

296 1457 10/07/2009

2009

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

ANNUAL REPORT
DOMESTIC L.L.C.

Please Type or Print Clearly in Ink

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

FILE DATE	09/28/09
RECEIPT NO	1954941
RECEIVED	
SEP 28 2009	
S.D. SEC. OF STATE	

1. L.L.C. Name, Registered Agent Name and Address:



* DL017257 *
DL017257 AUG/0000
NATIVE AMERICAN TELECOM, LLC
REIMAN, THOMAS J
6710 E SPLIT ROCK CIRCLE
SIOUX FALLS SD 57110-1308

Telephone #	_____
FAX #	_____
FILING DATE: Due during the month the Certificate of Organization 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.

6710 E. Split Rock Circle - Sioux Falls SD 57110-1308
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent

THOMAS J. REIMAN
6710 E. Split Rock Circle Sioux Falls SD 57110-1308
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

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4

Dated 9-24-09

Thomas J. Reiman
(Signature of an Authorized Manager or Member)
THOMAS J. REIMAN
(Printed Name)
President
(Title)

EXHIBIT D

Secretary of State Office
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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)