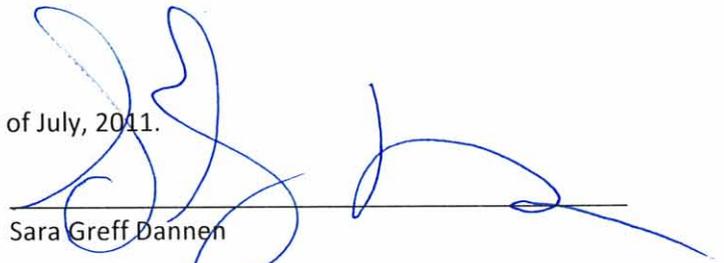


Further affiant sayeth naught.

Dated at Sioux Falls, South Dakota, this 11th day of July, 2011.



Sara Greff Dannen

SUBSCRIBED AND SWORN to before me this 11th day of July, 2011.



Dori L. Quam

Dori L. Quam
Notary Public, South Dakota
My commission expires: 2/4/2016



313 2643 12/17/2010

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 11/24/10
RECEIPT NO 2092595
RECEIVED
NOV 24 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



* DB033772 *
DB033772 DEC/2009
SCOTT OLSON DIGGING, INC.
OLSON, LORI
PO BOX 1402
HURON SD 57350-1402

Telephone # _____
FAX # _____
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.

1906 Maple Drive Huron sd 57350
Street Address City State ZIP+4
PO Box 1402 Huron SD 57350
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Lori Olson

1906 Maple Drive Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 1402 Huron SD 57350
Mailing Address (Optional - Required to be a South Dakota 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.

- Scott Olson 1906 Maple Drive Huron SD 57350
President Street Address City State ZIP+4
- _____
Vice President Street Address City State ZIP+4
- Lori Olson 1906 Maple Drive Huron SD 57350
Secretary Street Address City State ZIP+4
- Lori Olson 1906 Maple Drive Huron SD 57350
Treasurer 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 respect. Any violation is subject to a civil penalty.

Dated 11-23-2010

[Signature]
(Signature of an Authorized Person)
Lori Olson
(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 (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.

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)

307 3666 07/09/2010

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 5/22/10
RECEIPT NO 2045663
RECEIVED
JUL 02 2010
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent Name and Address:



DB054582 JUN/0000
SPLIT ROCK CONTRACTING, INC.
BOOMSMA, RICHARD A
PO BOX 1364
HURON SD 57350-1364

Telephone #
FAX #
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.

2265 Old Highway 14 Huron SD 57350
Street Address City State ZIP+4
PO Box 1364 Huron SD 57350
Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

Richard A. Boomsma

19975 394th Ave Huron SD 57350
Street Address (Required to be a South Dakota Address) City State ZIP+4
PO Box 1364 Huron SD 57350
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.

- Richard A Boomsma 19975 394th Ave Huron SD 57350
President Street Address City State ZIP+4
Scott Olson 2265 Old Highway 14 West Huron SD 57350
Vice President Street Address City State ZIP+4
Lori A Olson 2265 Old Highway 14 West Huron SD 57350
Secretary Street Address City State ZIP+4
Treasurer
Director
Director

Dated 5/24/10

Richard Boomsma
(Signature of an authorized officer)
Richard A Boomsma
(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.

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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)