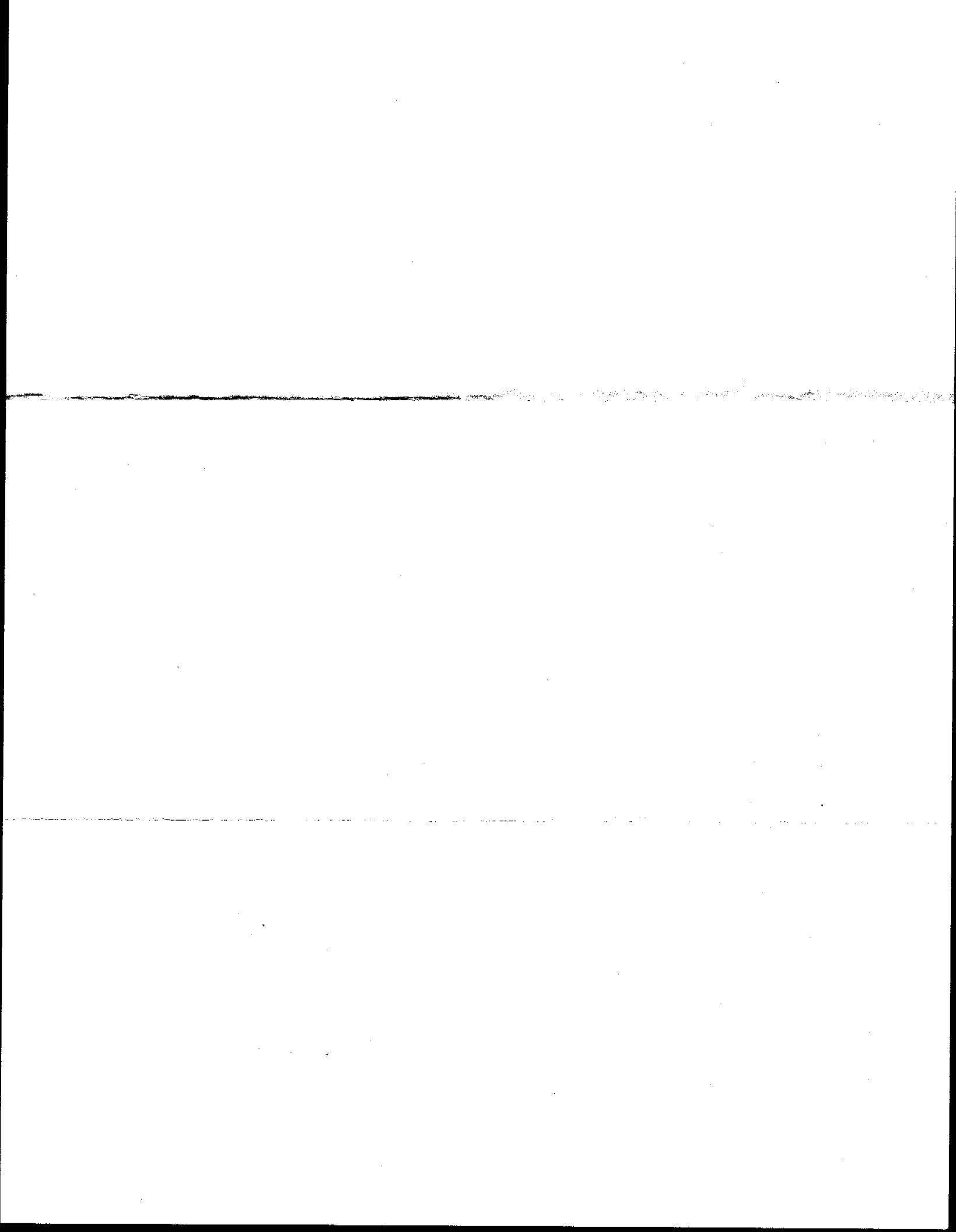
DEGREE OF KINDRED

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

Dated 2-13-06

Mike Hemmer
(Signature)

President
(Title)



DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

FILE DATE 03/01/06
RECEIPT NO. 1527847

RECEIVED

FEB 15 '06

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



DF046592 MAR/2005
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

SD, SEC. OF STATE
Telephone # 605-534-3316
FAX # 605-534-3383

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 23691 474th Ave Dell Rapids SD 57022

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Mike Hemmer</u>	<u>President</u>	<u>23691 474th Ave</u>	<u>Dell Rapids</u>	<u>SD</u>	<u>57022-6402</u>
<u>"</u>	<u>Vice President</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>"</u>	<u>Secretary</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>"</u>	<u>Treasurer</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

SD law requires at least one director.

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

Director _____
Director _____

4. Provide a brief description of the nature of the business Farm/Ranch

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>1000</u>	<u>Common</u>	<u> </u>

6. NUMBER OF ISSUED SHARES CLASS SERIES

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

Dated 2-13-06

Mike Hemmer
Signature

Mike Hemmer
Printed Name

President
Title

246 0363

**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)

259 1123

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 03/01/07

RECEIVED

FEB 20 2007

S.D. SEC. OF STATE

1. Corporate name and address:



* D F O 4 6 5 9 2 *
DFO46592 MAR/2006
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

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 Mike Hemmer

23691474th Ave Dell Rapids SD 57022-6402

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 1000. (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

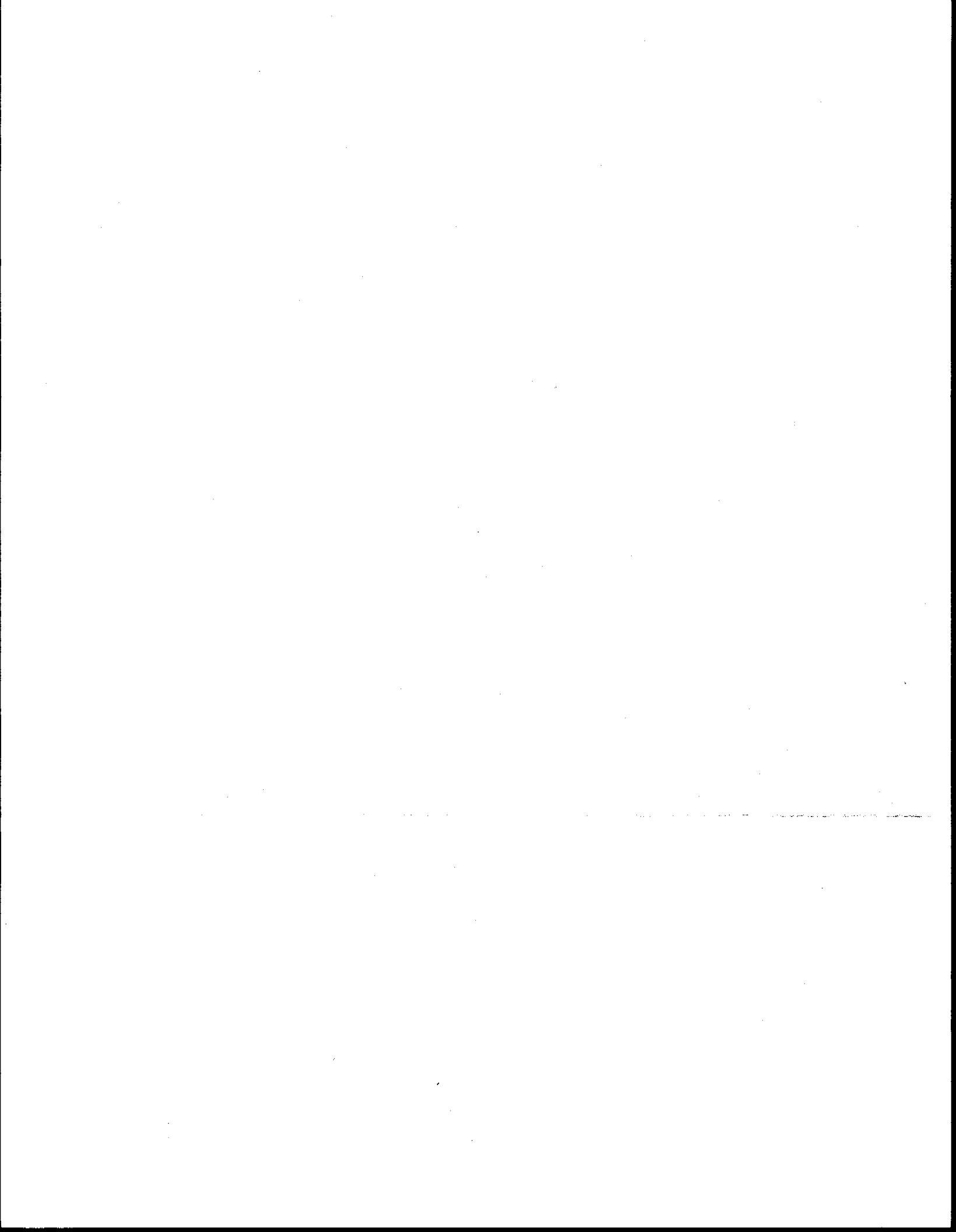
DEGREE OF KINDRED

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

Dated 2-17-07

Mike Hemmer
(Signature)

President
(Title)



259 1122 03/12/2007

2007

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

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



* D F 0 4 6 5 9 2 *
DFO46592 MAR/2006
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

Telephone # 605-534-3316
FAX # 605-534-3383

FILE DATE 03/01/07
RECEIPT NO. 1649400
RECEIVED
FEB 20 2007
S.D. SEC. OF STATE

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 23691 474th Ave, Dell Rapids SD 57022

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

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Mike Hemmer</u>	President	<u>23691 474th Ave</u>	<u>Dell Rapids</u>	<u>SD</u>	<u>57022-6402</u>
<u>"</u>	Vice President	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>"</u>	Secretary	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>"</u>	Treasurer	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

SD law requires at least one director.

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

Director _____
Director _____

4. Provide a brief description of the nature of the business Farm/Ranch

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

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>10000</u>	<u>Common</u>	

NUMBER OF ISSUED SHARES	CLASS	SERIES
<u>1000</u>		

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

Dated 2-17-06

[Signature]
Signature

Mike Hemmer
Printed Name

President
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

SOS CRP 07/05

**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 03/03/08

RECEIVED

FEB 19 2008

S.D. SEC. OF STATE

RECEIVED

MAR 03 2008

S.D. SEC. OF STATE

1. Corporate name and address:



* D F 0 4 6 5 9 2 *
DF046592 MAR/2007
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

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 Mike Hemmer

23691 474th Ave, Dell Rapids, SD 57022-6402

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 1000. (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

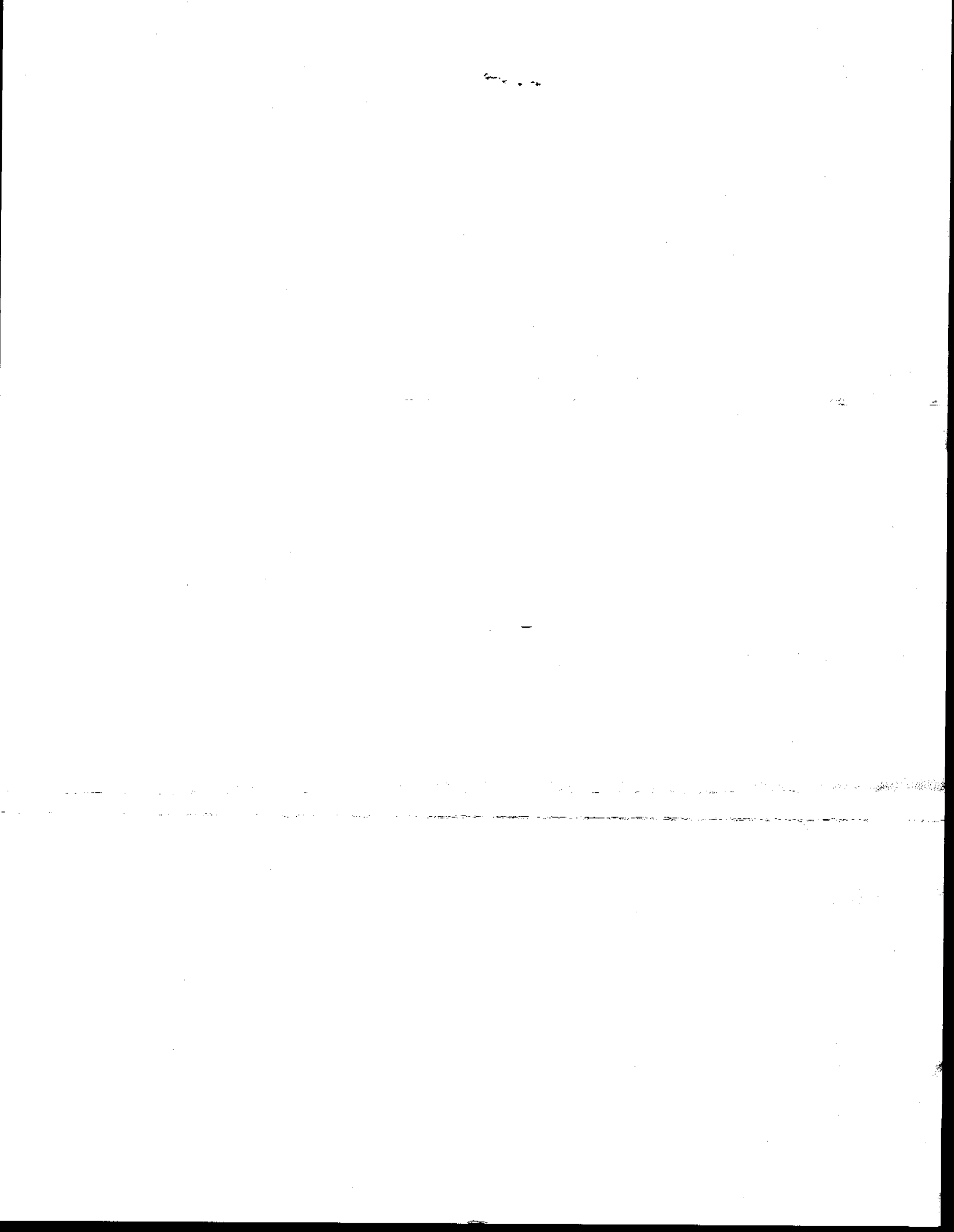
9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is 0%.
(Applies only to AUTHORIZED FARM CORPORATION)

Dated 2-15-08

Mike Hemmer
(Signature)

President
(Title)

273 3508



2008

ANNUAL REPORT

DOMESTIC
PLEASE TYPE OR USE BLACK INK

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

RECEIVED

MAR 03 2008

S.D. SEC. OF STATE

FILE DATE 02/03/08

RECEIPT NO. 1773637

RECEIVED

FEB 19 2008

S.D. SEC. OF STATE

273 3507

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



DF046592 MAR/2007
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

Telephone # 605-534-3314
FAX # 605-534-3383

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 23691 474th ave, Dell Rapids SD 57022

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

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Mike Hemmer (President), and three blank entries for Vice President, Secretary, and Treasurer.

SD law requires at least one director.

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

Director
Director

4. Provide a brief description of the nature of the business Farm/Ranch

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

Table with columns: NUMBER OF AUTHORIZED SHARES, CLASS, SERIES. Row: 10,000, Common

6. NUMBER OF ISSUED SHARES CLASS SERIES

1,000

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

Dated 2-15-08

Signature (Handwritten)

Printed Name Mike Hemmer

Title President

**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)

2009

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: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 03/01/09
RECEIPT NO 1449235
RECEIVED
FEB 11 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF046592 MAR/2008
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

Telephone # 605-534-3316
FAX # 605-534-3383
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.

47364 237th Street Dell Rapids SD 57022-6403
Street Address City State ZIP+4
47364 237th Street Dell Rapids SD 57022-6403
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Michael Hemmer Farms Inc.

47364 237th Street Dell Rapids SD 57022-6403
Street Address (Required to be a South Dakota Address) City State ZIP+4
47364 237th Street Dell Rapids SD 57022-6403
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.

Table with 5 columns: Name, Street Address, City, State, ZIP+4. Includes entries for Mike Hemmer (President), and several blank entries for Vice President, Secretary, Treasurer, and Director.

Dated 2-9-2009

Signature of an authorized officer: Mike Hemmer
Printed Name: Mike Hemmer
Title: President

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 Michael Hemmer Farms Inc.

2. The name of the registered agent on file Michael Hemmer

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

23691 474th ave Dell Rapids SD 57022-6403
Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4


5. If the address has changed, its new address

47364 237th street Dell Rapids SD 57022-6403
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 2-9-2009


(Signature of an authorized officer)

Mike Hemmer
(Printed Name)

President
(Title)

2009

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: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 03/01/09
 RECEIPT NO 1449235

RECEIVED
FEB 11 2009
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF046592
DF046592 MAR/2008
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
23691 474TH AVENUE
DELL RAPIDS SD 57022-6402

Telephone # 605-534-3316
 FAX # 605-534-3383
 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.

47364 237th Street Dell Rapids SD 57022-6403
 Street Address City State ZIP+4
47364 237th Street Dell Rapids SD 57022-6403
 Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Michael Hemmer Farms Inc.

47364 237th Street Dell Rapids SD 57022-6403
 Street Address (Required to be a South Dakota Address) City State ZIP+4
47364 237th Street Dell Rapids SD 57022-6403
 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.

<input checked="" type="checkbox"/>	Mike Hemmer	47364 237 th Street	Dell Rapids	SD	57022-6403
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	"	"	"	"	"
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	"	"	"	"	"
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	"	"	"	"	"
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

Dated 2-9-2009

Mike Hemmer
 (Signature of an authorized officer)
Mike Hemmer
 (Printed Name)
President
 (Title)

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 Michael Hemmer Farms Inc.

2. The name of the registered agent on file Michael Hemmer

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

23691 474th ave Dell Rapids SD 57022-6403
Street Address (Required) City State ZIP+4

Mailing Address (Optional) City State ZIP+4


5. If the address has changed, its new address

47364 237th street Dell Rapids SD 57022-6403
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

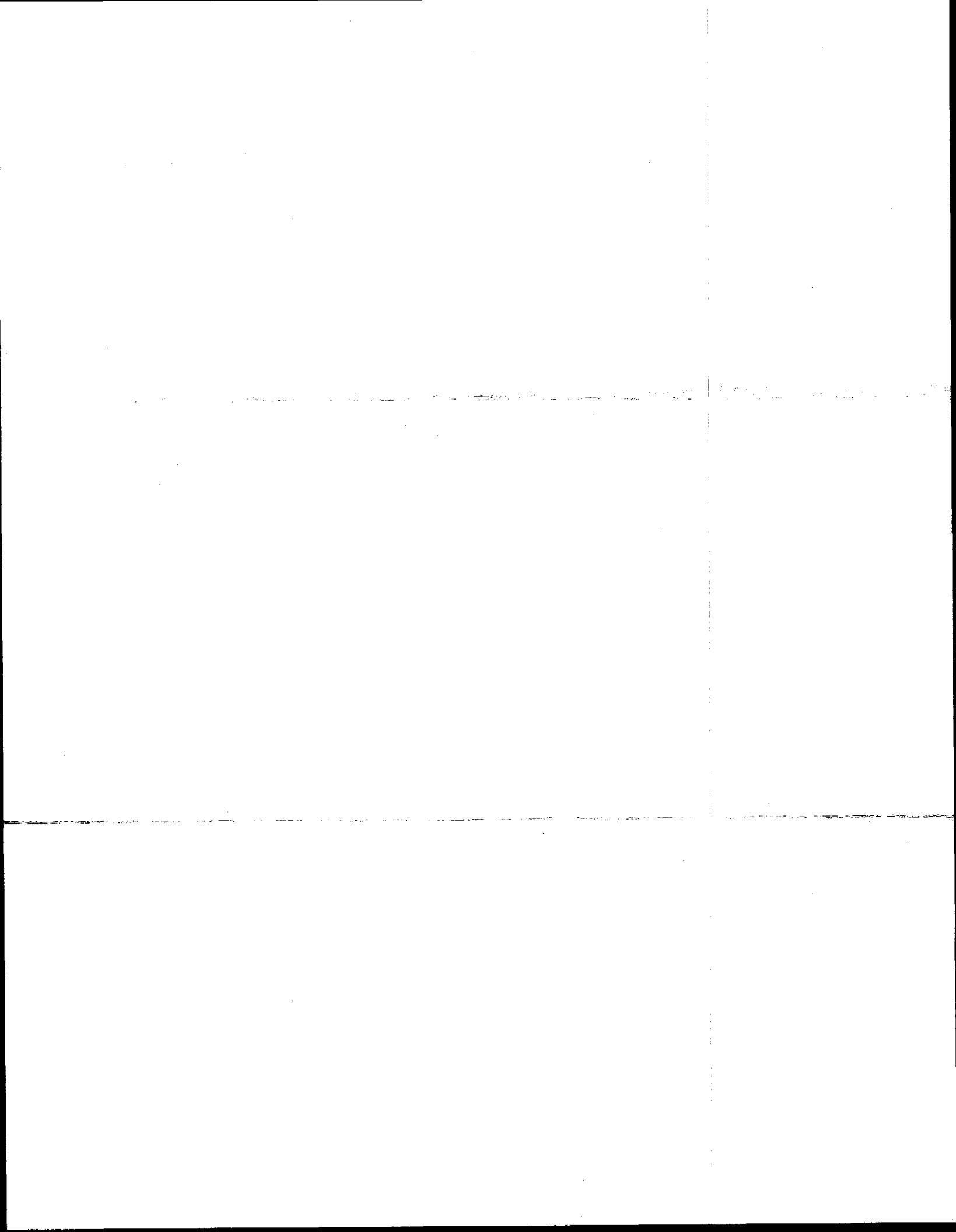
6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated 2-9-2009


(Signature of an authorized officer)

Mike Hemmer
(Printed Name)

President
(Title)



302 1711 03/03/2010

2010

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

ANNUAL REPORT DOMESTIC

Please Type or Print Clearly in Ink

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

FILE DATE	<u>3/11/10</u>
RECEIPT NO.	<u>0000366</u>
RECEIVED	
FEB 18 2010	
S.D. SEC. OF STATE	

1. Corporate Name, Registered Agent Name and Address:



* D F O 4 6 5 9 2 *
DFO46592 MAR/2009
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
47364 237TH ST
DELL RAPIDS SD 57022-6403

Telephone #	<u>605-534-3316</u>
FAX #	<u>605-534-3383</u>
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.

47364 237th Street Dell Rapids SD 57022-6403
Street Address City State ZIP+4

Same
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Michael Hemmer Farms Inc

47364 237th Street Dell Rapids SD 57022-6403
Street Address (Required to be a South Dakota Address) City State ZIP+4

Same
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.

<input checked="" type="checkbox"/>	<u>Mike Hemmer</u>	<u>47364 237th Street</u>	<u>Dell Rapids</u>	<u>SD</u>	<u>57022-6403</u>
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	"	"	"	"	"
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	"	"	"	"	"
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	"	"	"	"	"
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4

Dated 2-16-10

[Signature]
(Signature of an authorized officer)

Mike Hemmer
(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 1711 03/03/2010

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 3/11/10
RECEIPT NO 0000366
RECEIVED
FEB 18 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DF046592 MAR/2009
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
47364 237TH ST
DELL RAPIDS SD 57022-6403

Telephone # 605-534-3316
FAX # 605-534-3383
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.

47364 237th Street Dell Rapids SD 57022-6403
Street Address City State ZIP+4

Same Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent Michael Hemmer Farms Inc

47364 237th Street Dell Rapids SD 57022-6403
Street Address (Required to be a South Dakota Address) City State ZIP+4

Same 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.

Table with 5 columns: Officer Title, Name, Street Address, City, State, ZIP+4. Includes entries for Mike Hemmer (President), Vice President, Secretary, Treasurer, and Director.

Dated 2-11-10

(Signature of an authorized officer)

Mike Hemmer (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)

ANNUAL FARM REPORT Corporation

Please Type or Print Clearly in Ink
No Filing Fee

FILE DATE <u>3/17/10</u>
RECEIPT NO _____
RECEIVED
FEB 18 2010
S.D. SEC. OF STATE
Telephone # <u>605-534-3316</u>
FAX # <u>605-534-3383</u>
FILING DATE: To be filed with the Annual Report.

1. Corporate ID, Name and Address:



* D F 0 4 6 5 9 2 *
DF046592 MAR/2009
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
47364 237TH ST
DELL RAPIDS SD 57022-6403

2. The name of the South Dakota Registered Agent Michael Hemmer Farms Inc

47364 237th Street Dell Rapids SD 57022-6403
Street Address (Required to be a South Dakota Address) City State ZIP+4

Same
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>1,000</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>0</u> %

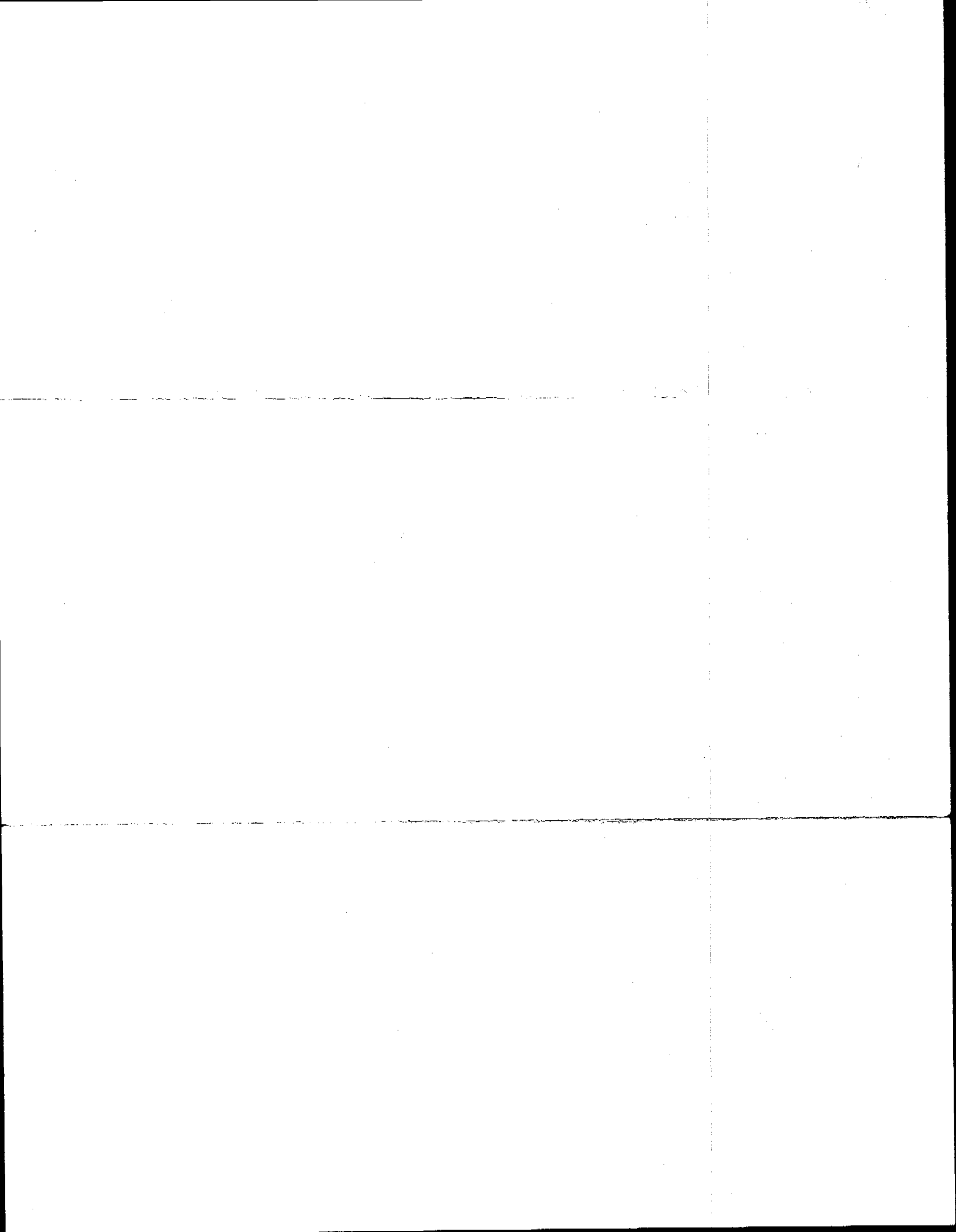
5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

Name	Address	City	State	Zip	Shares	Kindred

Dated 2-16-10

(Signature of an authorized officer)
Mike Hemmer
(Printed Name)
President
(Title)

302 1712



317 0198 04/06/2011

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	02/28/11
RECEIPT NO	2128496
RECEIVED	
FEB 28 2011	
S.D. SEC. OF STATE	

1. Corporate ID, Name and Address:



DF046592
DF046592 MAR/2010
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
47364 237TH ST
DELL RAPIDS SD 57022-6403

Telephone #	605-534-3316
FAX #	605-534-3383
FILING DATE:	To be filed with the Annual Report.

2. The name of the South Dakota Registered Agent Michael Hemmer Farms Inc.

47364 237th St Dell Rapids SD 57022-6403
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>1,000</u>
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	<u>0</u> %

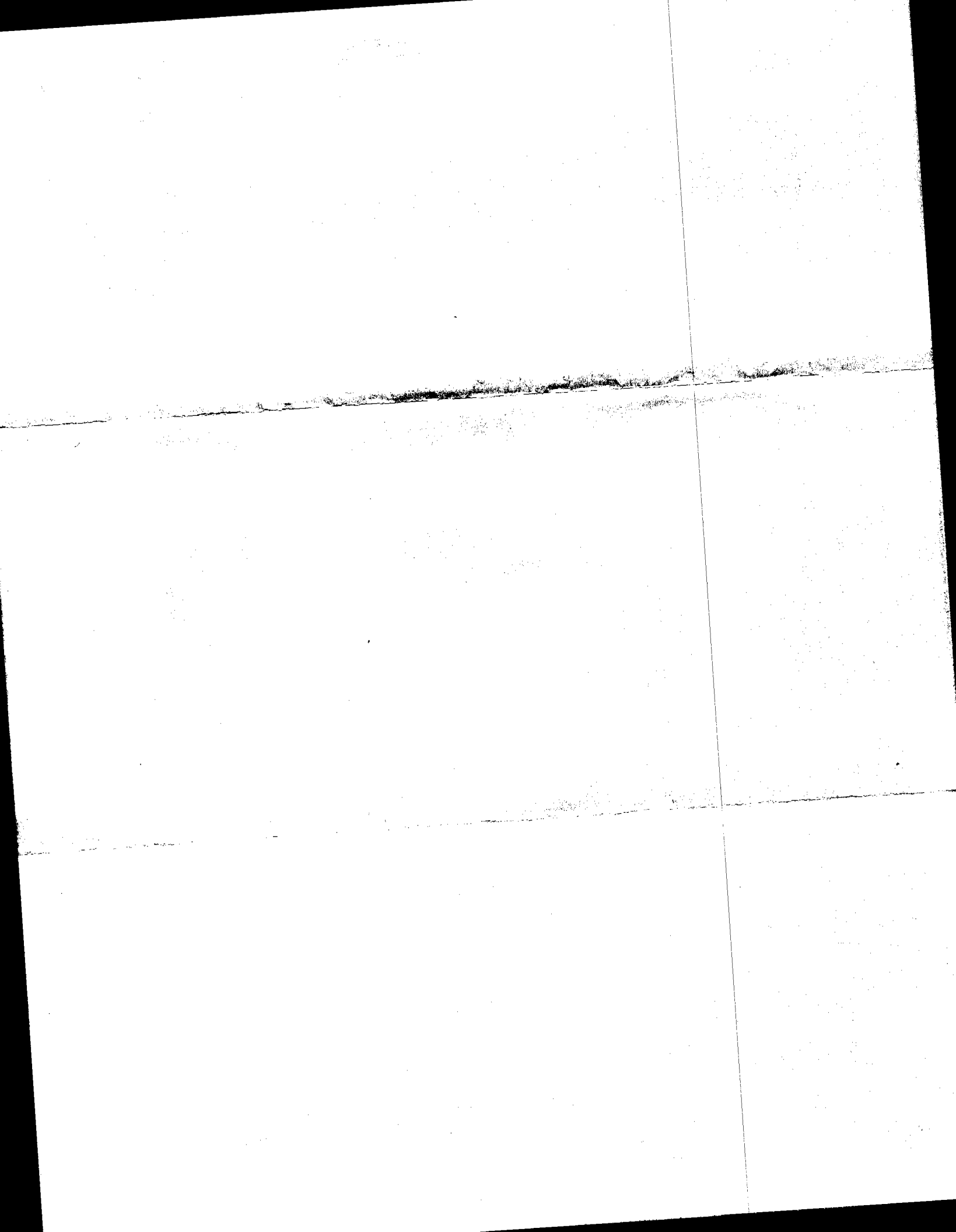
5. List any changes to shareholder name, address, number of shares owned, and degree of kindred.

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 2-24-11

Mike Hemmer
(Signature of an Authorized Person)
Mike Hemmer
(Printed Name)



317 0197 04/06/2011

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	<u>02/28/11</u>
RECEIPT NO	<u>2128496</u>
RECEIVED	
FEB 28 2011	
S.D. SEC. OF STATE	

1. Corporate Name, Registered Agent Name and Address:



DF046592 MAR/2010
MICHAEL HEMMER FARMS, INC.
HEMMER, MICHAEL
47364 237TH ST
DELL RAPIDS SD 57022-6403

Telephone #	<u>605-534-3386</u>
FAX #	<u>605-534-3383</u>
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.

47364 237th St. Dell Rapids SD 57022-6403
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Michael Hemmer Farms Inc.

47364 237th St Dell Rapids SD 57022-6403
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"/> | <u>Mike Hemmer</u> | <u>47364 237th St</u> | <u>Dell Rapids</u> | <u>SD</u> | <u>57022-6403</u> |
| | President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Vice President | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Secretary | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Treasurer | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Director | Street Address | City | State | ZIP+4 |
| <input type="checkbox"/> | Director | Street Address | City | State | ZIP+4 |

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

Dated 2-24-11

[Signature]
(Signature of an Authorized Person)
Mike Hemmer
(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
---------------------------	------	-------	-------

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

5. If the address has changed, its new address

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
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Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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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 03/21/2012

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

Corporation

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

RECEIPT NO 30715

1. Corporate Name and Address:

DF046592

MICHAEL HEMMER FARMS, INC.

47364 237TH ST

DELL RAPIDS, SD 57022-6403

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

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

47364 237TH ST

Street Address

DELL RAPIDS

City

SD

State

57022-6403

ZIP+4

Mailing Address

City

State

ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name:

MICHAEL HEMMER

47364 237TH ST

Street Address or Rural Route Box Number in This State and

DELL RAPIDS

City

SD

State

57022-6403

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.



MICHAEL HEMMER

President

47364 237TH STRETT

Street Address

DELL RAPIDS

City

SD

State

57022

ZIP+4



Vice President

Street Address

City

State

ZIP+4



Secretary

Street Address

City

State

ZIP+4



Treasurer

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4



Director

Street Address

City

State

ZIP+4

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
--------	---------	-----------	-------

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)	1,000.00
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)

AMY L HEMMER
(Printed Name)

2013

Enter Filing Year

ANNUAL FARM REPORT

FILE 3/2/2013

RECEIPT NO 98414

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:

DF046592
MICHAEL HEMMER FARMS, INC.
47364 237TH ST
DELL RAPIDS, SD 57022-6403

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

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

47364 237TH ST	DELL RAPIDS	SD	57022-6403
Street Address	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: MICHAEL HEMMER

47364 237TH ST	DELL RAPIDS	SD	57022-6403
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"/>	MICHAEL HEMMER	47364 237TH STREET	DELL RAPIDS	SD	57022
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>		Street Address	City	State	ZIP+4
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>		Street Address	City	State	ZIP+4
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>		Street Address	City	State	ZIP+4
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>		Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>		Street Address	City	State	ZIP+4
	Director	Street Address	City	State	ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	1000
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)

MIKE J HEMMER

(Printed Name)

2014

Enter Filing Year

ANNUAL FARM REPORT

FILE 2/21/2014

RECEIPT NO 179118

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:

DF046592
MICHAEL HEMMER FARMS, INC.
47364 237TH ST
DELL RAPIDS, SD 57022-6403

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

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

47364 237TH ST DELL RAPIDS SD 57022-6403
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MICHAEL HEMMER

47364 237TH ST DELL RAPIDS SD 57022-6403
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 servers as a director. South Dakota Law requires at least one director.

Table with 5 columns: Name, Street Address, City, State, ZIP+4. Includes entries for MICHAEL HEMMER (President), Vice President, Secretary, Treasurer, and Director.

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)	1000
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)

MIKE HEMMER

(Printed Name)

2015 Enter Filing Year

ANNUAL FARM REPORT

FILE DATE 3/6/2015

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

Corporation

Please Type or Print Clearly In Ink

RECEIPT NO 280459

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

1. Corporate Name and Address:
DF046592
MICHAEL HEMMER FARMS, INC.
47364 237TH ST
DELL RAPIDS, SD 57022-6403

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

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

47364 237TH ST DELL RAPIDS SD 57022-6403
Street Address City State ZIP+4
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MICHAEL HEMMER
47364 237TH ST DELL RAPIDS SD 57022-6403
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 servers as a director. South Dakota Law requires at least one director.

[X] MICHAEL HEMMER 47364 237TH STREET DELL RAPIDS SD 57022
President Street Address City State ZIP+4
[] Vice President Street Address City State ZIP+4
[] Secretary Street Address City State ZIP+4
[] Treasurer Street Address City State ZIP+4
[] Director Street Address City State ZIP+4
[] Director Street Address City State ZIP+4

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)	1000
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
------	----------------	------	-------	-------	--------

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 03/06/2015

Signature Accepted Electronically

 (Signature of an Authorized Person)
AMY HEMMER

 (Printed Name)

2016

ANNUAL FARM REPORT

FILE DATE 2/29/2016

RECEIPT NO 388587

Enter Filing Year

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

Corporation

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

Please Type or Print Clearly In Ink

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

1. Corporate ID and Name:

DF046592

Enter Corporate ID

MICHAEL HEMMER FARMS, 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).

47364 237TH ST DELL RAPIDS SD 57022-6403
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: MICHAEL HEMMER

47364 237TH ST DELL RAPIDS SD 57022-6403
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 servers as a director. South Dakota Law requires at least one director.

[X] MICHAEL HEMMER 47364 237TH STREET DELL RAPIDS SD 57022
President Actual Street Address City State ZIP+4

[] Vice President Actual Street Address City State ZIP+4

[] Secretary Actual Street Address City State ZIP+4

[] Treasurer Actual Street Address City State ZIP+4

Director Actual Street Address City State ZIP+4

Director Actual Street Address City State ZIP+4

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

7. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF SHARES owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	1000
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.	

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

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

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

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

AMY L HEMMER

(Printed Name)