RETURN TO SECRETARY OF STATE STATE CAPITOL 500 E. CAPITOL PLEASE TYPE OR USE BLACK INK
PIERRE, S.D. 57501-5077
605.773.4845 FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE

NONPROFIT REPORT

FILE DATE 2-8-93 RECEIPT NO. _33773

RECEIVED

			D APPLIED TO ALL	LATE FILINGS	S	EP 8	<i>1</i> 000
. Corporate Name, Registered Agent	and Register	ed Address:		i	ì		333
NS-007		WIMMING.	SEP/90		<u>'</u>	ecratery of	Steta
XXXXXXX	Nex WERDN	ANN Jon	E. Arneson S. Main,#4	ay Tima Pho			
ንተያንጀት አውሮት ያቸው ነፍ ተመ	RWEEK Nex Side 15id	AND COMMON	r				
			57102	 LING DATE Jertificate of definquent the 	Incorporatio	on was is	ssued, and
IF THE REGISTERED AGENT (CON THAT LISTED ON THE MAILING I THIS FORM IS REQUIRED TO BE CO	label abov	Æ, THE STAT	THE REGISTERED EMENT OF CHAN	OFFICE ADDRE	SS HAS C N THE RE	HANGED VERSE S	FROM IDE OF
. The nature of the affairs which the	corporation is	s conducting i	in South Dakota is	-competit	ive su	immin	9
A. The amount of property which the	ne corporation	r is authorized	f to hold is unlimite	d or as set forth	in the artic	les of inco	orporation.
The amount of property present Property should include all res	ly held by the el or personal	corporation is property, or a	s \$20,000_i any interest thereis	00 n, wherever situa	eted.		·
. The names and addresses of the co	proporation offi	cers:					•
NAME	OFFICE		ET ADDRESS	cmy	•	STATE	ZIP.
Jon Arneson	_ President	ليقيدود	<u> Main, #413</u>	Sioux Pa		SD	57102
Walda Benker			S. Frank	Huron,		SD	57350
Shirley Burgers	_ Secretary		nway Drive	Sioux Fa		SD	57103
Mary Dietrich	_ Treasurer	<u>4533 5.</u>	Canyon Rd.	Rapid Ci	ty,	SD	57702
. The names and addresses of dire							
individuals, please re-list them a				•			
5 · 6 · 5 · 4 ·	OFFICE		ET ADDRESS	cm		STATE	
NAME			Main, #413	Sioux	<u>Falls,</u>	_SD_	57102
NAME _Jon_Arneson		101 S.					
		101 S. 1734 S.		Huron,		SD	57350
Jon Arneson	_ Director	1734 S.	Prank				
Jon Arneson Walda Benker Mary Dietrich The report must be signed by the o	_ Director	1734 S. 4533 S.	Frank Canyon Rd.	Rapid	City	SD	57702.
Jon Arneson Walda Benker Mary Dietrich The report must be signed by the of a notary public.	_ Director	1734 S. 4533 S.	Prank Canyon Rd. directors, or its p	Rapid:	City	SD	57702.
Jon Arneson Walda Benkes Mary Dietrich The report must be signed by the of a notary public.	_ Director	1734 S. 4533 S.	Canyon Rd. directors, or its po	Rapid:	City, other offic	SD cer in the	57702 e presence
Jon Arneson Walda Benker Mary Dietrich The report must be signed by the off a notary public. Dated .	_ Director	1734 S. 4533 S.	Prank Canyon Rd. directors, or its p	Rapid:	City, other offic	SD cer in the	57702 e presence
Jon Arneson Walda Benker Mary Dietrich The report must be signed by the of a notary public. Dated	_ Director	1734 S. 4533 S.	Canyon Rd. directors, or its po	Rapid:	City, other offic	SD cer in the	57702 e presence
Jon Arneson Walda Beriker Mary Dietrich The report must be signed by the contain public. Dated	Director Director chairman of the state of t	1734 S. 4533 S. the board of	Canyon Rd. directors, or its po	Rapid: resident, or any	City, other office,	SD.	57702 e presence
Jon Arneson Walda Benker Mary Dietrich The report must be signed by the of a notary public. Dated	Director Director chairman of the state of t	1734 S. 4533 S. the board of	Prank Canyon Rd. directors, or its properties (Signature) Its Prank (Title)	Rapid: resident, or any	City. other office	SD	57702 e presence
Jon Arneson Walda Benker Mary Dietrich The report must be signed by the contained another public. Dated	Director Director chairman of the state of t	1734 S. 4533 S. the board of	Prank Canyon Rd. directors, or its property (Signature) Its Production (Title) ereby certify that on to who, being the control of the control of the certify that on the certification (Control of the certification (Control	Rapid: resident, or any	City. other office	SD	57702 e presence
Jon Arneson Walda Benker Mary Dietrich The report must be signed by the coff a notary public. Dated	Director Director chairman of the chairman of	1734 S. 4533 S. the board of	Canyon Rd. Canyon Rd. directors, or its positive of the control	Rapid: resident, or any t t his 30they of	Augus	SD	57702 e presence
Jon Arneson Walda Benker Mary Dietrich The report must be signed by the contained anothery public. Dated	Director Director chairman of the chairman of	1734 S. 4533 S. the board of	Canyon Rd. Canyon Rd. directors, or its positive of the control	Rapid: resident, or any t t his 30they of	Augus	SD	57702 e presence

(Notariel Seat)

SEAL SOUTH DAKOTA (SEAL)

SECRETARY OF STATE STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4846

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

FILING FEE: \$5 In addition to annual report fee

Pursuant to the provisions of the South Dakota Corporation Acts for the purpose of changing its registered office and/or its regis	, the undersigned corporation submits the following statement stered agent in the state of South Dakota.
1. The name of the corporation isSQUTH_Dakota_Su	imming. Inc.
2. The current street address, or a statement that there is no	street address, of its registered office
409 Spruce Vankton Spr	ZIP_57078
3. The street address, or a statement that there is n	_ · · · · · · · · · · · · · · · · · · ·
be changed (current address) is 101 S. Main. #413	
	ZIP_57102
4. The name of its previous registered agent isVeronic	a Johnson
The name of its successor (current) registered egent is The Consent of Registered Agent below must be complet	
The address of its registered office and the address of t be identical.	he business office of its registered agent, as changed, will
7. This change has been authorized by resp)ution duly adopted	I by the board of directors.
The statement must be signed by the chairman of the boar presence of a Notary Public.	
Date 8/30/93 19	(signature) President (title)
	President
STATE OF SOUTH DAKOTA COUNTY OF MINNEHAHA	(unb)
), Brenda King "a	notery public, do hereby certify that on this _30thday
of August 19 93 personally appeare	ed before me
who, being by me first duly sworn, declared that he/she is the	President of South Dakota
corporation, and the statements therein contained are true.	that he/she signed the foregoing document as officer of the
My Commission Expires	Drawlastin.
	Notary Public
My Commission Expires 9[25]99	BRENDA KING
(Noterial Seal)	MOTARY PUBLIC SEAD
CONSENT OF APPOINTMENT	BY THE REGISTERED AGENT
Jon E. Arneson	, hereby give my consent to serve as the
(name of registered agent)	nereby give my consent to serve as the
registered agent for South Dakota Swimming	, Inc.
(corporate name)	
Dated August 30 Dig 93* Ovi 3	A
1973 Dien 1980 Til	(signature)

SECRETARY OF STATE STATE CAPITOL 500 E. CAPITOL PIERRE, S.D. S7501-5077 605-773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE 9

14 1 14 4 E

FILING FEE: \$5 in addition to annual report fee

Pul for	rsuant to the provisions of the South Dakota Corporation Acts, the the purpose of changing its registered office and/or its register	e undersigned corporation submits the following statement ed agent in the state of South Dakote.
1.	The name of the corporation isSourb_Dakota_Swimm	ning, Inc.
2.	The current street address, or a statement that there is no stre	
	409 Spruce, Yankron, Sn	21P 57078
3.	The street address, or a statement that there is no s	
	be changed (current address) is 101 S. Main. #413	
		ZIP_57102
	The name of its previous registered agem is	
	The name of its successor (current) registered agent is * The Consent of Registered Agent below must be completed	by the agent.
€.	The address of its registered office and the address of the be identical.	business office of its registered agent, as changed, will
7.	This change has been authorized by resolution duly adopted by	the board of directors.
	ne statement must be signed by the chairman of the board of eserce of a Notary Public.	f directors, or by its president or a vice president in the
		· · · ()
D	ale19	ignature)
		resident
S	TATE OF SOUTH DAKOTA OUNTY OF MINNEHABA	ùtle)
I,	Brenda King,a not	ary public, do hereby certify that on this 30th day
U	August 19 93 personally appeared	before meJon_EArneson
	tho, being by me first duly sworn, declared that he/she is the_	
•		that he/she signed the foregoing document as officer of the
٥	orporation, and the statements therein contained are true.	triat ties are argined the innegoning document as officer or the
,	Ay Commission Expires	Riedakin
"	ny commission expires	Notary Public
	My Commission Expires 9/25/98	BRENDA KING
	(Notarial Seal)	SEAL NOTARY PUBLIC SEAL SOUTH DAKOTA
	CONSENT OF APPOINTMENT E	THE RECISTERED A CENT
	CONSCIENT OF ACT OFFICER L	THE HEGISTERED AGENT
	Jon E. Arneson	, hereby give my consent to serve as the
1	(name of registered agent)	
4.	registered agent for South Dakota Swimming.	Inc.
1	(corporate name)	
į.	Dated August 30 019 931 013 24	Alle
al.	Dated	(signature)
Y_{i}	1 27 37 37 37 38 38	 Market and the second seco

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

19939 2 5 8 1 5 1 6 FILE RECE

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

Corporate Name, Registered Agent and Registered Address:

FILE DATE 9-8-9 3 RECEIPT NO. 1377

RECEIVED

SEP 8 1993

Secretary of State

XXIOHNGON WORX SERVE	IWE ATOXA	Mi Jon 101 Michael	w Palle Cr	113ederal Identification t		
		3100	x Falls,St 57102	 LING DATE: Due du justificate of incorporate delinquent the last day of 	ion was i	ssued, and
IF THE REGISTERED AGENT (CONT THAT LISTED ON THE MAILING D THIS FORM IS REQUIRED TO BE CO	abel above, 1	AND/OR TO	HE REGISTERED MENT OF CHAN	OFFICE ADDRESS HAS	CHANGE	FROM
2. The nature of the affairs which the o	orporation is co	nducting in	South Dakota is	competitive s	.immin	g
3. A. The amount of property which the	corporation is	nuthorized 1	o hold is unlimite	d or as sat forth in the arti	cles of inc	orporation.
B. The amount of property presently						·
• Property should include all real			ly interest therein	h, wherever situated.		
4. The names and addresses of the cor	poration officers	5 :	# v ***			
NAME	OFFICE		ADDRESS	CITY	STATE	ZIP
Jon Arneson	President 10	<u>) 1 S. M</u>	<u>ain, #413 </u>	Sioux Falls,	SD	57102
Walda Benker	Vice President	1734	S. Frank	Huron,	SD	57350_
Shirley Burgers	Secretary	OO Ann	way Drive	Sioux Falls,	SD	57103
Mary Dietrich	Treesurer 45	<u>33 S.</u>	Canyon Rd.	Rapid City,	SD	57702
5. The names and addresses of direct individuals, please re-list them and NAME Jon Arneson	OFFICE Director 10	es. Attach STREE	an additional sh CADDRESS ain: #413	eet if more spece is nee CITY Sioux Falls,	STATE	t directors.
Walda Benker	Director	734 S.	Frank	Huron,	sd	57350
Mary Dietrich	Director 4	333 S.	Canyon Rd.	Rapid City.	SD_	57702
The report must be signed by the ch of a notary public.	airmen of the	board of di	rectors, or its pr	resident, or any other off	icer in th	e presence
Dated 8/30/93		E	(Signature)	Curl-		
STATE OF _SOUTH DAKOTA	1436	1	to Preside	<u>e</u>		
COUNTY OF MINNEHAHA	A providence					
Brenda King	e notary pu	ublic, do hare	by centify that on the	nis 30they of Augus	ı <u>. </u>	1993
To the Self and design of the control of	n Arneson Dakota Sy			ng by me first duly sworn, doc	lered that t	he/she is the
						
that he/she signed the foregoing document	as officer of the c	corporation, i	and the statements	therein contained are true.		
My Commission Expires		والمناوي والمناوي		rendaking		
· ·	on Expires 9/25/9	9	BRENDANK	ING }		
(Notarial Seal)	• • • • • • • • • • • • • • • • • • • •	Œ	SOUTH DAKO			
		- Janes	موالو و موادر	o lokatetelesitate P		

Receipt No. 337139

File No.

Filed at Request of

NS-007259

JON E ARNESON 101 S MAIN #413 SIOUX FALLS SD 57102

STATEMENT OF CHANGE

OF REGISTERED AGENT AND ADDRESS OF

SOUTH DAKOTA SWIMMING, INC.

State of South Dakota

Office of Secretary of State

ķ

Filed in the office of the Secretary of State on

Sept

_1993.

Secretary of State

Deputy

Fee Received \$5.

P2

SOS CRP 491 4/81

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

SECRETARY OF STATE STATE CAPITOL

4. The name of its previous registered agent is

5. The name of its successor (current) registered agent is

Eva Waldrop

y of _Gatober

the AH address, must also be included.

presence (A Notery Public.

COUNTY OF Lawrence

Date - Cctober

STATE OF

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the function and the state of South Dakota.

Pursuant to the provisions of the South Dakota Swimming Inc. 2. The previous registered office address: 3. The current address to which the registered office is to be changed. A PO box number can be used for mailing but have not bean assigned, or a street address, or a statement that there is no street address, or a statement that there is no street address. 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 be statement to be statemen 1. The name of the corporation is

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the state of South Dakota.

6. The street address, or a statement that there is no street address was authorized by resolution duly adopted by identical. Such change was authorized by resolution duly adopted by of its registered agent. as changed will be identical. The street address, or a statement that there is no street address, of its registered office and the address of the office of its registered by resolution duty adopted by the office of its registered agent, as changed, will be identical. Such change was authorized by resolution duty adopted by the office of its registered agent, as changed, will be identical.

The talement must be signed by the chairman of the board of directors, or by its president or name of the board of directors, or by its president or name of the board of directors, or by its president or name of the board of directors, or by its president or name of the board of directors, or by its president or name of the board of directors, or by its president or name of the board of directors.

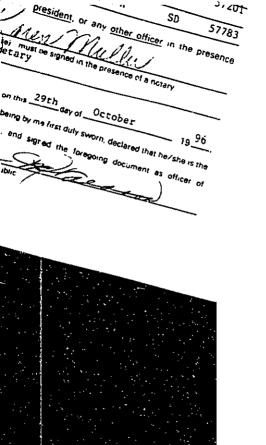
rn. deciared that he/she is the

on that have is the corporation, and the statements therein companied are the

Dieenders on the

... B notary public, do hereby certify that on

_of the corporation nam



My Commission ---(Notarial Seal) CONSENT OF APPOINTMENT BY THE REGIST (signature

registered agent for _____South Dakota Swimming, Inc.

Dated October 3

610194 5276 1271**8**798

Attachment to "Statement of Change of Registered Office or Registered Agent , or Both" South Dakota Swimming

	y the chairman of the board of directors, or by its the presence of a Notary Public.
Date <u>October 31, 1996</u>	Will Hints
	(signature) must be signed in the presence of a notary
	General Chairman (title)
STATE OF SOUTH DAKOTA COUNTY OF LAWRENCE SS	
	a notary public, do hereby certify that on
duly sworn, declared that he is the Ge	Ily appeared before me G. Randy Sachau who, being by me first neral Chairman of the corporation named above, signed the orporation, and the statements therein contained are true.
My Commission Expires	michal biles
Lawre My Co	A. Schreiber, Notary Public ance County, South Dakota mrission Expires October 24, 2004
(Notarial Seal)	
JUDY A. SCHREIBER (SEAL) NOTARY PUBLIC SOUTH DAKOTA	

Fax (605)773-4550 1. Corporate Name, Registered Agent and Registered Address:

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

NS007259

NONPROFIT REPORT

2002

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE

ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

10-2303 FILE DATE RECEIPT NO. 1256536

S.D. SEC. OF STATE Day Time Phone # 605-996-26

South Bakota S	wimming		Federal Identificati	ion #		
David Margheim POBUT 983 Mitchell, SLO 57301			FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.			
IF THE REGISTERED AGENT (COI IN NUMBER ONE, THE STATEME	NTACT PERSON) A NT OF CHANGE F	AND/OR THE REGISTE ORM IS REQUIRED TO	RED OFFICE ADDRE BE COMPLETED.	ESS HAS CHAN	GED	
2. The nature of the affairs which the corporation of the nature of the affairs which the corporation of property which the corporation of the property which the prop	on is conducting in So	outh Dakota is <u>NON-p</u> SUMMING IN	sD.	vities i	relatin	
B. The amount of property which the corpor B. The amount of property presently held b * Property should include all real or per	y the corporation is \$ _	33 041.00		rporation.	*	
. The names and addresses of the corporation	officers:					
NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP	
Puncan Claey	President 4	20 Canyon R	Rapid Ci	tr 50	5770	
Tack Robbins	Vice President	26520 487	nd Ave Sion	/	D 5700	
Mark Giernes					57401	
Baurd Margheim				e/1 sp	5730/	
. The names and addresses of directors (State them and their addresses, Attach an addition			rs and officers are the san	ne individuals, ple	ase re-list	
NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP	
Duncan Olney	Director <u>40</u>	20 Canyon Pr	Rapid City	v 58 =	57102	
Tack Robbins	Director 26	520 482 M	VE SIDUX FA	1/3 5/9 3	57005	
Mark Giernes	Director 12	18 5 8th st.	Aberdeen s	9 5%	7401	
Bould Margheim		4 Mitchell B	lud Mitchel	1/5B 5%	730/	
The report must be signed by the chairman		,	other officer in the pres			
Dated 10-22-03		Da	ved Margh	lum		
STATE OF SA		(Signature	Treasurer			
COUNTY OF Pays on	7	(Title)	alenda Miko	15/10		

personally appeared

My Commission Expires

to be the Treasuren

|2113001

instrument and acknowledged to me that such corporation executed the same.

, known to me, or proved to me,

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

(Notary Public)

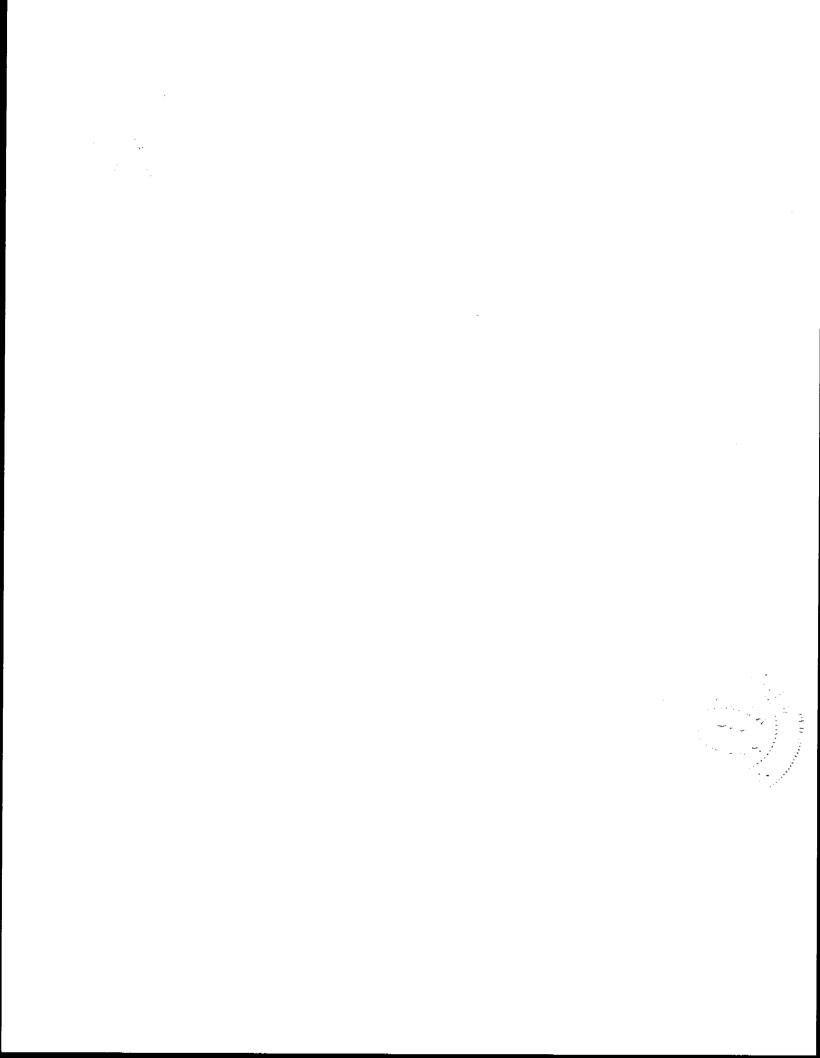
And the second second

SECRETARY OF STAT STATE CAPITOL 500 E. CAPITOL AVE. PIERRE, S.D. 57501 SECRETARY OF STATE

NON-PROFIT

STATEMENT OF CHANGE OF REGISTERED OFFICE, ECEIVED OR REGISTERED AGENT, OR BOTHRECEVED FILING FEE: \$5

PIERRE, S.D. 5/301	FILING FEE: \$5	uci , us
S 605-773-4845		OCT 23 303 SEC. OF STATE
e N	11.00259	STATE OF STATE
Pursuant to the provisions of the South Dakota Corporation Act	500723	he nurnose
of changing its registered office and/or its registered agent in the	e state of South Dakota.	Svojija Compose
		The day of
1. The name of the corporation is South Date	ota swimming	3 ,000
•	Filed this	مرکا سیست کری
	Filed	
2. The previous street address, or a statement that there is no str	reet address, of its registered office	0000
1440 North 10th So	CONTIST SP ZIP SON	OFSTATE
2. The previous street address, or a statement that there is no street address, or a statement that there is no street address, or a statement that there is no street address. 1. The street address, or a statement that there is no street address. 1. Decrease of the street address of		CTARY
3. The street address, or a statement that there is no street address	ess, to which the registered office is to be chang	ged is
PO AM 963 1624 N	1, tchell Blvd.	
3. The street address, or a statement that there is no street address $\frac{POBOX963}{Mtchell}$ $\frac{624}{SB}$	ZIP 5737	·/
4. The name of its previous registered agent is	Sachau	
5. The name of its successor registered agent is *	ed Marsheim	
	it below must be completed by the new agen	
The address of its registered office and the address of the but be identical.	siness office of its registered agent, as changed	, will
7. This change has been authorized by resolution duly adopted	by the board of directors.	
•		finers in the presence of a notar
The statement may be signed by the chairman of the board of d public.	irrectors, by its president or by another of its of	neers in the presence of a notary
	d In	
Date	_ David Margh	UM
	(Signature) Treasurer	a
	(Title)	
STATE OF	(Tiue)	
STATE OF SAVISON	,	_
COUNTY OF	reby certify that on this 22 day of 27	,20 , personally
appeared before me David Margheim	who, being by me first duly sworn, declared that he sure is a swimming, that he/she signed the fo	#she is the
corporation, and the statements therein contained are true.	300	0 0
- 6142007	_ Sclenda Mikelesh	
My Commission Expires	(Notary Public)	
Notarial Seal		
Notaria: Soar		
CONSENT OF APPOINT	MENT BY THE REGISTERED AGENT	
9 al Markan		
I, Ravid Margheim	, hereby give my consent to serve	as the
(name of registered agent)	_	
registered agent for South Dan	Kota SWIMMING	
(corporate name)	d I ml	- hours
Dated 10-22-03	David Mary	911/1/11
ĺ	(signature of registered agent)	



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

NONPROFIT REPORT

FILE DATE_ 10 -23-03 RECEIPT NO. 1256536

OCT 23 103

S.D. SEC. OF STAT

PLEASE TYPE OR USE BLACK INK

Fax (605)773-4550 5*007259*

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

South Bakota Swimmi Bavid Margheim PO Aux 983 Mitchell, SP 5730)

Day Time Phone # Federal Identification # 3/-/0/2962

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

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED IN NUMBER ONE, THE STATEMENT OF CHANGE FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is	conducting in South Dakota is non profit activities relating
to promotion of	SIDIMMINO IN S D
3. A. The amount of property which the corporation	is authorized to hold is unlimited or as set forth in the articles of incorporation.
* Property should include all root or personal	corporation is \$
reporty should include an real of personal	property, or any interest therein, wherever situated.
4. The names and addresses of the corporation office	ers:
NAME	OFFICE STREET ADDRESS CITY STATE ZIP
Tom Pokela	President BOX 1102 SIOWN Falls SE 57101
Jack Robbins	Vice President 1220 Euclid Ave Sioux Falls SB 5750/
Mark biernes	Secretary 17/8 5 8th Aberdeen SD 57401
8 111	
David Margheim	Treasurer 624 Mitchell Blad Mitchell SB 57301
5. The names and addresses of directors (State law r them and their addresses. Attach an additional she	requires a minimum of three). If the directors and officers are the same individuals, please re-list eet if more space is needed to list directors.
NAME	OFFICE STREET ADDRESS CITY STATE ZIP
Tom Pokela	Director Box 1102 SIONX Falls SP 57101
Jack Robbins	
Mark bjernes	Director 1718 5 8th Aberdeen 3D 57401
Pavid Margheim	624 Mitz Well Blud Mitchell, SP 5730/
The report must be signed by the chairman of the	board of directors, or its <u>president,</u> or any <u>other officer</u> in the presence of a notary public.
_	
Dated 10-22-03	DavidMencheim
CT 1 CT 0 C 0	(Signature)
STATE OF <u>So P</u> COUNTY OF <u>Bavis on</u>	1reasujer
On this the 22 day of Oct	, 20 03, before me, Glenda Mikuska
personally appeared David Marg	(- +
to be the Treasurer	of the corporation that is described in and that executed the within
instrument and acknowledged to me that such corpora	ation executed the same. Helenda Mikewika
My Commission Expires	(Notary Public)
(Notarial Seal)	

A CONTRACTOR OF THE CONTRACTOR

and the state of the

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

Corporate Name, Registered Agent and Registered Address:

NS007259 SEP/2002 SOUTH DAKOTA SWIMMING, INC. MARGHEIM, DAVID 624 MITCHELL BLVD PO BOX 983 MITCHELL SD 57301-0983

FILE DATE 9/1/04 RECEIPT NO. 5548	1
RECEIVED RECEIVED	
AUG 3 1 '04 AUG 25 '04 S.D. SEC. OF STATE	
S.D. SEV. OF STATE	

Day Time Phone #	605-996-2640
Federal Taxp: FILING DATE: Due of Incorporation was the last day of the fo	during the month the Certificate s issued, and delinquent after ollowing month.

IF THE REGISTERED AGENT (CONTAI THE MAILING LABEL ABOVE, THE ST				NGED FROM THA	ATLISTED ON
 The nature of the affairs which the conducting in the conducting of s A. The amount of property which the B. The amount of property presently * Property should include all real 	corporation is auth	of South Su 19 Meets, horized to hold is unlimited o ration is \$	Fara , Inc / Mo r as set forth in the articles of BO	des the f	
4. The names and addresses of the corp	oration officers:				
Page Van Augus	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Percy Verbrugge	President_ <i>೨</i> ೮		Ave SIDWY FAI	<u> </u>	<u> </u>
Jack Robbins				15 SZ	57005
Todee Hadley	Secretary/	820 OlWIEN	St. Brooking	5, 5 <i>19</i>	57006
Bavid Margheim	Treasurer <u>6</u>	24 MitchellBW	A Mitchell	5/T 3	7301
	### Director	re space is needed to list dire STREET ADDRESS OF WELL STREET ADDRESS STREET ADDRESS OF WELL STREET ADDRESS STREET ADDRES	city SIDUAFAHS SIDUAFAHS SIDUXFAHS MILEHEH	STATE SSS 57	zip 57/25 1805 5730/
The report must be signed by the chair	rman of the board	d of directors, or its <u>presid</u>	ent, or any <u>other officer</u> .	_	
Dated 8-23-04		(Signatu	Tavid Mayer	ham	
		(Title)	reasures		

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

NON-PROFIT STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: \$5 In addition to corporate 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.

ус. р.с.	oo or oranging he registered office and/or his registered agent in the state of South Dakota.
1. The	e name of the corporation is
2. The	e previous street address, <u>or</u> a statement that there is no street address, or its registered office
_	ZIPZIP
but	e current address to which the registered office is to be changed. A PO box number can be used for mailing a street address, or a statement that there is no street address if street addresses have not been assigned the RR address, must also be included.
	ZIP
4. The	e name of its previous registered agent is
5. The	e name of its successor (current) registered agent is *
	*The Consent of Registered Agent below must be completed by the new agent.
6. The	e address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
	s change has been authorized by resolution duly adopted by the board of directors.
The sta	atement may be signed by the chairman of the board of directors, by its president, or by another officer.
Dated_	
	(Signature)
. –	(Title)
	CONSENT OF APPOINTMENT BY THE REGISTERED AGENT
l,	,hereby give my consent to serve as the
1	(name of registered agent)
regis	stered agent for (corporate name)
2-10	
Date	ed(signature of registered agent)
	(3

2005

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:



NSOO7259 SEP/2004 SOUTH DAKOTA SWIMMING, INC. MARGHEIM, DAVID 624 MITCHELL BLVD PO BOX 983 MITCHELL SD 57301-0983 FILE DATE <u>09/29/05</u> RECEIPT NO. <u>1780</u> 796

RECEIVED

SEP 27 705

S.D. SEC. OF STATE

Day Time Phone #

605-996-2640

Federal Taxpa

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

IF THE REGISTERED AGENT (CONTACT THE MAILING LABEL ABOVE, THE STA	CT PERSON) AI TEMENT OF C	ND/OR THE REGISTERED OFFICI HANGE FORM IS REQUIRED TO	E ADDRESS HAS CI BE COMPLETED.	HANGED FROM THAT	LISTED ON
2. The nature of the affairs which the con SWIMMING IN THE STORM OF YEA 3. A. The amount of property which the	ate of s	outh Bakota. 7	his include	des the pro	onvition of
B. The amount of property presently * Property should include all real of	held by the corp or personal prop	oration is \$ erty, or any interest therein, wherev	er situated.		*
4. The names and addresses of the corp	oration officers:			•.	
NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Percy Verbrugge	President 5	306 E POPTIV Pla	LE SIDUYI	alls SI	59101
Percy Verbrugge. Janice Miller	Vice Preside	nt 902 N Pens 51	Aberdee.	1 50	57401
Todee Hadley David Marghein	Secretary	1820 Olwien st.	Brooking	75 SD	57006
David Marghein	∕Treasurer _ <i>_</i>	624 Mitchell BlVa	1 Mitchell	SP 3	57301
5. The names and addresses of directors them and their addresses. Attach an add	: (State law req	uires a minimum of three). if the t	directors and officers		
NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Percy Verbrugge	Director	Same as abou	10		
Sanice Miller Todee Hadley Bavid Margheim					
David Marcheim	Director				
The report must be signed by the chair			or any other officer	•	
Dated 9-27-0		(Signature)	ul Mingh	ferm	
		Treat (Title)	Surer		

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

NON-PROFIT STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: \$5 In addition to corporate 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 a	no street address, or its registered office
		ZIP
	but a street address, or a statement that there i	is to be changed. A PO box number can be used for mailing is no street address if street addresses have not been assigned,
		ZIP
4.	The name of its previous registered agent is	
5.	The name of its successor (current) registered agent is *	
	*The Consent of Registered Age	nt below <u>must</u> be completed by the new agent.
6.	The address of its registered office and the address of the	e business office of its registered agent, as changed, will be identical.
7.	This change has been authorized by resolution duly adop	oted by the board of directors.
Th	ne statement may be signed by the chairman of the board o	of directors, by its president, or by another officer.
٦.		
Da	ated	(Signature)
		(Title)
	CONSENT OF APPOINTS	MENT BY THE REGISTERED AGENT
	I,(name of registered agent)	, hereby give my consent to serve as the
,	registered agent for	
	(corporate name)	
Ι.	Dated	

2006 NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

1. Corporate Name, Registered Agent and Registered Address:

PECEIVED

MAR 23 2007

FILE DATE OF

NS007259 SEP/2005 SOUTH DAKOTA SWIMMING, INC. MARGHEIM, DAVID 624 MITCHELL BLVD PO BOX 983 MITCHELL SD 57301-0983 Day Time Phone # 605 - 996 - 2640

Federal Taxpa
FILING DATE: Due during the month the Certificate

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

THE MAILING LABEL ABOVE, THE S	STATEMENT OF C	HANGE FORM IS REQUIRED TO	BE COMPLETED.		
2. The nature of the affairs which the Swamma in the and conducting of 3. A. The amount of property which the B. The amount of property presentory and all reserves the second secon	ty held by the corporation	SOUTH SAKOTA DUNA SWIMMINS uthorized to hold is unlimited or as	Meets_ set forth in the article	ludes the p	<u>tres ef</u> t "oniztren "
4. The names and addresses of the co		•			
NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
& scott Graff	President a	1/20 5 15+ AVE	SIDUX FA	lls 5D	57105
V Todd Knutso	77 Vice Presider	nt 20073 Ridge	field Loop	Spearfish 3	 5 <i>f</i>
		12 W16th 5t. s	•	,	
		624 Mitchell	, ,	<u>t hell,</u> SD 3	730/
5. The names and addresses of direct the box next to the person's name about				are the same individuals	s, please check
NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
Same as above	Director	Same as abo	ve		
	Director				
	Director				
The report must be signed by the <u>cl</u>	<u>hairman</u> of the boa	ard of directors, or its <u>president</u>	, or any <u>other office</u>		
Dated 3-2/1/2	77	(Signature)	ul Maga	hum	
·		Tea	15U/E/		

IF THE REGISTERED AGENT (CONTACT PERSON) AND/OR THE REGISTERED OFFICE ADDRESS HAS CHANGED FROM THAT LISTED ON

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

1. The name of the corporation is_

NON-PROFIT STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILING FEE: \$5 in addition to corporate 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.

2. The previous street address, or a statement that th	ere is no street address, or its registered office
- AND A SECURITY OF THE ADDRESS AS A SECURITY	ZIP
	office is to be changed. A PO box number can be used for mailing here is no street address if street addresses have not been assigned,
	ZIP
4. The name of its previous registered agent is	
5. The name of its successor (current) registered age	nt is *
*The Consent of Registere	d Agent below <u>must</u> be completed by the new agent.
6. The address of its registered office and the address	s of the business office of its registered agent, as changed, will be identical.
7. This change has been authorized by resolution dul	y adopted by the board of directors.
The statement may be signed by the chairman of the l	poard of directors, by its president, or by another officer.
The diatement may be signed by the chairman of the	ocal of all ocales, by the problem, or by all officers
Dated	(Signature)
	(Signature)
	(Title)
	•
CONSENT OF APPO	INTMENT BY THE REGISTERED AGENT
(name of registered agent)	,hereby give my consent to serve as the
registered agent for	
(corporate name)	
Dated	(signature of registered agent)

ECRETARY OF STATE
TATE CAPITOL
00 E. CAPITOL AVE.
ERRE, S.D. 57501
505)773-4845
-ax (605)773-4550

2007

NONPROFIT REPORT

PLEASE TYPE OR USE BLACK INK

FILING FEE: \$10 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$25 APPLIES TO ALL LATE FILINGS

FILE DATE (O/A) (O)
RECEIPT NO. 152517/
RECEIVED

OCT 2 2 2007

S.D. SEC. OF STATE

ο Οι Comprete Name Degistered Agent and I	Penistered Address:			0.5.020.0	. 01/11/2	
OI. Corporate Name, Registered Agent and I	Registered Address.		Day Time Phone #_	605-229-8617		
South Dakota Swimming, Inc. Sarah Hogg 523 Camelot Drive Aberdeen, SD 57401			Federal Identification #. FILING DATE: Due during the month the Certificate of Incorporation was issued, and delinquent after the last day of the following month.			
IF THE REGISTERED AGENT (CO IN NUMBER ONE, THE STATEM				ESS HAS CHANG	GED	
2. The nature of the affairs which the corpor	ation is conducting i	n South Dakota is	ofit activities of USA S	wimming in		
the State of South Dakota. This include						
3. A. The amount of property which the corp	-	·		rporation.		
B. The amount of property presently held * Property should include all real or p 4. The names and addresses of the corporation	personal property, or on officers:	any interest therein, wherever si		CTATE	*	
NAME	OFFICE	STREET ADDRESS	CITY SD 57105	STATE	ZIP	
Scot Graff		2120 S 1st Ave, Sioux Falls,				
✓ Todd Knutson		dent 20073 Ridgefield Loop,				
Norm Bouwens		412 W. 16th Street, Sioux Fa				
Sarah J. Hogg	Treasurer	103 15th Ave NE, Aberdeen,	SD 57401			
The names and addresses of directors (States box next to the person's name above. Atta				ne individuals, plea	ase check th	
NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP	
Same as Above	Director			A Western		
	Director					
The report must be signed by the chairma	n of the board of di	rectors, or its <u>president,</u> or any	other officer.			
Dated 10-19-07		5	20 Aso			
Dated 10-19-01		(Signature	O V V V IDIO			
			m Abgy Tresoure			
			Iveasurer			



SECRETARY OF STATE
STATE CAPITOL
S00 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

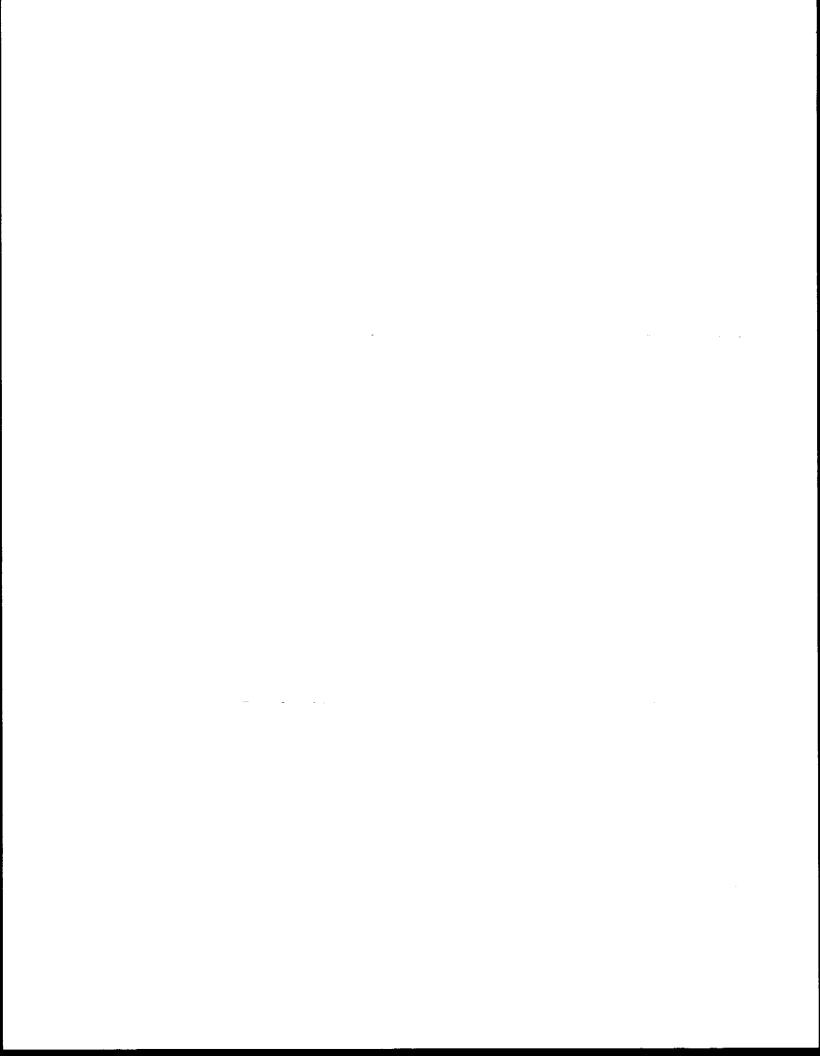
Dated

NON-PROFIT STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH

FILING FEE: \$5

5.1 4	
ursuant to the provisions of the South Dakota Corporation Acts of changing its registered office and/or its registered agent in the	s, the undersigned corporation submits the following statement for the purpose e state of South Dakota.
1. The name of the corporation is South Dakota Swimming, Inc.	
The previous street address of its registered office	
624 Mitchell Blvd, Mitchell, SD	ZIP 57301
3. The street address to which the registered office is to be chan 523 Camelot Drive	ged is
Aberdeen, SD	ZJP 57401
4. The name of its previous registered agent is David Margheim	
5. The name of its successor registered agent is * Sarah J. Hogo	9
* The Consent of Registered Agent	t below <u>must</u> be completed by the new agent.
6. The address of its registered office and the address of the bus be identical.7. This change has been authorized by resolution duly adopted by	
The statement may be signed by the chairman of the board of di	rectors, by its president or by another of its officers.
Date 10-19-07	(Signature) Tveasuver (Title)
	(Title)
CONSENT OF APPOINT	MENT BY THE REGISTERED AGENT
, Sarah J. Hoga	ļ
(name of registered agent)	, hereby give my consent to serve as the
registered agent for South Dako	ta Swimming, Inc.
(corporate name)	maha

(signature of registered agent)



Secretary of State Office 500 E Capitol Ave Pierre, SD 57501

ANNUAL REPORT DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

1. Corporate Name, Registered Agent Name and Address:

NS007259 SEP/2007 SOUTH DAKOTA SWIMMING, INC. HOGG, SARAH J **523 CAMELOT DRIVE** ABERDEEN SD 57401-0983

FILE DATE SEP 3 0 2008

Telephone # 605-229-8617 605-229-8916 FAX#

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.

2. The address of the principal execu	utive office in or out	t of the State of South	Dakota.		
523 Camelot 1	<u> </u>	Aberdeen	20	2	7401
Street Address		City	State	Z	ZIP+4
Same					
Mailing Address (Optional)		City	State	Z	ZIP+4
3. The name of the South Dakota Re	egistered Agent	Sarah J.	Hogg		
523 Came lot Street Address (Required to be a South Da	Dr.	Aberdeen	20		57401
	akota Address)	City	State	2	ZIP+4
Mailing Address (Optional – Required to be	e a South Dakota Addre	ss) City	State		
4. The names and business address if the principal officer serves as a	ses of its principal c director. South Da	officers and directors. I akota Law requires at l	Please place a check reast three directors.	nark next	to the name
Doug Ladenburger	2908 S. B	ellepine Circle	Sioux Falls	\mathcal{ZD}	57103
President	Street Address	A 1	City	State	ZIP+4
Vice President	20073 R Street Address	idgefield Loop	Spearfish city	State	57783 ZIP+4
M Norm Bouwens		16th St. S:	oux Falls	\overline{z}	57104
Secretary	Street Address		City	State	ZIP+4
Sarah J. Hogg	103 15MA	ent A	<u>oerdeev</u>	<u>20</u>	57401
Treasurer	Street Address	_ nm ,	Oity ··	State	ZIP+4
Director	Street Address		City	State	ZIP+4
	Street Address		Oily	State	ZIF+4
Director	Street Address		City	State	ZIP+4
					
Director	Street Address		City	State	ZIP+4
Dated 9- 29-08		(Signature of an a	Mag		
		(Signature of arra		.	
		(Printed Name)	an J. Floge	}	
		`	51.105		
			surer		
		(Title)			

500 E Capitol Ave Pierre, SD 57501 (605)773-4845

Secretary of State Office 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. The name of the entity

mber:	
State	ZIP+4
State	ZIP+4
State	ZIP+4
State	ZIP+4
f its registered agent	as changed, must k
thorized officer)	

■8921 962

2009

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

ANNUAL REPORT DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

1. Corporate Name, Registered Agent Name and Address:

NS007259 SEP/2008
SOUTH DAKOTA SWIMMING, INC.
HOGG, SARAH J
523 CAMELOT DR
ABERDEEN SD 57401-3231

FILE DATE 10/01/09 RECEIPT NO 1955
763 F 366
S.D. SEC. OF STATE

FILING DATE: Due during the month

Telephone # ___

FAX#

ABERDEEN SD 57401-3231					delinquent	oration was after the last onth.
2. The address of the principal executive	office in or out of the	State of South	Dakota.			
_523 Camelot D	r. Abe	1deen		SD .	. 5	57401
Street Address		City		State	Z	ZIP+4
Same						
Mailing Address (Optional)		City		State	7	ZIP+4
3. The name of the South Dakota Regis	tered AgentSava	sh J.	Hogg			
_ 523 Camelot B	Abe	vacen	W	<i>SO</i>	5	7401
Street Address (Required to be a South Dakota	Address)	City		State	7	ZIP+4
Same						
Mailing Address (Optional - Required to be a S	outh Dakota Address)	City		State	Z	ZIP+4
4. The names and business addresses of if the principal officer serves as a direction of the principal of the principal officer serves as a direction of the principal of the principal officer serves as a direction of the principal of the principal officer serves as a direction of the principal of the principa	ector. South Dakota La	aw requires at	least three d	irectors.	nark next	to the name
Doug Ladenburger President	2908 S. Bell	epine Civil	e Sjoux	<u>Falls</u>	2O	57103
	_		_		State	ZIP+4
or Bill Stoddard	310 m 5/2	<u>r St.</u>	Soux 1-	<u>alls</u>	_ <i>2</i> D	21102
Vice President	Street Address		City	,,,,,	State	ZIP+4
	12 W 16/2 St.	Sourf		<u> </u>	_	<u>57104</u>
Secretary	Street Address		City		State	ZIP+4
Sarah Hogg	103 150 Are	<u>nt</u>	Hoerde	<u>'en</u>	<u>20</u>	57401
Treasurer	Street Address		City		State	ZIP+4
Director						710
_	Street Address		City		State	ZIP+4
Director	Street Address	·	City		State	ZIP+4
П						
Director	Street Address		City		State	ZIP+4
Dated 9-30-09		(Signature of an	authorized office	Apr)	_	
		Savo (Printed Name)	h J. H	ogg		
		Trea	Lsurer			

(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.

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 the	ir 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
 The address of its registered office and the address of the identical. 	e business office of its registere	d agent, as	changed, must b
Dated	(Signature of an authorized officer) (Printed Name)		
	(Title)		

511 1379 **■**

2010

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

ANNUAL REPORT DOMESTIC NONPROFIT

Please Type or Print Clearly in Ink

FILING FEE: \$10 Make check payable to SECRETARY OF STATE

1. Corporate Name, Registered Agent Name and Address:

N S O O 7 2 5 9 *
NS007259 SEP/2009
SOUTH DAKOTA SWIMMING, INC.
HOGG, SARAH J
523 CAMELOT DR
ABERDEEN SD 57401-3231

FILE DATE	10	رردا	10	
RECEIPT NO	უ ა	778	75	

RECEIVED

OCT 0 1 2010

S.D. SEC. OF STATE

FILING DATE: Due during the month

annualreportdomesticnonprofit July 2010

Telephone #

FAX#

523 CAMELOT DR ABERDEEN SD 57401-32	31		the Certificate of Inc issued, and delinque day of the following	ent after the last
2. The jurisdiction under whose law	t is formed <u>Soutl</u>	n Dakota		
3. The address of the principal execu	itive office in or out o	f the State of South Dakota.		
1910 BM AUR 1	NE	Aberdeen	<i>SO</i>	57401
Street Address		City	State	ZIP+4
Mailing Address (Optional)		City	State	ZIP+4
4. The name of the South Dakota Re	egistered Agent	Sarah J. Hogo	ا	
1910 8th Are	VF 1	Anerdeen	20	57401
Street Address (Required to be a South Da	kota Address)	City	State	ZIP+4
Mailing Address (Optional – Required to be	a South Dakota Address) City	State	ZIP+4
5. The names and business address if the principal officer serves as a	director. South Dake	cers and directors. Please place of the Law requires at least three of 2000 Fig. 5000 Fig. 1000	e a check mark no lirectors. USSO	ext to the name 57105-3910
President	Street Address	City	State	e ZIP+4
Uccant Vice President	Street Address	City	State	e ZIP+4
R Cavolun Thenha	1d 22448 2	294th Abe F1. Pier	<u></u>	57532
Secretary Secretary	Street Address	City	Y C State	
* Savah Hoga	103 15th And	e DE Aberdeen	SO	57401
Treasurer	Street Address	City	State	e ZIP+4
			0-1	710.4
Director 	Street Address	City	State	e ZIP+4
Director	Street Address	City	State	ə ZIP+4
П				
Director	Street Address	City	State	e ZIP+4
No person may execute this report k	nowing it is false in a	ny material respect. Any violati	on is subject to a	civil penalty.
Dated 9-30-10		(Signature of an Authorized Pet		
		Sarah J. t	Toga	

(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

nent for purpose of changing it	s registered office	and/or its registered
akota Swimming	g, lnc.	
state their identification numbe	r	
entity		
Aberdeen	<i>S</i> O	57401
City	State	ZIP+4
City	State	ZIP+4
10. A.	\sim	
Hoeden	20	57401
City	State	ZIP+4
ddress) City	State	ZIP+4
ess of the business office of its	registered agent, as	s changed, must be
e in any material respect. Any	violation is subject t	o a civil penalty.
South	Mogs	
\`°~~		
	J. Hogg	
	state their identification number entity City City City Signature of an Authorical contents of the property of the propert	City State City State City State Ploe CLC SD City State Idress) City State ss of the business office of its registered agent, as a sign of the business office of a subject to the state of an Authorized Person) Savah J. Hogg

ANNUAL REPORT

Secretary of State Office 500 E Capitol Ave Pierre, SD 57501

DOMESTIC NONPROFIT

ILE DATE	11/08/2011

RECEIPT NO 6643

(605)773-4845 FILIN	Please Type or Print Cle IG FEE: \$10.00 Make check payal	early In Ink ble to SECRETARY OF STATE		
1. Corporate Name and Address: NS007259				
SOUTH DAKOTA SWIMMING, IN 1910 8TH AVE NE ABERDEEN, SD57401-3207	IC.	l		
2. The jurisdiction under whose law	w it is formed SOUTH DAKOTA	A		
3. The address of the principal exe	ecutive office (business address).			
1910 8TH AVE NE		ABERDEEN	SD	57401-3207
Street Address		City	State	ZIP+4
Mailing Address		City	State	ZIP+4
4. The name of the South Dakota	Registered Agent			
Agent Name: SA	RAH J HOGG			
1910 8TH AVE NE		ABERDEEN	SD	57401-3207
Street Address or Rural Route Box Num	per in Triis State and	City	State	ZIP+4
Mailing Address in This State, if Differer	t from Street Address	City	State	ZIP+4
	sses of its principal officers and direct. South Dakota Law requires at leas	•	mark next to the	e name if the
JON SOMMERVOLD	2409 S 2ND AVE	SIOUX FALLS	SD	57105
President	Street Address	City	State	ZI P+ 4
X RUSS MILLER	5813 KAREN DRIVE	SIOUX FALLS	SD	57106
Vice President	Street Address	City	State	ZIP+4
CAROLYN THEOBALD	22448 294TH AVE	FT. PIERRE	SD	57532
Secretary	Street Address	City	State	ZIP+4
SARAH HOGG Treasurer	103 15TH AVE NE Street Address	ABERDEEN City	SD State	57401 ZIP+4
Treasurer	Sileet Address	Gity	State	∠IF *4
Director	Street Address	City	State	ZIP+4
		,		-
Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4
		•		
No person may execute this report	knowing it is false in any material as	enact - Any violation is subje	et to a civil popal	tv
	ave both the fee and the form proces	ssed electronically.	•	cy.
Dated 11/08/2011		Signature Accepted Electror (Signature of an Authorized Personal Control of the C	nically	
44/0/0044 40.00 4054		(Signature of an Authorized Person SARAH J HOGG	11)	
11/8/2011 12:33:42PM		(District Massa)		

(Printed Name)

ANNUAL REPORT

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

DOMESTIC NONPROFIT
Please Type or Print Clearly In Ink

FILE 9/28/2012

RECEIPT NO 66239

(605)///3-4045 F	FILING FEE: \$10.0	Make check payable	e to SECRETARY	OF STATE		
	Corporate Name and A S007259	Address:					
S	OUTH DAKOTA SWIM 910 8TH AVE NE	IMING, INC.					
	BERDEEN, SD 57401-	-3207					
2.	The jurisdiction under	whose law it is formed	SOUTH DAKO	TA			
3.	The address of the prir	ncipal executive office	(business address).				
19	910 8TH AVE NE	·	,	ABERDEEN		SD	57401-3207
Stı	reet Address			City		State	ZIP+4
	ailing Address			City		State	ZIP+4
	_	n Dakota Registered Aç	gent	•			
Ą	gent Name:	SARAH J HOGG					
19	910 8TH AVE NE			ABERDEEN		SD	57401-3207
Sti	reet Address or Rural Route	Box Number in This State a	nd	City		State	ZIP+4
Ma	ailing Address in This State,	if Different from Street Addre	ess	City		State	ZIP+4
5.	The names and busine	ess addresses of its pri	ncipal officers and d	irectors. Pleas	e place a check	k mark next to th	ne name if the
prir	ncipal officer serves as	a director. South Dak	ota Law requires at l	least three dire	ctor.		
X	JON SOMMERVOLD	240	9 S 2ND AVE	QI	OUX FALLS	SD	57105
	President		et Address	Cit		State	ZIP+4
X	RUSS MILLER	581	3 KAREN DRIVE		OUX FALLS	SD	57106
	Vice President	Stree	et Address	Cit	у	State	ZIP+4
<u>X</u>	CAROLYN THEOBA	LD 224	48 294TH AVE	FT	Γ. PIERRE	SD	57532
	Secretary	Stree	et Address	Cit	у	State	ZIP+4
X	SARAH HOGG	103	15TH AVE NE	AE	BERDEEN	SD	57401
	Treasurer	Stree	et Address	Cit	у	State	ZIP+4
		Stree	et Address	Cit	<u></u> у	State	ZIP+4
	Director	Stree	et Address	Cit	у	State	ZIP+4
	Director	Stree	et Address	Cit	v	State	ZIP+4
					,		
No	person may execute t	his report knowing it is	false in any materia	l aspect. Any v	iolation is subje	ect to a civil pen	alty.
	signing this form you a					•	-

(Printed Name)

SARAH J HOGG

Signature Accepted Electronically (Signature of an Authorized Person)

Date

09/28/2012

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
005\500

DOMESTIC NONPROFIT Please Type or Print Clearly In Ink

FILE 9/26/2013 RECEIPT NO 142142

(603)773-4643	FILING FEE: \$	10.00 Make check paya	able to SECRETA	ARY OF STATE		
1. Corporate Name a	nd Address:					
NS007259	MAZINAMAINIC INIC			L		
SOUTH DAKOTA S' 1910 8TH AVE NE	WINNING, INC.					
ABERDEEN, SD 574	401-3207					
2. The jurisdiction un	der whose law it is form	med <u>SOUTH DAK</u>	COTA			
3. The address of the	principal executive of	fice (business address	s).			
1910 8TH AVE NE			ABERDEE	EN .	SD	57401-3207
Street Address			City		State	ZIP+4
Mailing Address			City		State	ZIP+4
	outh Dakota Registere	ed Agent	·			
Agent Name:	SARAH J HC	GG				
1910 8TH AVE NE			ABERDEE	EN	SD	57401-3207
Street Address or Rural R	Route Box Number in This S	tate and	City		State	ZIP+4
Mailing Address in This S	tate, if Different from Street	Address	City		State	ZIP+4
-	usiness addresses of it		·	ease place a chec	k mark next to th	e name if the
	s as a director. South					
X JON SOMMERV	OLD	2409 S 2ND AVE		SIOUX FALLS	SD	57105
President	OLD	Street Address		City	State	ZIP+4
X RUSS MILLER		5813 KAREN DRIVE		SIOUX FALLS	SD	57106
Vice President		Street Address		City	State	ZIP+4
X CAROLYN THE	OBALD	22448 294TH AVE		FT. PIERRE	SD	57532
Secretary		Street Address		City	State	ZIP+4
X SARAH HOGG		103 15TH AVE NE		ABERDEEN	SD	57401
Treasurer		Street Address		City	State	ZIP+4
Director		Street Address		City	State	ZIP+4
Director		Olicet Address		City	State	211 14
Director		Street Address		City	State	ZIP+4
Director		Street Address		City	State	ZIP+4
200.0.		000.7.100.000		o,	J.a.io	_
No nerson may execu	ute this report knowing	it is false in any mate	rial aspect A	ny violation is sub	iect to a civil pen	altv
By signing this form y	ou agree to have both		processed ele	ctronically.	•	ω.·.y
Date 09/26/2013				Accepted Electron		
			(Signature o SARAH J	f an Authorized Persor	1)	
			SARAH J	HUGG		

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

Agent Name:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE	9/24/2014
RECEIPT NO	234205

 Corporate Name and Address: NS007259
 SOUTH DAKOTA SWIMMING, INC. 1823 VICTORY STREET BROOKINGS, SD 57006

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

SARAH J HOGG

3. The address of the agent currently on file for this entity.

1910 8TH AVE NE		ABERDEEN	SD	57401-3207
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 4. If the address has changed, its new address.		City	State	ZIP+4
4. If the address has ch	anged, its new address.			
New Agent Name:	ROBIN R SORBE			

New Agent Name: INDBINITY SONDE	ROBIN IN CONDE					
1823 VICTORY STREET	BROOKINGS	SD	57006			
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			

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 09/24/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ROBIN R SORBE

(Printed Name)

ANNUAL REPORT

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

DOMESTIC NONPROFIT

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 9/24/2014 RECEIPT NO 234205

	Corporate Name and Addr S007259	ress:				
18	OUTH DAKOTA SWIMMIN 323 VICTORY STREET ROOKINGS, SD 57006	NG, INC.		_		
2.	The jurisdiction under who	se law it is formed SOUTH	DAKOTA			
3.	The address of the princip	al executive office (business add	Iress).			
	323 VICTORY STREET	,	BROO	KINGS	SD	57006
_	reet Address		City	KIIIOO	State	ZIP+4
			•			
	ailing Address		City		State	ZIP+4
4.	The name of the South Da	kota Registered Agent				
Ą	gent Name:	ROBIN R SORBE				
18	323 VICTORY STREET		BROO	KINGS	SD	57006
St	reet Address or Rural Route Box	Number in This State and	City		State	ZIP+4
N4:	ailing Address in This State, if Dif	forest from Ctreet Address	City		State	710 . 4
	,		City	5	State	ZIP+4
		addresses of its principal officers irector. South Dakota Law requi			k mark next to tr	ie name ir tne
X	BLAKE WADDELL	700 EAST 4TH A	VE	MITCHELL	SD	57301
_	President	Street Address		City	State	ZIP+4
X	RUSS MILLER	5813 KAREN DR	IVE	SIOUX FALLS	SD	57106
_	Vice President	Street Address		City	State	ZIP+4
L						
	Director	Street Address		City	State	ZIP+4
	Director	Street Address		City	State	ZIP+4
X	Director CAROLYN THEOBALD		_	•	SD	
<u> </u>	Secretary	22448 294TH AV Street Address		FT. PIERRE City	State	57532 ZIP+4
X	ROBIN R SORBE	1823 VICTORY S	TREET	BROOKINGS	SD	57006
	Treasurer	Street Address	TINELI	City	State	ZIP+4
	1			,		
	Director	Street Address		City	State	ZIP+4
NI~	noroon may ayaayta thia	roport knowing it is false in any	natarial asss	Any violation is sub-	oot to o skill man	olt.
		report knowing it is false in any ree to have both the fee and the fee			ect to a civil pen	aity.

(Signature of an Authorized Person) **ROBIN R SORBE**

Signature Accepted Electronically

(Printed Name)

Dated 09/24/2014

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

ANNUAL REPORT

DOMESTIC NONPROFIT

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

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 7/20/2015

RECEIPT NO 320775

		i i			
NS007259			Telephone #		
SOUTH DAKOTA SWIMMING, INC	<u>.</u>				
2. The jurisdiction under whose law	it is formed <u>SOUTH DAKO</u>	TA			
3. The address of the principal exec	utive office (business address).				
1823 VICTORY STREET		BROOKINGS	SD	57006	
Actual Street Address or Rural Route Box Number		City	State	ZIP+4	
Mailing Address, if Different from Street Address		City	State	ZIP+4	
Email Address (Optional)					
I. The name of the South Dakota R	egistered Agent				
Agent Name: ROBIN	I R SORBE				
1823 VICTORY STREET		BROOKINGS	SD	57006	
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	
Email Address (Optional)					
 The names and business address principal officer serves as a director. 			ck mark next to th	ne name if the	
X BLAKE WADDELL	700 EAST 4TH AVE	MITCHELL	SD	57301	
President	Actual Street Address	City	State	ZIP+4	
V					
RUSS MILLER	5813 KAREN DRIVE	SIOUX FALLS	SD	57106	
Vice President	Actual Street Address	City	State	ZIP+4	
X CAROLYN THEOBALD	22448 294TH AVE	FT. PIERRE	SD	57532	
Secretary	Actual Street Address	City	State	ZIP+4	
<u>v</u> 1					
ROBIN R SORBE	1823 VICTORY STREE		SD	57006	
Treasurer	Actual Street Address	City	State	ZIP+4	

Director	Actual Street Addr	ress City	State	ZIP+4		
Director	Actual Street Addr	ress City	State	ZIP+4		
		·				
Director	Actual Street Addr	ress City	State	ZIP+4		
2.1100101	, 15144. 51.551. 144.	J.,	Claid	<u>-</u>		
	ay execute this report knowing it is false in a			enalty.		
Dated 07/2	0/2015		epted Electronically			
Email		(Signature of an A ROBIN R SOF	Authorized Person)			
(Optional)		(Printed Name)				

^{*}By signing this form you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.

2016

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

ANNUAL REPORT

DOMESTIC NONPROFIT CORPORATIONS

SDCL 47-24-6; 59-11-24

Please Type or Print Clearly In Ink
FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 8/4/2016

RECEIPT NO 442306

1. Corporate ID and Name:	7			
NS007259 Enter Corporate ID	J			
SOUTH DAKOTA SWIMMING,	INC.			
Enter Corporate Name				
The jurisdiction under whose I	aw it is formed <u>SOUTH DAKO</u>	DTA		
3. The address of the principal e	kecutive office (business address).			
1823 VICTORY STREET		BROOKINGS	SD	57006
Actual Street Address or Rural Route Box Number Mailing Address, if Different from Street Address		City	State State	ZIP+4 ZIP+4
		City		
4. The name of the South Dakota	a Registered Agent			
Agent Name: RO	BIN R SORBE			
1823 VICTORY STREET		BROOKINGS	SD	57006
Actual Street Address or Rural Route Bo	ox Number in This State	City	State	ZIP+4
Mailing Address in This State, if Differer	t from Street Address	City	State	ZIP+4
5. The names and addresses of directors. BLAKE WADDELL	its principal officers and directors (governors). South Dakota Lav MITCHELL	w requires at leas SD	st three 57301
President	Actual Street Address	City	State	ZIP+4
v I				
ROBIN R SORBE	1823 VICTORY STREE		SD	57006
Treasurer	Actual Street Address	City	State	ZIP+4
Director	Actual Street Address	City	State	ZIP+4
Director	Actual Street Address	City	State	ZIP+4
Dil 60101	Actual Street Address	Gity	ગાં લા	∠I广 ™
Director	Actual Street Address	City	State	ZIP+4

<u>X</u>	SARAH HOGG	103 15TH AVE NE	ABERDEEN	SD	57401	
	Vice President	Actual Street Address	City	State	ZIP+4	
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).						
Da	ated 08/04/2016	s	gnature Accepted Electronical	lly		

(Signature of an Authorized Person)

ROBIN R SORBE

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.

8/4/2016 12:36:26 PM