Filed this 21st

SECRETARY OF STATE

| (SDCL 12-27-18.1 and SDCL 12-27-19). | |
|---|---|
| Entities must complete this statement and submit it to the ballot question committee | |
| File this statement with the NO WOY ON Amount of contribution: | htribution. (SDCL 12-27-19). HMENGMENT A Ballot Question committee. Date of contribution: ///2/20 |
| Full name of entity or fictitious name (if any): South Dakota Network, LLC | |
| Complete mailing address (PO Box or street address, city, state, zip) of entity's office: | |
| Mailing address (PO Box or street address, city, state, zip) of person authorizing the contribution: 2900 W. 1015 St. S10W Falls, SD 57104 | |
| ** Below you must provide the names and mailing addresses of any owners or directors and officers of the entity. ** | |
| Name of Entity's Owners or Directors & Officers (List what is applicable) | Mailing Address (PO Box or Street Address, City, State, Zip) |
| Mark Shlanta, CEO | 2900 WIDT St Sink Folk SD |

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