

1999

RETURN TO  
SECRETARY OF STATE  
500 E. CAPITOL  
PIERRE, S.D. 57501-5077  
605-773-4645

**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 7-23-99  
RECEIPT NO. 829291

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JUL 23 1999

S.D. SEC. OF STATE  
S.D. SEC. OF STATE

1. Corporate Name, Registered Agent and Registered Address:

NS-010520 MAR/CO  
CANGLESKA, INC.  
MOUSSEAU, MARLIN B.  
P.O. BOX 1872  
PINE RIDGE, SD 57770-1372

Day Time Phone # (605) 455-2244

Federal Identification # 46-0441476

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 FROM THAT LISTED ON THE MAILING LABEL ABOVE, THE STATEMENT OF CHANGE PRINTED ON THE REVERSE SIDE OF THIS FORM IS REQUIRED TO BE COMPLETED.

2. The nature of the affairs which the corporation is conducting in South Dakota is Domestic Violence Services

3. A. The amount of property which the corporation is authorized to hold is unlimited or as set forth in the articles of incorporation.

B. The amount of property presently held by the corporation is \$ -0-  
\*Property should include all real or personal property, or any interest therein, wherever situated.

4. The names and addresses of the corporation officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Marlin Mousseau</u>	President	<u>P.O. BOX 1872</u>	<u>PINE RIDGE</u>	<u>SD</u>	<u>57770</u>
<u>Karen Artichoker</u>	Vice President	<u>P.O. BOX 638</u>	<u>PIEKYRENE</u>	<u>SD</u>	<u>57752</u>
<u>Sharon Mousseau</u>	Secretary	<u>P.O. BOX 1872</u>	<u>PINE RIDGE</u>	<u>SD</u>	<u>57770</u>
<u>Arvine Brewer</u>	Treasurer	<u>PO Box 65</u>	<u>Porcupine</u>	<u>SD</u>	<u>57772</u>

5. The names and addresses of directors (State law requires a minimum of three). If the directors and officers are the same individuals, please re-list them and their addresses. Attach an additional sheet if more space is needed to list directors.

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
<u>Ernabelle Skye</u>	Director	<u>P.O. Box 1652</u>	<u>PINE RIDGE</u>	<u>SD</u>	<u>57770</u>
<u>Charlene Wince</u>	Director	<u>P.O. Box 149</u>	<u>PINE RIDGE</u>	<u>SD</u>	<u>57770</u>
<u>Arvine Brewer</u>	Director	<u>P.O. Box 59</u>	<u>PORCUPINE</u>	<u>SD</u>	<u>57772</u>

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

Dated Sept. 15, 19 99

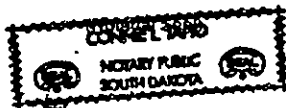
By Ernabelle Skye  
(Signature) must be signed in the presence of a notary  
its Chairperson  
(Title)

STATE OF SOUTH DAKOTA ss  
COUNTY OF SHANNON

I, Cornie L. Tapio, a notary public, do hereby certify that on this 15th day of Sept. 19 99, personally appeared before me Ernabelle Skye who, being by me first duly sworn, declared that he/she is the Chairperson of the corporation named above, and signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires 06/08/2000

Cornie L. Tapio  
Notary Public



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

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

File Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_

FILING FEE: \$5 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 (old) registered office address \_\_\_\_\_  
\_\_\_\_\_ 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 (current) 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 \_\_\_\_\_ 19 \_\_\_\_\_ (Signature) must be signed in the presence of a notary)

\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_ ss  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a notary public, do hereby certify that on this \_\_\_\_\_ day  
of \_\_\_\_\_ 19\_\_\_\_\_, personally appeared before me \_\_\_\_\_  
who, being by me first duly sworn, declared that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ that he/she signed the foregoing document as officer of  
the corporation, and the statements therein contained are true.

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 \_\_\_\_\_ 19 \_\_\_\_\_  
(signature)