

Agenda

Yankton County Commission

6:00 PM, Tuesday, November 19, 2024
Commission Chamber
Yankton County Government Center

**DOCUMENTS WILL BE AVAILABLE AT AUDITOR'S OFFICE FOR REVIEW
BEGINNING
November 15th COPIES AVAILABLE FOR \$1.00 PER PAGE**

Meeting chaired by: John Marquardt, Chairman

01 Call to order: 6:00 PM **PLEDGE OF ALLEGIANCE**

02 Roll Call: _____ Ryan Heine _____ Dan Klimisch _____ Don Kettering
_____ Wanda Howey-Fox _____ John Marquardt

AGENDA ITEMS

No.	Time	Item Description	Presenter
03	6:03 PM	Abstain Financial Conflict of Interest (SDCL 6-1-17) Non-Financial Interest-Must State Reason for Abstaining	Commissioner Marquardt
04	6:05 PM	Approval of Agenda Public comment is a time for persons to address this body on any subject. No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. Each person has up to three minutes to speak. There shall be no personal attacks against the members of this body, county staff, individual, or organizations. The Chair has the authority to enforce this policy. Failure to adhere to these rules may result in forfeiture of the remaining speaking time.	Public Comment
05	6:10 PM	Appointment of Substitute Board Member	Lucy Lewno
06	6:15 PM	Medical Cannabis Renewals	Auditor
07	6:20 PM	Yankton Library	Dana Schmidt

08	6:25 PM	States Attorney Years of Service Recognition	St. Attorney Office
09	6:30 PM	2 nd Reading - Flood Plain Ordinance Adoption	Zoning
10	6:35 PM	2 nd Reading Kleinschmit - Rezone	Zoning
11	6:40 PM	Bloch – Plat Kabeiseman - Plat	Zoning
12	6:45 PM	Authorization to Advertise Gravel Bid	Highway
13	6:50 PM	Juvenile Detention Discussion & Feasibility Study	Sheriff
14	6:55 PM	4-H Building Discussion	Commission
15	7:00 PM	AAA Collection Discussion	Commission
16	7:05 PM	Health Insurance	Commission
17	7:10 PM	November 7, Meeting Minutes	Commission
18	7:15 PM	Transfer Designated to Undesigned/to States Attorney Diversion Expense	Auditor
19	7:20 PM	Claims	Auditor
20	7:25 PM	October 2024 Auditor/Treasurer Report, Pooled Cash Report 3 rd Quarter MI Report Choose races for Post Election Audit	Auditor
21	7:30 PM	Public Comments	
22	7:35 PM	Commission Updates	Commission
23	7:40 PM	Executive Session/ Poor Relief Issues Pursuant to SDCL 1-25-2 & 28-13 and 28-13-1.3. and Contractual Matters Items for Next Meeting	State's Attorney

COMMISSIONER MEETING AGENDA REQUEST

321 W 3rd, Suite 100, Yankton, SD 57078

E-Mail: patty@co.yankton.sd.us

Submission Deadline: 3:00pm on the Wednesday before scheduled meeting

Date Request Submitted 9/16/24

Request is for Commission Meeting Dated 10/1/24

Name: Lucy Lewno

Address: 1901 Broadway Yankton

Phone: 605-465-2992

E-Mail Address: lucy@lewnolaw.com

Topic to be Addressed and Length of Presentation: pay increase;
appointment of substitute board members

Specific Purpose for the Request (Please Also Attach Support Documents):

Raise/^{Pay} increase for Board chair and alternate

Raise/Pay increase for Board members ^{chairs}

Appointment of Barb Perle and Jerry

Christians as alternate board members.

Person(s) Making Presentation to the Board: Lucy Lewno

Audio/Visual Equipment Needed: N/A

For Office Use:

Approved _____ Denied _____ Reason(s): _____

Signature: _____

Date: _____



Yankton County Medical Cannabis Establishment Application Checklist

Application and fees must be delivered in person to:

Yankton County Auditor
321 W 3rd St., Ste. 100
Yankton, SD 57078

Type of medical cannabis establishment license(s) being applied for:

- Cultivation Facility
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility
- Cannabis Dispensary

Renewal

Initial on the lines before verifying the information is included in your application packet. Applicants must turn in a \$5,000 non-refundable application fee for each license being applied for.

[Handwritten initials in blue ink, appearing to be 'R. J. ...', are written vertically over the checklist items.]

- Application Fee for each license being applied for payable to Yankton County Treasurer
- Certification from property owner, if leasing property
- Copies of valid IDs for all principal officers/board members
- Confirmation of completed background checks
- Operating Documents
- Security Management Plan
- Approval from Yankton County Planning and Zoning
- Application Checklist

Zoning District: Ag Lakeside Commercial Commercial

Date Received: 10-31-2021

Received By: *[Signature]*

Yankton County Medical Marijuana License Application

Pursuant to SDCL 1-27-1 the medical marijuana application is a public record however, the addendums and the attachments disclose personal identifying information on security requirements of section SDCL 1-27-1.5
The application will not be considered for approval until the application is complete and all attachments and requested information is furnished to the Auditor's office.

New License Renewal Transfer

Indicate the type of medical cannabis establishment license(s) being applied for

Cultivation Facility

Cannabis Product Manufacturing Facility

Cannabis Testing Facility

Cannabis Dispensary

A. Owner Name and Address

Name: Roy Nielsen, III		Phone: 712-441-1441	
Address: 4900 S Oxbow Ave Apt. 101	City: Sioux Falls	State: SD	Zip 57106
Has the applicant ever been convicted of a felony?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Applicant has included a \$5,000 payment via check or money order for each license being applied for.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant hereby certifies that the employees of the prospective medical cannabis establishment are over the age of 21.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

B. Legal Business Name and Address

Name: Roy'zzz of Gavin's Point		Phone: 605-975-4200	
Address: 4200 W. 8th St.	City: Yankton, SD	State: SD	Zip 57078
State Sales Tax Number: 			
Does applicant own or lease this property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are real estate taxes paid to date?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the place of business located in a municipality?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

C. Legal Description of Licensed Premises

North One Hundred Fifty-Seven Feet (N 157') of Lewis and Clark Business Center, except Lots One (1), Two (2), Three (3), Twenty (20), Twenty-one (21), and Twenty-two (22) thereof, Yankton County, South Dakota, less highways and roads, as per survey recorded in Book S18, Page 294, and in survey recorded in Book S19, Page 170.

Has this been verified as a location in Yankton County by Planning and Zoning that a medical cannabis establishment is permitted by ordinances?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Yankton County Planning and Zoning Verification Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Previous experience operating a medical cannabis establishment, if any: (If no, check here)

Roy'zzz of Sioux Falls, Roy'zzz of Gavin's Point, Roy'zzz Growzzz of Yankton, Roy'zzz Manufacturing of Yankton are all owned and operated by Roy'zzz LLC.

I hereby certify that the location of the prospective medical cannabis establishment is not within one thousand feet (1000 ft.) of a private or public school, including daycare facilities with more than 21 children.

Yes

No

Provide a copy of the operating documents for the prospective medical cannabis establishment that detail oversight of the establishment and procedures to ensure accurate record keeping. If provided, check yes or no.

Yes

No

Provide the description of security measures designed to deter and prevent theft of cannabis and unauthorized entry into any area containing cannabis. If provided, check yes or no.

Yes

No

Provide a non-refundable application fee of \$5,000 by check or money order. If provided, check yes or no.

Yes

No

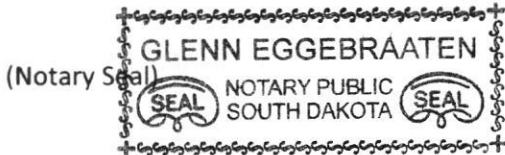
Certificate: The undersigned applicant certifies under the penalties of perjury that all statements provided herein are true and accurate, that the said applicant complies with all of the statutory and regulatory requirements for the class of license being applied for in SDCL 34-20G and Yankton County Ordinance 21-ZN-07.

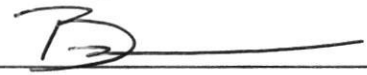
Date: 10/31/2024

Printed Name: Roy Nielsen, III

Signature: 

Subscribed and sworn to before me this 31 day of October, 2024.




Notary Public
My Commission Expires: 11/28/2024

Approval of Yankton County Commission- Notice of hearing was published on _____.
Public hearing on the application was held _____, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements and South Dakota law.

Medical Cannabis Establishment License Application
 Company Supplement Information
 (For corporate/partnership/LP/LLC Applicants)

Name of Corporation/Partnership/LP/LLC Roy'zzz of Gavin's Point		
Address of office and principal place of business of corporation/partnership/LP/LLC 4200 W. 8th St.		
City Yankton	State South Dakota	Zip 57078
Has any of the principal officers, owners and/or board members served as a principal officer or board member for a cannabis establishment that has had a governmental license or certification revoked in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Name, title of office and address of each principal officer of the corporation/partnership/LP/LLC

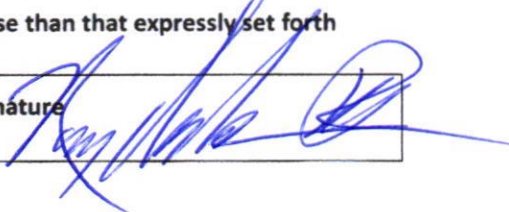
Name	Office	Address
Roy Nielsen, III	Owner/Manager	4900 S Oxbow Ave Apt. 101 Sioux Falls, SD 57106

Name, occupation and address of each board member of the corporation/partnership/LP/LLC

Name	Occupation	Address

Where are all company records kept such as charter by-laws, minutes, accounts, notes payable etc.?

We the undersigned officers and directors of the applicant company acknowledge that the supplemental application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other medical cannabis license than that expressly set forth above.

Date 10/31/2024	Printed Name Roy Nielsen, III	Signature 
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Yankton County Medical Cannabis Establishment Zoning Checklist

TAKE TO YANKTON COUNTY ZONING OFFICE

Application and fees must be delivered in person to:

Yankton County Auditor
321 W 3rd St., Ste. 100
Yankton, SD 57078

Type of medical cannabis establishment license(s) being applied for:

- Cultivation Facility
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility
- Cannabis Dispensary

New License

Renewal

Initial on the lines before verifying the information is included in your application packet. Applicants must turn in a \$5,000 non-refundable application fee for each license being applied for.

RMP
Verify Zoning with Planning Department as Commercial, Lakeside Commercial or Agricultural District

RMP
Submit Licensing Application with the Auditors Office

_____ If application is approved by State and County Government and new building is required, Submit electronic Building Permit Application showing how the new building will conform to State and County requirements including setbacks.

RMP
<https://permitting.schneidergis.com/jurisdiction/68d88fa2-efa8-4d3c-808d-f31a65047b2e>

RMP
Building Permit Approval from Yankton County Planning and Zoning

Zoning District: Ag

Lakeside Commercial

Commercial



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- Certification from property owner, if leasing property
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- Confirmation of completed background checks
- Operating Documents
- Security Management Plan
- Approval from Yankton County Planning and Zoning
- Application Checklist

Zoning District: Ag Lakeside Commercial Commercial

Date Received: 10-31-2024
Received By: AK

Yankton County Medical Marijuana License Application

Pursuant to SDCL 1-27-1 the medical marijuana application is a public record however, the addendums and the attachments disclose personal identifying information on security requirements of section SDCL 1-27-1.5 The application will not be considered for approval until the application is complete and all attachments and requested information is furnished to the Auditor's office.

New License Renewal Transfer

Indicate the type of medical cannabis establishment license(s) being applied for

- Cultivation Facility
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility
- Cannabis Dispensary

A. Owner Name and Address

Name: Roy Nielsen, III		Phone: (712) 441-1441	
Address: 4900 S Oxbow Ave Apt. 101	City: Sioux Falls	State: SD	Zip 57078
Has the applicant ever been convicted of a felony?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Applicant has included a \$5,000 payment via check or money order for each license being applied for.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant hereby certifies that the employees of the prospective medical cannabis establishment are over the age of 21.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

B. Legal Business Name and Address

Name: Roy'zzz Manufacturing of Yankton		Phone: 605-975-4200	
Address: 4200 W. 8th St.	City: Yankton,	State: SD	Zip 57078
State Sales Tax Number: 			
Does applicant own or lease this property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are real estate taxes paid to date?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the place of business located in a municipality?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

C. Legal Description of Licensed Premises

North One Hundred Fifty-Seven Feet (N 157') of Lewis and Clark Business Center, except Lots One (1), Two (2), Three (3), Twenty (20), Twenty-one (21), and Twenty-two (22) thereof, Yankton County, South Dakota, less highways and roads, as per survey recorded in Book S18, Page 294, and in survey recorded in Book S19, Page 170.

Has this been verified as a location in Yankton County by Planning and Zoning that a medical cannabis establishment is permitted by ordinances?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Yankton County Planning and Zoning Verification Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Previous experience operating a medical cannabis establishment, if any: (If no, check here)

Roy'zzz of Sioux Falls, Roy'zzz of Gavin's Point, Roy'zzz Growzzz of Yankton,
Roy'zzz Manufacturing of Yankton are all owned and operated by Roy'zzz LLC.

I hereby certify that the location of the prospective medical cannabis establishment is not within one thousand feet (1000 ft.) of a private or public school, including daycare facilities with more than 21 children.

Yes

No

Provide a copy of the operating documents for the prospective medical cannabis establishment that detail oversight of the establishment and procedures to ensure accurate record keeping. If provided, check yes or no.

Yes

No

Provide the description of security measures designed to deter and prevent theft of cannabis and unauthorized entry into any area containing cannabis. If provided, check yes or no.

Yes

No

Provide a non-refundable application fee of \$5,000 by check or money order. If provided, check yes or no.

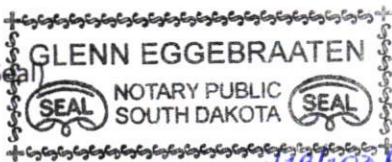
Yes

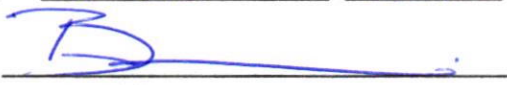
No

Certificate: The undersigned applicant certifies under the penalties of perjury that all statements provided herein are true and accurate, that the said applicant complies with all of the statutory and regulatory requirements for the class of license being applied for in SDCL 34-20G and Yankton County Ordinance 21-ZN-07.

Date: 10/31/2024 Printed Name: Roy Nielsen, III Signature: 

Subscribed and sworn to before me this 31 day of October, 2024.

(Notary Seal) 
My Commission Expires 11/28/2024


Notary Public
My Commission Expires: 11/28/2024

Approval of Yankton County Commission- Notice of hearing was published on _____.
Public hearing on the application was held _____, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements and South Dakota law.

Medical Cannabis Establishment License Application
 Company Supplement Information
 (For corporate/partnership/LP/LLC Applicants)

Name of Corporation/Partnership/LP/LLC Roy'zzz Manufacturing of Yankton		
Address of office and principal place of business of corporation/partnership/LP/LLC 4200 W. 8th St.		
City Yankton	State South Dakota	Zip 57078
Has any of the principal officers, owners and/or board members served as a principal officer or board member for a cannabis establishment that has had a governmental license or certification revoked in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Name, title of office and address of each principal officer of the corporation/partnership/LP/LLC

Name	Office	Address
Roy Nielsen, III	Owner/Manager	4900 S Oxbow Ave Apt. 101 Sioux Falls, SD 57106


Name, occupation and address of each board member of the corporation/partnership/LP/LLC

Name	Occupation	Address

Where are all company records kept such as charter by-laws, minutes, accounts, notes payable etc.?

Crary Huff Law Firm Quickbooks Online
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We the undersigned officers and directors of the applicant company acknowledge that the supplemental application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other medical cannabis license than that expressly set forth above.

Date 10/31/2024	Printed Name Roy Nielsen, III	Signature 
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Yankton County Medical Cannabis Establishment Zoning Checklist

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- Cannabis Dispensary

New License

Renewal

Initial on the lines before verifying the information is included in your application packet. Applicants must turn in a \$5,000 non-refundable application fee for each license being applied for.

[Signature] Verify Zoning with Planning Department as Commercial, Lakeside Commercial or Agricultural District

[Signature] Submit Licensing Application with the Auditors Office

If application is approved by State and County Government and new building is required,

Submit electronic Building Permit Application showing how the new building will conform to State and County requirements including setbacks.

[Signature] <https://permitting.schneidergis.com/jurisdiction/68d88fa2-efa8-4d3c-808d-f31a65047b2e>

Building Permit Approval from Yankton County Planning and Zoning

Zoning District: Ag

Lakeside Commercial

Commercial



Yankton County Medical Cannabis Establishment Application Checklist

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- Operating Documents
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- Application Checklist

Zoning District: Ag Lakeside Commercial Commercial

Date Received: 10-31-2024

Received By: *[Signature]*

Yankton County Medical Marijuana License Application

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New License Renewal Transfer

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- Cultivation Facility
- Cannabis Product Manufacturing Facility
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- Cannabis Dispensary

A. Owner Name and Address

Name: Roy Nielsen, III		Phone: 712-441-1441	
Address: 4900 S Oxbow Ave Apt. 101	City: Sioux Falls	State: SD	Zip 57106
Has the applicant ever been convicted of a felony?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Applicant has included a \$5,000 payment via check or money order for each license being applied for.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant hereby certifies that the employees of the prospective medical cannabis establishment are over the age of 21.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

B. Legal Business Name and Address

Name: Roy'zzz Growzzz of Yankton		Phone: 605-975-4200	
Address: 4200 W. 8th St.	City: Yankton, SD	State SD	Zip 57078
State Sales Tax Number: 			
Does applicant own or lease this property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are real estate taxes paid to date?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the place of business located in a municipality?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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- Yes
- No

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- Yes
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- Yes
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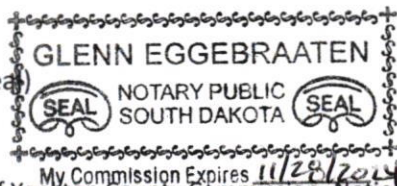
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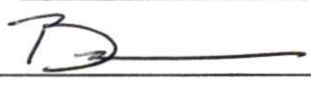
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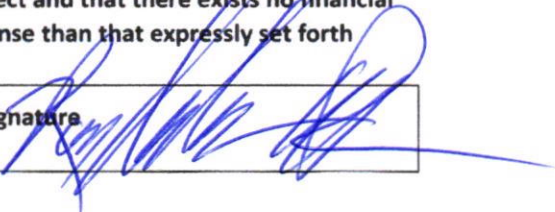
Name, occupation and address of each board member of the corporation/partnership/LP/LLC

Name	Occupation	Address

Where are all company records kept such as charter by-laws, minutes, accounts, notes payable etc.?

Crary Huff Law Firm Quickbooks Online

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Date 10/31/2024	Printed Name Roy Nielsen, III	Signature 
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Yankton County Medical Cannabis Establishment Zoning Checklist

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Building Permit Approval from Yankton County Planning and Zoning

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- NS Application Fee for each license being applied for payable to Yankton County Treasurer
- NS Certification from property owner, if leasing property
- NS Copies of valid IDs for all principal officers/board members
- NS Confirmation of completed background checks
- NS Operating Documents
- NS Security Management Plan (on QR)
- NS Approval from Yankton County Planning and Zoning NS
- NS Application Checklist

Zoning District: Ag Lakeside Commercial Commercial

Date Received: 11-4-24

Received By: [Signature]

Medical Cannabis Establishment License Application
 Company Supplement Information
 (For corporate/partnership/LP/LLC Applicants)

Name of Corporation/Partnership/LP/LLC CC Smoke LLC: DBA Groovy Trees		
Address of office and principal place of business of corporation/partnership/LP/LLC 1112 Eastside Dr		
City Yankton	State SD	Zip 57078
Has any of the principal officers, owners and/or board members served as a principal officer or board member for a cannabis establishment that has had a governmental license or certification revoked in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Name, title of office and address of each principal officer of the corporation/partnership/LP/LLC

Name	Office	Address
Greg Staudenmaier		702 N. 19th Street Norfolk NE 68701
Lori Staudenmaier		702 N. 19th Street Norfolk NE 68701
Nick Staudenmaier		6111 W. Omaha Ave Norfolk, NE 68701


Name, occupation and address of each board member of the corporation/partnership/LP/LLC

Name	Occupation	Address
Greg Staudenmaier	Self-employed	702 N. 19th St. Norfolk NE 68701
Lori Staudenmaier	Self-employed	702 N. 19th St. Norfolk NE 68701
Nick Staudenmaier	Self-employed	6111 W. Omaha Ave Norfolk NE 68701

Where are all company records kept such as charter by-laws, minutes, accounts, notes payable etc.?

All company records are kept at:
 702 N. 19th St. Norfolk, NE 68701

We the undersigned officers and directors of the applicant company acknowledge that the supplemental application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other medical cannabis license than that expressly set forth above.

Date 10/31/24	Printed Name Nick Staudenmaier	Signature 
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Yankton County Medical Marijuana License Application

Pursuant to SDCL 1-27-1 the medical marijuana application is a public record however, the addendums and the attachments disclose personal identifying information on security requirements of section SDCL 1-27-1.5 The application will not be considered for approval until the application is complete and all attachments and requested information is furnished to the Auditor's office.

New License Renewal Transfer

Indicate the type of medical cannabis establishment license(s) being applied for
<input checked="" type="checkbox"/> Cultivation Facility
<input checked="" type="checkbox"/> Cannabis Product Manufacturing Facility
<input type="checkbox"/> Cannabis Testing Facility
<input checked="" type="checkbox"/> Cannabis Dispensary

A. Owner Name and Address

Name: <i>Greg Staudenraies</i>		Phone: <i>602-451-8300</i>	
Address: <i>702 N. 19th St.</i>	City: <i>Norfolk</i>	State: <i>NE</i>	Zip: <i>68701</i>
Has the applicant ever been convicted of a felony?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Applicant has included a \$5,000 payment via check or money order for each license being applied for.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant hereby certifies that the employees of the prospective medical cannabis establishment are over the age of 21.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

B. Legal Business Name and Address

Name: <i>CC Smoke LLC: DBA Groovy Treez</i>		Phone: <i>402 992 0766 - Nick 208-899-3117 - ERICA</i>	
Address: <i>1112 Eastside Dr</i>	City: <i>Yankton</i>	State: <i>SD</i>	Zip: <i>57078</i>
State Sales Tax Number: _____			
Does applicant own or lease this property? <i>own</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are real estate taxes paid to date?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the place of business located in a municipality?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

C. Legal Description of Licensed Premises

<p><i>SEC - TWP - RNG: 10-93-55 - BLK 4 fxc LTS 34 Sunrise ADDN</i></p>

Has this been verified as a location in Yankton County by Planning and Zoning that a medical cannabis establishment is permitted by ordinances?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Yankton County Planning and Zoning Verification Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous experience operating a medical cannabis establishment, if any: (If no, check here)

I hereby certify that the location of the prospective medical cannabis establishment is not within one thousand feet (1000 ft.) of a private or public school, including daycare facilities with more than 21 children.

Yes

No

Provide a copy of the operating documents for the prospective medical cannabis establishment that detail oversight of the establishment and procedures to ensure accurate record keeping. If provided, check yes or no.

Yes

No

Provide the description of security measures designed to deter and prevent theft of cannabis and unauthorized entry into any area containing cannabis. If provided, check yes or no.

Yes

No

Provide a non-refundable application fee of \$5,000 by check or money order. If provided, check yes or no.

Yes

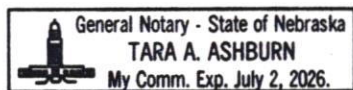
No

Certificate: The undersigned applicant certifies under the penalties of perjury that all statements provided herein are true and accurate, that the said applicant complies with all of the statutory and regulatory requirements for the class of license being applied for in SDCL 34-20G and Yankton County Ordinance 21-ZN-07.

Date: 10/31/24 Printed Name: Nick Staudemaier Signature: [Handwritten Signature]

Subscribed and sworn to before me this 31st day of OCTOBER, 2024.

(Notary Seal)



Tara A. Ashburn

Notary Public

My Commission Expires: 7-2-2026

Approval of Yankton County Commission- Notice of hearing was published on_____. Public hearing on the application was held _____, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements and South Dakota law.



Yankton County Medical Cannabis Establishment Application Checklist

Application and fees must be delivered in person to:

Yankton County Auditor
321 W 3rd St., Ste. 100
Yankton, SD 57078

Type of medical cannabis establishment license(s) being applied for:

- Cultivation Facility
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility
- Cannabis Dispensary

Renewal

Initial on the lines before verifying the information is included in your application packet. Applicants must turn in a \$5,000 non-refundable application fee for each license being applied for.

- Application Fee for each license being applied for payable to Yankton County Treasurer
- Certification from property owner, if leasing property
- Copies of valid IDs for all principal officers/board members
- Confirmation of completed background checks
- Operating Documents
- Security Management Plan
- Approval from Yankton County Planning and Zoning
- Application Checklist

Zoning District: Ag Lakeside Commercial

Commercial

Date Received: 11-1-24

Received By: [Signature]

Yankton County

Medical Marijuana License Application

Pursuant to SDCL 1-27-1 the medical marijuana application is a public record however, the addendums and the attachments disclose personal identifying information on security requirements of section SDCL 1-27-1.5
The application will not be considered for approval until the application is complete and all attachments and requested information is furnished to the Auditor's office.

New License Renewal Transfer

<p>Indicate the type of medical cannabis establishment license(s) being applied for</p> <p><input checked="" type="checkbox"/> Cultivation Facility</p> <p><input checked="" type="checkbox"/> Cannabis Product Manufacturing Facility</p> <p><input type="checkbox"/> Cannabis Testing Facility</p> <p><input checked="" type="checkbox"/> Cannabis Dispensary</p>
--

A. Owner Name and Address

Name: <u>Troy Johnson</u>		Phone:	
Address: <u>161 Sleepy Hollow Drive</u>	City: <u>Yankton</u>	State: <u>SD</u>	Zip: <u>57078</u>
Has the applicant ever been convicted of a felony?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Applicant has included a \$5,000 payment via check or money order for each license being applied for.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant hereby certifies that the employees of the prospective medical cannabis establishment are over the age of 21.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

other owners on page 3 in officers & Board members section

B. Legal Business Name and Address

Name: <u>Happy Flower Holdings</u>		Phone:	
Address: <u>3302 SD Hwy 50</u>	City: <u>Yankton</u>	State: <u>SD</u>	Zip: <u>57078</u>
State Sales Tax Number:			
Does applicant own or lease this property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are real estate taxes paid to date?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the place of business located in a municipality?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Legal Description of Licensed Premises

See Attached
Deed
(in file)

Has this been verified as a location in Yankton County by Planning and Zoning that a medical cannabis establishment is permitted by ordinances?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Yankton County Planning and Zoning Verification Attached? TJ -	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous experience operating a medical cannabis establishment, if any: (If no, check here)

I hereby certify that the location of the prospective medical cannabis establishment is not within one thousand feet (1000 ft.) of a private or public school, including daycare facilities with more than 21 children.

- Yes
- No

Provide a copy of the operating documents for the prospective medical cannabis establishment that detail oversight of the establishment and procedures to ensure accurate record keeping. If provided, check yes or no.

- Yes
- No

Provide the description of security measures designed to deter and prevent theft of cannabis and unauthorized entry into any area containing cannabis. If provided, check yes or no.

- Yes
- No

Provide a non-refundable application fee of \$5,000 by check or money order. If provided, check yes or no.

- Yes
- No

Certificate: The undersigned applicant certifies under the penalties of perjury that all statements provided herein are true and accurate, that the said applicant complies with all of the statutory and regulatory requirements for the class of license being applied for in SDCL 34-20G and Yankton County Ordinance 21-ZN-07.

Date: 10-31-24 Printed Name: Troy Johnson Signature: [Handwritten Signature]

Subscribed and sworn to before me this _____ day of _____.

(Notary Seal)

[Handwritten Signature: Patty Hojem]
Notary Public
My Commission Expires: Term of Office

Approval of Yankton County Commission- Notice of hearing was published on _____.
Public hearing on the application was held 11/7/2024, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements and South Dakota law.

Medical Cannabis Establishment License Application
 Company Supplement Information
 (For corporate/partnership/LP/LLC Applicants)

Name of Corporation/Partnership/LP/LLC HAPPY Flower Healing INC.		
Address of office and principal place of business of corporation/partnership/LP/LLC 3302 SHWY - 50 YANKTON S		
City Yankton	State SD	Zip 57078
Has any of the principal officers, owners and/or board members served as a principal officer or board member for a cannabis establishment that has had a governmental license or certification revoked in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Name, title of office and address of each principal officer of the corporation/partnership/LP/LLC

Name	Office	Address
Troy Johnson	CTO	161 Sleepy Hollow Drive Yankton SD 57078
Estelle Johnson	CEO	3200 Peninah St Yankton SD 57078
Amy Johnson	COO	2701 Mulberry Yankton SD 57078


Name, occupation and address of each board member of the corporation/partnership/LP/LLC

Name	Occupation	Address
Amanda Johnson	Business Owner	3100 Peninah St. Yankton SD 57078

Officers & Board members

Where are all company records kept such as charter by-laws, minutes, accounts, notes payable etc.?

We the undersigned officers and directors of the applicant company acknowledge that the supplemental application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other medical cannabis license than that expressly set forth above.

Date 10-31-24	Printed Name Troy Johnson	Signature 
------------------	------------------------------	---



Yankton County Medical Cannabis Establishment Zoning Checklist

TAKE TO YANKTON COUNTY ZONING OFFICE

Application and fees must be delivered in person to:

Yankton County Auditor
321 W 3rd St., Ste. 100
Yankton, SD 57078

Type of medical cannabis establishment license(s) being applied for:

- Cultivation Facility
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility
- Cannabis Dispensary

New License

Renewal

Initial on the lines before verifying the information is included in your application packet. Applicants must turn in a \$5,000 non-refundable application fee for each license being applied for.

- Verify Zoning with Planning Department as Commercial, Lakeside Commercial or Agricultural District
 - Submit Licensing Application with the Auditors Office
 - If application is approved by State and County Government and new building is required, Submit electronic Building Permit Application showing how the new building will conform to State and County requirements including setbacks.
 - <https://permitting.schneidergis.com/jurisdiction/68d88fa2-efa8-4d3c-808d-f31a65047b2e>
- Building Permit Approval from Yankton County Planning and Zoning

Zoning District: Ag

Lakeside Commercial

Commercial



Yankton County Medical Cannabis Establishment Zoning Checklist

TAKE TO YANKTON COUNTY ZONING OFFICE

Application and fees must be delivered in person to:

Yankton County Auditor
321 W 3rd St., Ste. 100
Yankton, SD 57078

Type of medical cannabis establishment license(s) being applied for:

- Cultivation Facility
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility
- Cannabis Dispensary

New License

Renewal

Initial on the lines before verifying the information is included in your application packet. Applicants must turn in a \$5,000 non-refundable application fee for each license being applied for.

_____ Verify Zoning with Planning Department as Commercial, Lakeside Commercial or Agricultural District

_____ Submit Licensing Application with the Auditors Office

_____ If application is approved by State and County Government and new building is required, Submit electronic Building Permit Application showing how the new building will conform to State and County requirements including setbacks.

<https://permitting.schneidergis.com/jurisdiction/68d88fa2-efa8-4d3c-808d-f31a65047b2e>

_____ Building Permit Approval from Yankton County Planning and Zoning

Zoning District: Ag Lakeside Commercial Commercial



Yankton County Medical Cannabis Establishment Application Checklist

Application and fees must be delivered in person to:
Yankton County Auditor
321 W 3rd St., Ste. 100
Yankton, SD 57078

Type of medical cannabis establishment license(s) being applied for:

- Cultivation Facility
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility
- Cannabis Dispensary

Renewal

Initial on the lines before verifying the information is included in your application packet. Applicants must turn in a \$5,000 non-refundable application fee for each license being applied for.

- Application Fee for each license being applied for payable to Yankton County Treasurer
- Certification from property owner, if leasing property
- Copies of valid IDs for all principal officers/board members
- Confirmation of completed background checks
- Operating Documents
- Security Management Plan
- Approval from Yankton County Planning and Zoning
- Application Checklist

Zoning District: Ag Lakeside Commercial Commercial

Date Received: 10-29-2024
Received By: [Signature]

Yankton County

Medical Marijuana License Application

Pursuant to SDCL 1-27-1 the medical marijuana application is a public record however, the addendums and the attachments disclose personal identifying information on security requirements of section SDCL 1-27-1.5 The application will not be considered for approval until the application is complete and all attachments and requested information is furnished to the Auditor's office.

New License Renewal Transfer

Indicate the type of medical cannabis establishment license(s) being applied for

Cultivation Facility

Cannabis Product Manufacturing Facility

Cannabis Testing Facility

Cannabis Dispensary

A. Owner Name and Address

Name: <u>MICHAEL BAZKE</u>		Phone: <u>605 521 6526</u>	
Address: <u>29710 US Hwy 81</u>	City: <u>Irene</u>	State: <u>SD</u>	Zip: <u>57037</u>
Has the applicant ever been convicted of a felony?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Applicant has included a \$5,000 payment via check or money order for each license being applied for.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant hereby certifies that the employees of the prospective medical cannabis establishment are over the age of 21.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

B. Legal Business Name and Address

Name:		Phone: <u>605 521 6526</u>	
Address: <u>29710 US Hwy 81</u>	City: <u>Irene</u>	State: <u>SD</u>	Zip: <u>57037</u>
State Sales Tax Number:			
Does applicant own or lease this property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are real estate taxes paid to date?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the place of business located in a municipality?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

C. Legal Description of Licensed Premises

W 12 Rods of the N 34 Rods, except lots H1, H2, H3, + H4 of the NW 1/4 of the NW 1/4 of the Section 6. Township 95 N, Range 55 west of the 5th.

Has this been verified as a location in Yankton County by Planning and Zoning that a medical cannabis establishment is permitted by ordinances?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Yankton County Planning and Zoning Verification Attached?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Previous experience operating a medical cannabis establishment, if any: (If no, check here)

I hereby certify that the location of the prospective medical cannabis establishment is not within one thousand feet (1000 ft.) of a private or public school, including daycare facilities with more than 21 children.

Yes

No

Provide a copy of the operating documents for the prospective medical cannabis establishment that detail oversight of the establishment and procedures to ensure accurate record keeping. If provided, check yes or no.

Yes

No

Provide the description of security measures designed to deter and prevent theft of cannabis and unauthorized entry into any area containing cannabis. If provided, check yes or no.

Yes


No

Provide a non-refundable application fee of \$5,000 by check or money order. If provided, check yes or no.

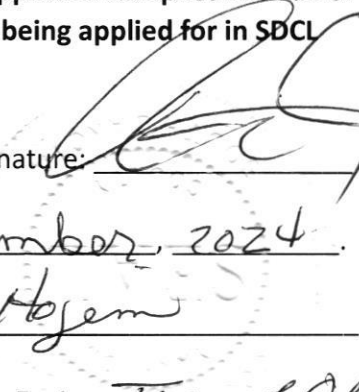
Yes

No

Certificate: The undersigned applicant certifies under the penalties of perjury that all statements provided herein are true and accurate, that the said applicant complies with all of the statutory and regulatory requirements for the class of license being applied for in SDCL 34-20G and Yankton County Ordinance 21-ZN-07.

Date: 10/29/24 Printed Name: Michael Berk Signature: 

Subscribed and sworn to before me this 13 day of November, 2024.


Patty Hojem

(Notary Seal)

Notary Public

My Commission Expires: Term of Office

Approval of Yankton County Commission- Notice of hearing was published on _____
Public hearing on the application was held 11-7-2024, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements and South Dakota law.

Medical Cannabis Establishment License Application
 Company Supplement Information
 (For corporate/partnership/LP/LLC Applicants)

Name of Corporation/Partnership/LP/LLC AZZ, LLC.		
Address of office and principal place of business of corporation/partnership/LP/LLC 29710 US Hwy 81		
City IRENE	State SD	Zip 57037
Has any of the principal officers, owners and/or board members served as a principal officer or board member for a cannabis establishment that has had a governmental license or certification revoked in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

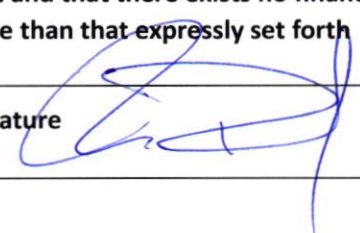
Name, title of office and address of each principal officer of the corporation/partnership/LP/LLC		
Name	Office	Address
MICHAEL BARKL	PRESIDENT	29710 US Hwy 81 IRENE, SD 57037

Name, occupation and address of each board member of the corporation/partnership/LP/LLC		
Name	Occupation	Address
SHAN SHAN WANG	scheduling mgr.	29710 US Hwy 81 IRENE, SD 57037

Where are all company records kept such as charter by-laws, minutes, accounts, notes payable etc.?

SECURITY OFFICE

We the undersigned officers and directors of the applicant company acknowledge that the supplemental application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other medical cannabis license than that expressly set forth above.

Date 10/29/24	Printed Name MICHAEL BARKL	Signature 
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Yankton County Medical Cannabis Establishment Application Checklist

Application and fees must be delivered in person to:
Yankton County Auditor
321 W 3rd St., Ste. 100
Yankton, SD 57078

Type of medical cannabis establishment license(s) being applied for:


- Cultivation Facility
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility
- Cannabis Dispensary

Renewal

Initial on the lines before verifying the information is included in your application packet. Applicants must turn in a \$5,000 non-refundable application fee for each license being applied for.

- Application Fee for each license being applied for payable to Yankton County Treasurer
- Certification from property owner, if leasing property
- Copies of valid IDs for all principal officers/board members
- Confirmation of completed background checks
- Operating Documents
- Security Management Plan
- Approval from Yankton County Planning and Zoning
- Application Checklist

Zoning District: Ag Lakeside Commercial Commercial

Date Received: 10-30-2024
Received By: 

Yankton County Medical Marijuana License Application

Pursuant to SDCL 1-27-1 the medical marijuana application is a public record however, the addendums and the attachments disclose personal identifying information on security requirements of section SDCL 1-27-1.5
The application will not be considered for approval until the application is complete and all attachments and requested information is furnished to the Auditor's office.

New License Renewal Transfer

Indicate the type of medical cannabis establishment license(s) being applied for

Cultivation Facility

Cannabis Product Manufacturing Facility

Cannabis Testing Facility

Cannabis Dispensary

A. Owner Name and Address

Name: Nathan Eastman		Phone: 605-660-2418	
Address: 3099 1/2 Ave.	City: Yankton	State: SD	Zip: 57078
Has the applicant ever been convicted of a felony?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Applicant has included a \$5,000 payment via check or money order for each license being applied for.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant hereby certifies that the employees of the prospective medical cannabis establishment are over the age of 21.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

B. Legal Business Name and Address

Name: RiverBend Edge LLC		Phone: 605-660-2418	
Address: 3300 W. 8 th St. STE 2	City: Yankton	State: SD	Zip: 57078
State Sales Tax Number: 			
Does applicant own or lease this property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No lease	
Are real estate taxes paid to date?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the place of business located in a municipality?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

C. Legal Description of Licensed Premises

S 200' W 330' parcel A NE 4
NW 4 EXC LTH-2

Has this been verified as a location in Yankton County by Planning and Zoning that a medical cannabis establishment is permitted by ordinances?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Yankton County Planning and Zoning Verification Attached?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Previous experience operating a medical cannabis establishment, if any: (If no, check here)

I hereby certify that the location of the prospective medical cannabis establishment is not within one thousand feet (1000 ft.) of a private or public school, including daycare facilities with more than 21 children.

Yes

No

Provide a copy of the operating documents for the prospective medical cannabis establishment that detail oversight of the establishment and procedures to ensure accurate record keeping. If provided, check yes or no.

Yes

No

Provide the description of security measures designed to deter and prevent theft of cannabis and unauthorized entry into any area containing cannabis. If provided, check yes or no.

Yes

No

Provide a non-refundable application fee of \$5,000 by check or money order. If provided, check yes or no.

Yes

No

Certificate: The undersigned applicant certifies under the penalties of perjury that all statements provided herein are true and accurate, that the said applicant complies with all of the statutory and regulatory requirements for the class of license being applied for in SDCL 34-20G and Yankton County Ordinance 21-ZN-07.

Date: 10/30/24 Printed Name: Nathan Eastman Signature: [Signature]

Subscribed and sworn to before me this 13 day of November, 2024.

[Signature]

Notary Public

(Notary Seal)

My Commission Expires: Term of Office

Approval of Yankton County Commission- Notice of hearing was published on _____.
Public hearing on the application was held 11-7-2024, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements and South Dakota law.

Medical Cannabis Establishment License Application
 Company Supplement Information
 (For corporate/partnership/LP/LLC Applicants)

Name of Corporation/Partnership/LP/LLC River Bend Edge LLC		
Address of office and principal place of business of corporation/partnership/LP/LLC 3300 W. 8th St. STE 2		
City Yankton	State SD	Zip 57078
Has any of the principal officers, owners and/or board members served as a principal officer or board member for a cannabis establishment that has had a governmental license or certification revoked in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Name, title of office and address of each principal officer of the corporation/partnership/LP/LLC

Name	Office	Address
Nathan Eastman	owner	30991 434th Ave. Yankton SD 57078


Name, occupation and address of each board member of the corporation/partnership/LP/LLC

Name	Occupation	Address

Where are all company records kept such as charter by-laws, minutes, accounts, notes payable etc.?

3300 W. 8th St. Yankton, SD 57078
 STE 2

We the undersigned officers and directors of the applicant company acknowledge that the supplemental application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other medical cannabis license than that expressly set forth above.

Date 10/30/24	Printed Name Nathan Eastman	Signature 
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Yankton County Medical Cannabis Establishment Zoning Checklist

TAKE TO YANKTON COUNTY ZONING OFFICE

Application and fees must be delivered in person to:

Yankton County Auditor
321 W 3rd St., Ste. 100
Yankton, SD 57078

Type of medical cannabis establishment license(s) being applied for:

- Cultivation Facility
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility
- Cannabis Dispensary

New License

Renewal

Initial on the lines before verifying the information is included in your application packet. Applicants must turn in a \$5,000 non-refundable application fee for each license being applied for.

BC _____ Verify Zoning with Planning Department as Commercial, Lakeside Commercial or Agricultural District

_____ Submit Licensing Application with the Auditors Office

_____ If application is approved by State and County Government and new building is required, Submit electronic Building Permit Application showing how the new building will conform to State and County requirements including setbacks.

<https://permitting.schneidergis.com/jurisdiction/68d88fa2-efa8-4d3c-808d-f31a65047b2e>

None required _____ Building Permit Approval from Yankton County Planning and Zoning

Zoning District: Ag Lakeside Commercial Commercial



COMMISSIONER MEETING AGENDA REQUEST

321 W 3rd, Suite 100, Yankton, SD 57078

E-Mail: patty@co.yankton.sd.us

Submission Deadline: 3:00pm on the Wednesday before scheduled meeting

Date Request Submitted 10/4/2024

Request is for Commission Meeting Dated November 7, 2024

Name: Dana Schmidt - Yankton Community Library

Address: 515 Walnut St, Yankton, SD 57078

Phone: 605-668-5275

E-Mail Address: dschmidt@cityofyankton.org

Topic to be Addressed and Length of Presentation: Agreement for the Provision of Library Services (10 minutes)

Specific Purpose for the Request (Please Also Attach Support Documents): _____

Requesting approval of the Agreement for the Provision of Library Services. I also plan to share some updates about library stats and happenings with the commissioners

Person(s) Making Presentation to the Board: Dana Schmidt

Audio/Visual Equipment Needed: No

For Office Use:

Approved _____ Denied _____ Reason(s): _____

Signature: _____

Date: _____

Agreement for the Provision of Library Services

This Agreement made this ____ day of _____, 2024 between the City of Yankton, a municipal corporation acting through its Board of Library Trustees and its Board of City Commissioners and Yankton County, a political subdivision acting through its Board of County Commissioners.

The parties do agree as follows:

1. The City of Yankton will provide the same library services to all residents of Yankton County living outside of the corporate limits of the City of Yankton as it provides for citizens of the City.
2. Yankton County will pay \$20,000 to the City of Yankton to provide library services for all Yankton County residents from January 1, 2025 until December 31, 2025. The City of Yankton will bill Yankton County semi-annually (April and October – see County Commission Minutes, 01/11/00)
3. Additionally, every household must pay an annual \$20.00 out-of-pocket charge directly to the Library upon issuance or renewal for a nonresident Yankton County card (for individuals living outside of the corporate limits of the City of Yankton but within Yankton County). Library cards may also be purchased for a 3-month membership (\$5) or a 6-month membership (\$10). Nonresident (outside of Yankton County) cards are issued at \$40.00 per household per year.
4. While the Library agrees to verify that each person or family to whom a card issued is a resident of Yankton County by using a current means of identification and proof of address, both the County and Library have agreed upon the following definition of a county resident that is eligible to purchase a County card:

“Person or persons owning residential or business property within Yankton County or, through rent or lease, paying property taxes to the County and County youth, high school freshmen through seniors. Verification of property tax payment may be additionally required for persons renting or leasing. The property owners (residing within the county or not) as well as the renter/lessee have the same right to obtain a library card.”
5. During the contract period, the Library will track the utilization of library services by county residents and provide patron database numbers, renewal and new card figures, and circulation percentages upon request to the Board of County Commissioners.
6. The Board of County Commissioners is entitled to appoint an additional member to the Board of Library Trustee of the City of Yankton as provided in SDCL 14 2-36. Said member shall have all of the powers and responsibilities granted to members of the Library Board of Trustees under state law and city code/ordinance. The term of the county representative shall be tied to this contract date as well as the term and appointment calendar for County Commissioners. If the contract is terminated for any reason, the County Commissioner’s representative on the

Library Board of Trustee will end upon the date of contract termination.

7. This agreement shall be effective and binding on January 1, 2025 extending until December 31, 2025 unless amended or terminated by either/or both parties. A mutual resolution for extension may also be included.

Approved this 18 day of September, 2024, Yankton Community Library Board of Trustees.



David Koerner
Board President

Attest:

Dana Schmidt
Library Director

Approved this ____ day of _____, 2024, Board of Commissioners, Yankton County.

John Marquardt
Chairman

Attest:

Patty Hojem
Auditor

Approved this ____ day of _____, 2024, Board of Commissioners, City of Yankton.

Mason Schramm
Mayor

Attest:

Amy Leon
City Manager

Yankton County Planning Commission
Yankton County Board of Adjustment

Date filed: 10/22/2024

Applicant

Bloch - PLAT

District type: AG R1-Low R2-Moderate R3-High C-Comm.

LC – Lakeside Commercial RT-Rural Transitional

Variance needed:

Section 513 (4) – Existing Farmstead/Home Section 515 Section 705

Section 715 Section 805

Other 605

North Side/ Yard lot line: ____ feet or no closer than ____ feet to the ____ lot line.

East Side / Yard lot line: ____ feet or no closer than ____ feet to the ____ lot line.

South Side / Yard lot line: ____ feet or no closer than ____ feet to the ____ lot line.

West Side / Yard lot line ____ feet or no closer than ____ feet to the ____ lot line.

Accessory Building Size allowed:

Proposed building size:

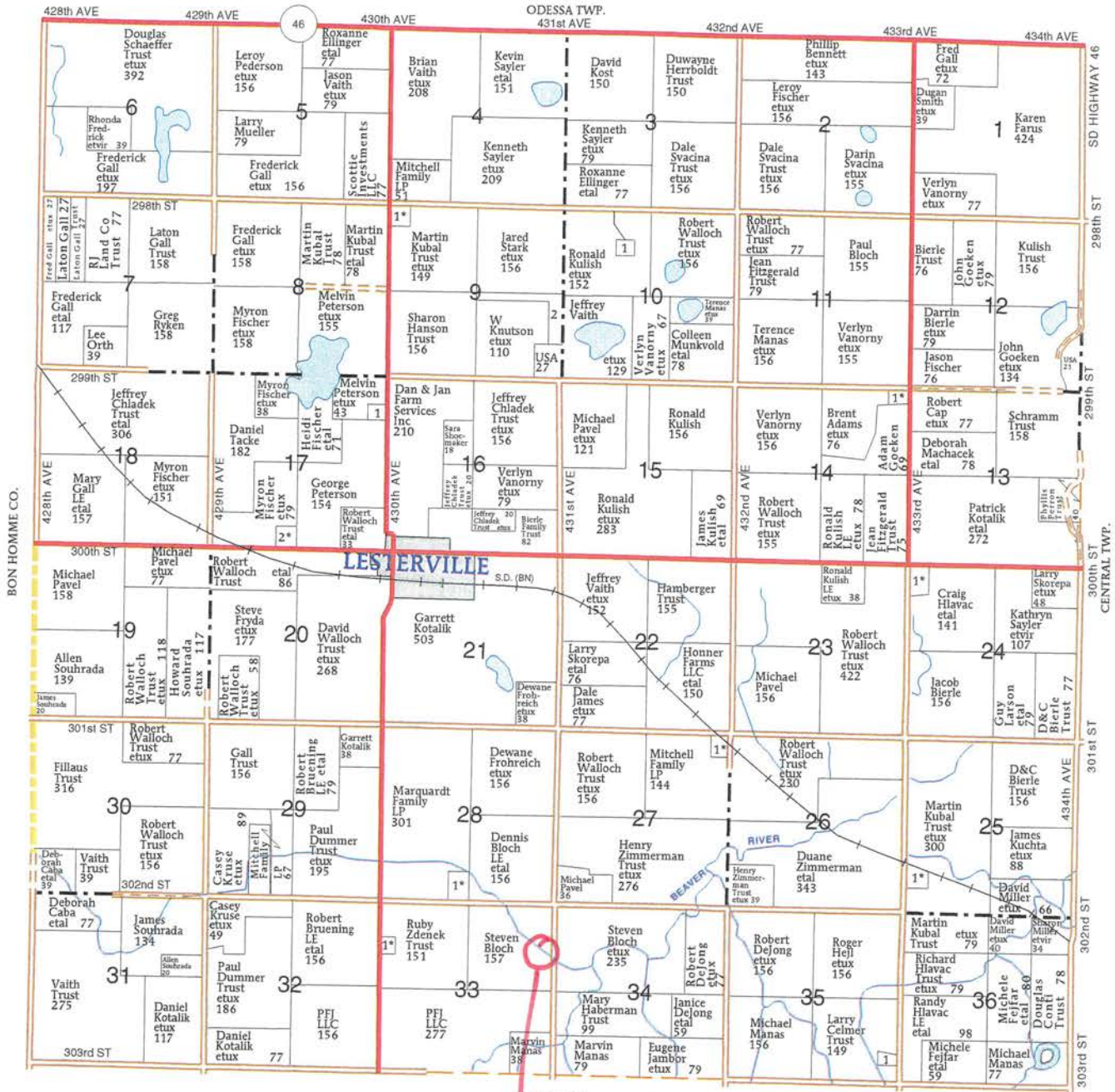
Proposed sidewall height:

Affects Section:

NOTE:

Plat of Tract 1 of Bloch's addition, in the SE1/4 of the NE1/4 of Section 33, T95N, R57W of the 5th P.M., Yankton County, South Dakota

(Landowners)



ZISKOV TWP.
 ↓
 Location

LESTERVILLE TOWNSHIP

SECTION 6

- 1 POMMERVILLE, MICHAEL ETUX 7
- 2 SUSTAINABLE PROPERTY HOLDINGS LLC 20

SECTION 10

- 1 GARTZKE, MELVIN 5

SECTION 14

- 1 SVEC, DENISE ETAL 9

SECTION 17

- 1 PETERSON, GEORGE 5
- 2 AUCH, DOUGLAS ETUX 9

SECTION 24

- 1 HLAVAC, CRAIG ETUX 15

SECTION 25

- 1 SCHANCHE, KENNETH ETUX 7

SECTION 27

- 1 LAWRENCE, ROBERT ETUX 9

SECTION 28

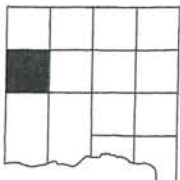
- 1 MARQUARDT, RALPH ETUX 11

SECTION 33

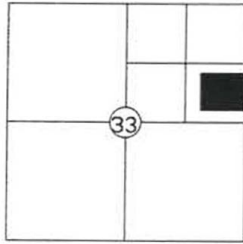
- 1 TESCH, WIATT ETUX 5

SECTION 36

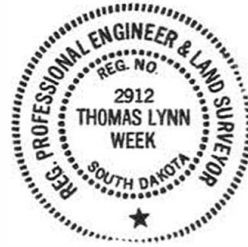
- 1 PULLEN, LORINDA 6



PLAT OF TRACT 1 OF BLOCH'S ADDITION, IN THE SE1/4 OF THE NE1/4 OF SECTION 33, T95N, R57W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA.



SECTION 33, T95N, R57W

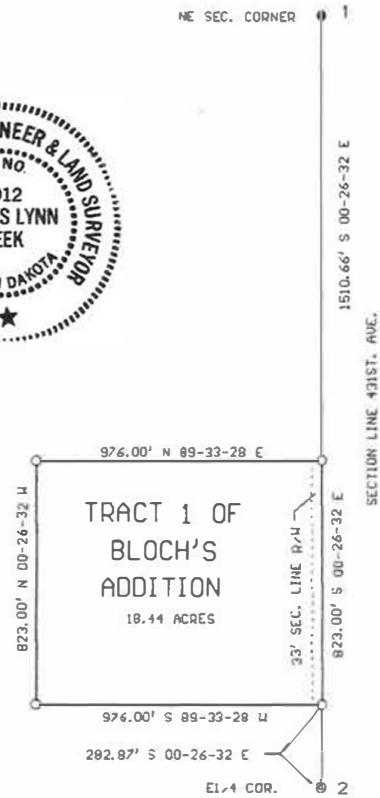


SCALE :



- ⊗ FOUND IRON
- FOUND REBAR WITH CAP
- SET 5/8" REBAR WITH CAP STAMPED TOM WEEK LS 2912

1 = LAT. 43-00-37.00404 N, LONG. 97-34-35.12692 W
 2 = LAT. 43-00-11.16263 N, LONG. 97-34-34.95511 W



SURVEYORS CERTIFICATE

I, THOMAS LYNN WEEK, REGISTERED LAND SURVEYOR IN YANKTON, SOUTH DAKOTA, HAVE AT THE DIRECTION OF THE OWNER, MADE A SURVEY OF TRACT 1 OF BLOCH'S ADDITION, IN THE SE1/4 OF THE NE1/4 OF SECTION 33, T95N, R57W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA. I HAVE SET IRON PINS AS SHOWN, AND SAID SURVEY AND PLAT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 DATED THIS 21ST. DAY OF OCTOBER, 2024.

 THOMAS LYNN WEEK
 REG. LAND SURVEYOR
 REG. NO. 2912

ZONING ADMINISTRATOR

THE UNDERSIGNED, COUNTY ZONING ADMINISTRATOR OF YANKTON COUNTY, SOUTH DAKOTA, HEREBY CERTIFIES THAT THIS PLAT HAS BEEN REVIEWED BY ME OR MY AUTHORIZED AGENT IN ACCORDANCE WITH SECTION 513 (FARMSTEAD, MINIMUM LOT REQUIREMENTS) OF THE YANKTON COUNTY SUBDIVISION REGULATIONS, AND TRACT 1 OF BLOCH'S ADDITION DOES QUALIFY AS A FARMSTEAD.

 ZONING ADMINISTRATOR

RESOLUTION OF COUNTY PLANNING COMMISSION

BE IT RESOLVED BY THE YANKTON COUNTY PLANNING COMMISSION, THAT THE ABOVE PLAT REPRESENTING TRACT 1 OF BLOCH'S ADDITION, IN THE SE1/4 OF THE NE1/4 OF SECTION 33, T95N, R57W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA, BE AND THE SAME IS HEREBY APPROVED.

 CHAIRMAN, PLANNING COMMISSION

CERTIFICATE OF STREET AUTHORITY

THERE IS ACCESS TO TRACT 1 OF BLOCH'S ADDITION FROM 431ST. AVE., ANY FURTHER ACCESS POINTS WILL REQUIRE ADDITIONAL APPROVAL.

DATED THIS _____ DAY OF _____, _____.

 COUNTY APPROVAL

PLAT OF TRACT 1 OF BLOCH'S ADDITION, IN THE SE1/4 OF THE NE1/4 OF SECTION 33, T95N, R57W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA.

OWNERS CERTIFICATE

I, STEVEN A. BLOCH, DO HEREBY CERTIFY THAT I AM THE ABSOLUTE AND UNQUALIFIED OWNER OF THE ABOVE DESCRIBED PROPERTY: TRACT 1 OF BLOCH'S ADDITION, IN THE SE1/4 OF THE NE1/4 OF SECTION 33, T95N, R57W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA. THAT THE ABOVE SURVEY AND PLAT WAS MADE AT MY REQUEST AND UNDER MY DIRECTION FOR THE PURPOSE OF LOCATING, MARKING AND PLATTING THE SAME, AND THAT SAID PROPERTY IS FREE FROM ALL ENCUMBRANCES. THE DEVELOPMENT OF THIS LAND SHALL CONFORM TO ALL EXISTING APPLICABLE ZONING SUBDIVISION AND EROSION AND SEDIMENT CONTROL REGULATIONS.

DATED THIS ____ DAY OF _____, _____.

STEVEN A. BLOCH

STATE OF _____
COUNTY OF _____
ON THIS ____ DAY OF _____, _____, BEFORE ME, THE UNDERSIGNED OFFICER, PERSONALLY APPEARED STEVEN A. BLOCH, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT AND WHO ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES THEREIN CONTAINED.
MY COMMISSION EXPIRES _____

NOTARY PUBLIC

RESOLUTION OF APPROVAL

WHEREAS, IT APPEARS THAT THE OWNER THEREOF HAS CAUSED A PLAT TO BE MADE OF THE FOLLOWING REAL PROPERTY: TRACT 1 OF BLOCH'S ADDITION, IN THE SE1/4 OF THE NE1/4 OF SECTION 33, T95N, R57W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA, AND HAS SUBMITTED SUCH PLAT TO THE COUNTY COMMISSION OF YANKTON COUNTY, SOUTH DAKOTA FOR APPROVAL. NOW THEREFORE BE IT RESOLVED, THAT SUCH PLAT HAS BEEN EXECUTED ACCORDING TO THE LAW AND SAME IS HEREBY APPROVED. THE COUNTY AUDITOR IS HEREBY AUTHORIZED AND DIRECTED TO ENDORSE ON SUCH PLAT A COPY OF THIS RESOLUTION AND CERTIFY THE SAME.

I, _____, COUNTY AUDITOR OF YANKTON COUNTY, SOUTH DAKOTA, DO HEREBY CERTIFY THAT THE WITHIN AND FOREGOING IS A TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF COUNTY COMMISSIONERS OF YANKTON COUNTY, SOUTH DAKOTA, ON THIS ____ DAY OF _____.

COUNTY AUDITOR

CHAIRMAN OF THE BOARD OF COUNTY COMMISSIONERS

DIRECTOR OF EQUALIZATION CERTIFICATE

I, _____, DIRECTOR OF EQUALIZATION, YANKTON COUNTY, SOUTH DAKOTA, CERTIFY THAT I HAVE RECEIVED A COPY OF THE FOREGOING PLAT. DATED THIS ____ DAY OF _____, _____.

DIRECTOR OF EQUALIZATION, YANKTON COUNTY

TREASURER CERTIFICATE

I, _____, TREASURER OF YANKTON COUNTY, SOUTH DAKOTA, CERTIFY THAT ALL TAXES WHICH ARE LIEN UPON ANY LAND INCLUDED IN THE ABOVE PLAT, AS SHOWN BY THE RECORDS OF THIS OFFICE, HAVE BEEN PAID. DATED THIS ____ DAY OF _____, _____.

TREASURER, YANKTON COUNTY

REGISTER OF DEEDS CERTIFICATE

I, _____, REGISTER OF DEEDS, YANKTON COUNTY, SOUTH DAKOTA, CERTIFY THAT I HAVE RECEIVED THE ORIGINAL PLAT, FILED FOR RECORD THIS ____ DAY OF _____, _____, _____ O'CLOCK ____ M., AND DULY RECORDED IN BOOK NO. ____, PAGE ____.

PREPARED BY: TOM WEEK
407 REGAL DRIVE
YANKTON, SOUTH DAKOTA 57078
605-665-8333

REGISTER OF DEEDS, YANKTON COUNTY, SD

PLAT PERMIT

Longitude

-97.5777786151288

Latitude

43.00469535142349

Permit Number

PLAT2418

Parcel Number

15.033.100.100

Permit Status

Received

Permit Fee

100

Total Due

100

Was fee paid?

Yes

Receipt Number

2049

Application Accepted By

Bill Conkling

Site Plan Checked By

Gary Vetter

Is location in floodplain?

No

Existing Zoning

AGRICULTURE

Size of the Current Parcel

157

Current Legal Description

NE4

Applicant Name

Steven A Bloch

Applicant Phone

6056658333

Applicant Address

30241 431st Lesterville

Applicant Email Address

tcweek@iw.net

Name of the Surveyor / Engineer

Tom Week

Surveyor / Engineer Address

407 Regal Dr, Yankton

Surveyor / Engineer Phone

6056658333

Surveyor / Engineer Email

tcweek@iw.net

Surveyor / Engineer Contact Person

Tom Week

Owner Name

Steven A Bloch

Owner Phone

6056658333

Owner Address

30241 431st Lesterville

Owner Email Address

tcweek@iw.net

Location of Property

Lat: 43.004695 Lon: -97.577779



Powered by Esri

Section Township Range

33-95-57

Tract or Lot Number

Tract 1

Number of Acres Being Platted

18

Addition Name

Bloch Addition

How is the Property Currently Being Used

AG

How Will the Property Be Used

AG

Is this Property an Existing Farmstead

Yes

If a Farmstead, How Many Acres Surround it

18

Has the Plat Been Approved By the City of Yankton

No

Is Owner Signature Notarized

Yes

Do you have Signatures and Approval from the Road Authority

Yes

Do you have the County Treasurer's Signature

Yes

Insert Plat Here

PDF PLAT-.pdf
496.3KB

Applicant Signature

A handwritten signature in black ink, appearing to read "John A. Blum". The signature is written in a cursive style with a large initial "J" and "B".

ApplicantSignature-.jpg

Owner Signature

A handwritten signature in black ink, appearing to read "John". The signature is written in a cursive style with a large initial "J".

OwnerSignature-.jpg

Date of Application Submission

Oct 22, 2024

Yankton County Planning Commission
Yankton County Board of Adjustment

Date filed: 10/22/2024

Applicant

Kabeiseman - PLAT

District type: AG R1-Low R2-Moderate R3-High C-Comm.

LC -- Lakeside Commercial RT-Rural Transitional

Variance needed:

Section 513 (4) – Existing Farmstead/Home Section 515 Section 705

Section 715 Section 805

Other 605

North Side/ Yard lot line: ____ feet or no closer than ____ feet to the ____ lot line.

East Side / Yard lot line: ____ feet or no closer than ____ feet to the ____ lot line.

South Side / Yard lot line: ____ feet or no closer than ____ feet to the ____ lot line.

West Side / Yard lot line ____ feet or no closer than ____ feet to the ____ lot line.

Accessory Building Size allowed:

Proposed building size:

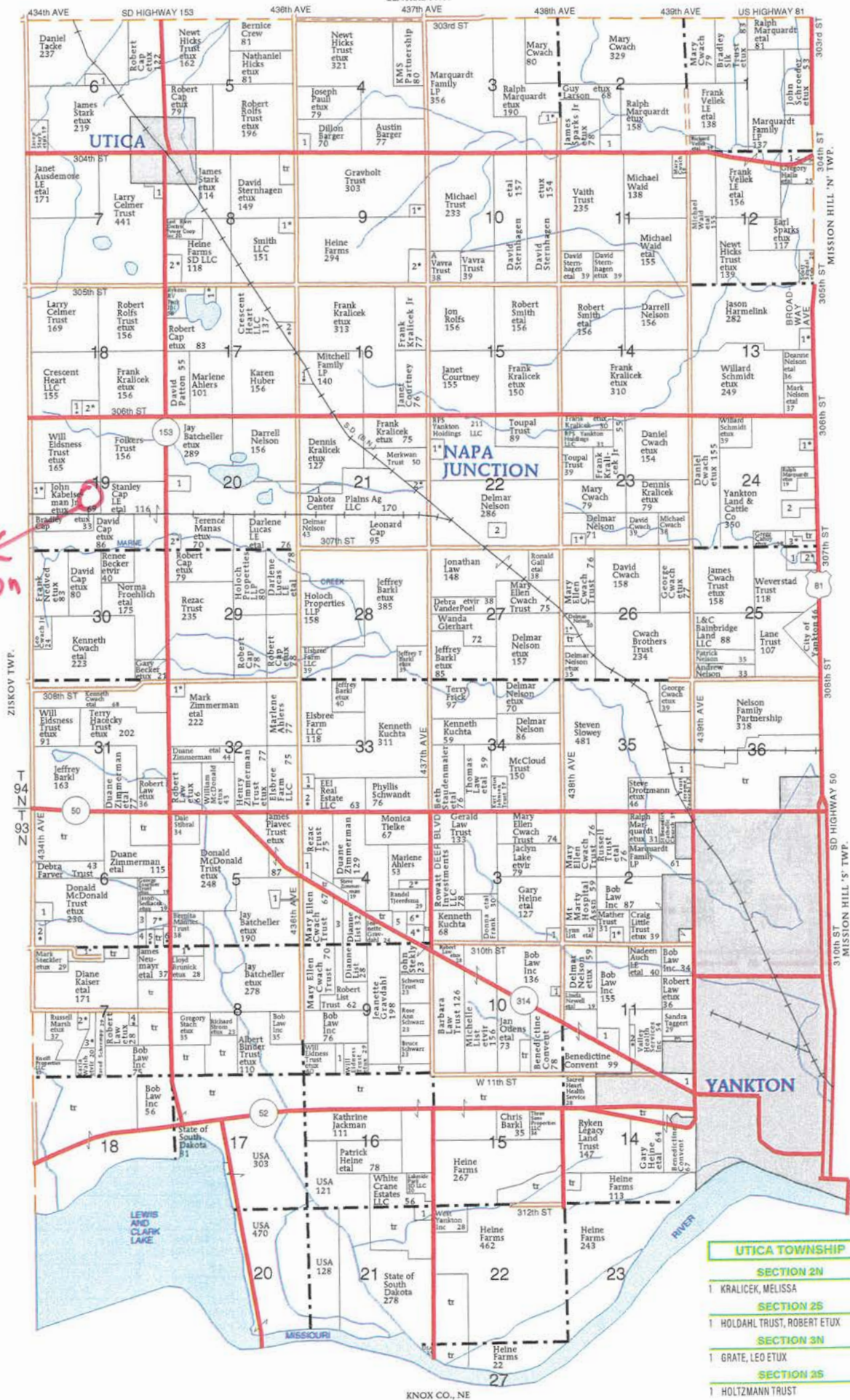
Proposed sidewall height:

Affects Section:

NOTE:

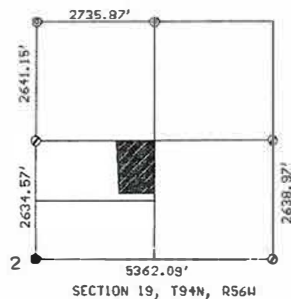
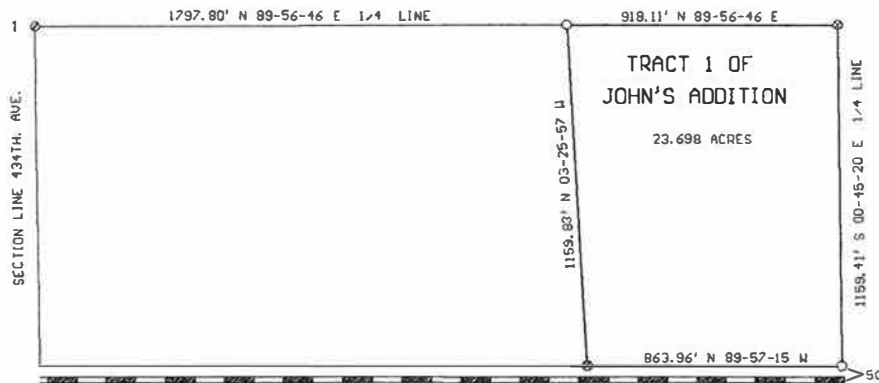
Plat of Tract 1 of John's Addition, in the N1/2 of the SW1/4, lying North of the railroad right-of-way, Section 19, T94N, R56W of the 5th P.M., Yankton County, South Dakota

CENTRAL TWP.

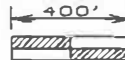


SECTION 4N	1	NEVDED, MARK	7
SECTION 4S	1	MARQUARDT, RALPH	8
	2	BRANDT TRUST, MERLE ETAL	11
	3	LIST TRUST, ROBERT	18
	4	SWEDLUND, JERALD ETUX	14
	5	HAMBERGER, BRIAN	8
	6	SMITH, NATHAN ETUX	8
SECTION 5S	1	BATCHELLER, JAY	8
SECTION 6N	1	TOWN OF UTICA	6
SECTION 6S	1	GILMORE, TONIA	11
	2	VAN MAANEN, TODD ETUX	10
	3	MASKA, LEANN	5
	4	KOZAK, KARLEE	6
	5	LOECKER, MARK ETUX	5
	6	BLAHA, JON ETUX	5
	7	HILL, EDWIN ETUX	12
SECTION 7N	1	BOLD PURSUITS LLC	10
SECTION 7S	1	GUITRON, MARIA ETAL	13
	2	ROBB, RUSSELL ETUX	7
	3	LIVINGSTON, CARL ETUX	10
	4	PHILIPS, TIMOTHY ETUX	5
SECTION 8N	1	CHRISTIANSON, DAVID ETUX	6
	2	HUGHES, SCOTT ETUX	13
SECTION 8S	1	FANTA, TIMOTHY ETUX	9
SECTION 9N	1	KILBURN, REX ETUX	7
	2	GILMORE TRUST, HOWARD ETUX	17
SECTION 9S	1	ROKAHR, STEVEN	9
SECTION 10S	1	HEJMA, JAMIE	5
SECTION 11S	1	BILLION, ERIKA	12
	2	HECKY TRUST, TERRANCE ETUX	11
	3	AFFORDABLE SELF STORAGE LLC	8
SECTION 12N	1	MARQUARDT FAMILY LP	6
SECTION 13N	1	COTTON, JEFFREY ETUX	8
SECTION 14S	1	YANKTON MEDICAL CLINIC PC	12
SECTION 16N	1	ANSTINE, RODNEY ETUX	7
SECTION 17N	1	SCHENKEL, DARRELL ETUX	8
	2	TACKE, WM ETUX	13
SECTION 18N	1	CAP LE, STANLEY ETAL	5
	2	CAP, ROBERT ETUX	7
SECTION 19	1	SCHENKEL, DANIEL ETUX	7
SECTION 20N	1	YANKTON CO SHARPSHOOTERS ASSN	12
	2	JOHNSON, MICHAEL ETUX	9
SECTION 21N	1	YANKTON PROTEIN LLC	12
	2	KRALICEK, FRANK ETUX	5
SECTION 21S	1	WHITE CRANE ESTATES LLC	8
SECTION 22N	1	TAGGART, WILLIAM ETUX	9
	2	NELSON TRUST, FLOYD	12
SECTION 23N	1	POSPISHIL, SCOTT ETUX	7
SECTION 24	1	MARTS, LUCAS ETUX	7
	2	MARQUARDT, DOUG	13
	3	KELLER, DALLAS ETUX	10
SECTION 25	1	SLOWEY TRUST	15
	2	WOHL, TOBY ETAL	7
SECTION 26	1	BARNES, DAVID ETUX	7
SECTION 32	1	ZIMMERMAN TRUST, HENRY ETAL	12
SECTION 33	1	DELOZIER, DARRIK ETAL	6
	2	WADDELL, EDWARD ETUX	8
SECTION 35	1	HOLTZMANN TRUST	7
	2	YAGGIES INC	10

PLAT OF TRACT 1 OF JOHN'S ADDITION, IN THE N1/2 OF THE SW1/4, LYING NORTH OF THE RAILROAD RIGHT-OF-WAY, SECTION 19, T94N, R56W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA.



SCALE :



- ⊙ FOUND REBAR
- ⊙ WOOD CORNER POST
- ⊙ FOUND AL. CAP
- FOUND REBAR WITH CAP
- SET 5/8" REBAR WITH CAP STAMPED TOM WEEK LS 2912



1 = LAT. 42-56-41.62839 N, LONG. 97-31-00.47672 W
 2 = LAT. 42-56-15.60940 N, LONG. 97-31-00.08374 W

SURVEYORS CERTIFICATE

I, THOMAS LYNN WEEK, REGISTERED LAND SURVEYOR IN YANKTON, SOUTH DAKOTA, HAVE AT THE DIRECTION OF THE OWNERS, MADE A SURVEY OF TRACT 1 OF JOHN'S ADDITION, IN THE N1/2 OF THE SW1/4, LYING NORTH OF THE RAILROAD RIGHT-OF-WAY, SECTION 19, T94N, R56W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA. I HAVE SET IRON PINS AS SHOWN, AND SAID SURVEY AND PLAT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATED THIS 21ST. DAY OF OCTOBER, 2024.

THOMAS LYNN WEEK
 REGISTERED LAND SURVEYOR
 REG. NO. 2912

RESOLUTION OF COUNTY PLANNING COMMISSION

BE IT RESOLVED BY THE YANKTON COUNTY PLANNING COMMISSION, THAT THE ABOVE PLAT REPRESENTING TRACT 1 OF JOHN'S ADDITION, IN THE N1/2 OF THE SW1/4, LYING NORTH OF THE RAILROAD RIGHT-OF-WAY, SECTION 19, T94N, R56W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA, BE AND THE SAME IS HEREBY APPROVED.

CHAIRMAN, PLANNING COMMISSION

CERTIFICATE OF STREET AUTHORITY

ACCESS TO TRACT 1 OF JOHN'S ADDITION WILL BE FROM ADJACENT FARM GROUND. NO ACCESS FROM 434TH. AVE. IS NEEDED.

DATED THIS _____ DAY OF _____, _____,

TOWNSHIP/COUNTY REPRESENTATIVE

PLAT OF TRACT 1 OF JOHN'S ADDITION, IN THE N1/2 OF THE SW1/4, LYING NORTH OF THE RAILROAD RIGHT-OF-WAY, SECTION 19, T94N, R56W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA.

OWNERS CERTIFICATE

I, JOHN R. KABEISEMAN, JR., DO HEREBY CERTIFY THAT I AM THE ABSOLUTE AND UNQUALIFIED OWNER OF TRACT 1 OF JOHN'S ADDITION, IN THE N1/2 OF THE SW1/4, LYING NORTH OF THE RAILROAD RIGHT-OF-WAY, SECTION 19, T94N, R56W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA. THAT THE ABOVE SURVEY AND PLAT WAS MADE AT MY REQUEST AND UNDER MY DIRECTION FOR THE PURPOSE OF LOCATING, MARKING AND PLATTING THE SAME, AND THAT SAID PROPERTY IS FREE FROM ALL ENCUMBRANCES. THE DEVELOPMENT OF THIS LAND SHALL CONFORM TO ALL EXISTING APPLICABLE ZONING, SUBDIVISION AND EROSION AND SEDIMENT CONTROL REGULATIONS.

DATED THIS _____ DAY OF _____, 2024. _____
JOHN R. KABEISEMAN JR.

STATE OF _____
COUNTY OF _____

ON THIS _____ DAY OF _____, 2024, BEFORE ME, THE UNDERSIGNED OFFICER, PERSONALLY APPEARED JOHN R. KABEISEMAN JR., KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT AND WHO ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES THEREIN CONTAINED.

MY COMMISSION EXPIRES _____
NOTARY PUBLIC

RESOLUTION OF APPROVAL

WHEREAS, IT APPEARS THAT THE OWNER THEREOF HAS CAUSED A PLAT TO BE MADE OF THE FOLLOWING REAL PROPERTY: TRACT 1 OF JOHN'S ADDITION, IN THE N1/2 OF THE SW1/4, LYING NORTH OF THE RAILROAD RIGHT-OF-WAY, SECTION 19, T94N, R56W OF THE 5TH. P.M., YANKTON COUNTY, SOUTH DAKOTA, AND HAVE SUBMITTED SUCH PLAT TO THE COUNTY COMMISSION OF YANKTON COUNTY, SOUTH DAKOTA FOR APPROVAL. NOW THEREFORE BE IT RESOLVED, THAT SUCH PLAT HAS BEEN EXECUTED ACCORDING TO THE LAW AND SAME IS HEREBY APPROVED. THE COUNTY AUDITOR IS HEREBY AUTHORIZED AND DIRECTED TO ENDORSE ON SUCH PLAT A COPY OF THIS RESOLUTION AND CERTIFY THE SAME.

I, _____, COUNTY AUDITOR OF YANKTON COUNTY, SOUTH DAKOTA, DO HEREBY CERTIFY THAT THE WITHIN AND FOREGOING IS A TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF COUNTY COMMISSIONERS OF YANKTON COUNTY, SOUTH DAKOTA, ON THIS _____ DAY OF _____, 2024.

COUNTY AUDITOR

CHAIRMAN OF THE BOARD OF COUNTY COMMISSIONERS

DIRECTOR OF EQUALIZATION CERTIFICATE

I, _____, DIRECTOR OF EQUALIZATION, YANKTON COUNTY, SOUTH DAKOTA, CERTIFY THAT I HAVE RECEIVED A COPY OF THE FOREGOING PLAT. DATED THIS _____ DAY OF _____, 2024.

DIRECTOR OF EQUALIZATION, YANKTON COUNTY

TREASURER CERTIFICATE

I, _____, TREASURER OF YANKTON COUNTY, SOUTH DAKOTA, CERTIFY THAT ALL TAXES WHICH ARE LIEN UPON ANY LAND INCLUDED IN THE ABOVE PLAT, AS SHOWN BY THE RECORDS OF THIS OFFICE, HAVE BEEN PAID. DATED THIS _____ DAY OF _____, 2024.

TREASURER, YANKTON COUNTY

REGISTER OF DEEDS CERTIFICATE

I, _____, REGISTER OF DEEDS, YANKTON COUNTY, SOUTH DAKOTA, CERTIFY THAT I HAVE RECEIVED THE ORIGINAL PLAT, FILED FOR RECORD THIS _____ DAY OF _____, 2024, _____ O'CLOCK _____M., AND DULY RECORDED IN BOOK NO. _____, PAGE _____.

PREPARED BY: TOM WEEK
407 REGAL DRIVE
YANKTON, SOUTH DAKOTA 57078
605-665-8333

REGISTER OF DEEDS, YANKTON COUNTY

PLAT PERMIT

Longitude

-97.50786188178243

Latitude

42.94270004170642

Permit Number

PLAT2419

Parcel Number

10.019.300.100

Permit Status

Approved Active

Permit Fee

100

Total Due

100

Was fee paid?

Yes

Receipt Number

2231

Application Accepted By

Bill Conkling

Site Plan Checked By

Gary Vetter

Is location in floodplain?

No

Existing Zoning

AGRICULTURE

Size of the Current Parcel

68

Current Legal Description

N2 SW4 EXC 2.54 ACRES & EXC N670' W463'

Applicant Name

John Kabeiseman

Applicant Phone

6056658333

Applicant Address

30664 434 AVE YANKTON SD 57078

Applicant Email Address

tcweek@iw.net

Name of the Surveyor / Engineer

Tom Week

Surveyor / Engineer Address

407 Regal Dr

Surveyor / Engineer Phone

6056658333

Surveyor / Engineer Email

tcweek@iw.net

Surveyor / Engineer Contact Person

Tom Week

Owner Name

John Kabeiseman

Owner Phone

6056658333

Owner Address

30664 434 AVE YANKTON SD 57078

Owner Email Address

tcweek@iw.net

Location of Property

Lat: 42.9427 Lon: -97.507862



Powered by Esri

Section Township Range

19-94-56

Tract or Lot Number

Tract 1

Number of Acres Being Platted

23

Addition Name

John's Addition

How is the Property Currently Being Used

AG

How Will the Property Be Used

AG

Is this Property an Existing Farmstead

No

If a Farmstead, How Many Acres Surround it

0

Has the Plat Been Approved By the City of Yankton

No

Is Owner Signature Notarized

Yes

Do you have Signatures and Approval from the Road Authority

Yes

Do you have the County Treasurer's Signature

Yes

Insert Plat Here


PDF Kabeiseman plat.pdf
504.6KB

Applicant Signature

A handwritten signature in black ink, appearing to read "John Kulman". The signature is written in a cursive style with a large initial "J" and "K".

ApplicantSignature-.jpg

Owner Signature

A handwritten signature in black ink, appearing to read "John". The signature is written in a cursive style with a large initial "J".

OwnerSignature-.jpg

Date of Application Submission

Oct 22, 2024

**First Amendment to South Dakota
Internet Crimes Against Children Task Force
Joint Powers Agreement**

FIRST AMENDMENT TO THE JOINT POWERS AGREEMENT AMONG the State of South Dakota, Office of Attorney General, Division of Criminal Investigation, 1302 E. Hwy. 14, Ste. 5, Pierre, SD 57501 (“DCI”), and the following “Participating Law Enforcement Agencies”:

- City of Aberdeen, acting through its Police Department, P.O. Box 53, Aberdeen, SD 57402;
- City of Brookings, acting through its Police Department, 307 3rd Ave., Brookings, SD 57006;
- City of Huron, acting through its Police Department, P.O. Box 1369, Huron, SD 57350;
- City of Mitchell, acting through its Police Department, 201 W. 1st Ave., Mitchell, SD 57301;
- City of Pierre, acting through its Police Department, 3200 E. Hwy. 34, Ste. 13, Pierre, SD 57501;
- City of Rapid City, acting through its Police Department, 300 Kansas City St., Ste. 200, Rapid City, SD 57701;
- City of Sioux Falls, acting through its Police Department, 320 W. 4th St., Sioux Falls, SD 57104;
- City of Vermillion, acting through its Police Department, 15 Washington St., Vermillion, SD 57069;
- City of Watertown, acting through its Police Department, 128 N. Maple St., Watertown, SD 57201;
- City of Yankton, acting through its Police Department, P.O. Box 176, Yankton, SD 57078;
- County of Minnehaha, acting through its Sheriff’s Office, 320 W. 4th St., Sioux Falls, SD 57104;
- County of Pennington, acting through its Sheriff’s Office, 300 Kansas City St., Ste. 100, Rapid City, SD 57701;
- Homeland Security Investigations, B.H. Whipple Federal Bldg., 1 Federal Dr., Ste. 1340, Fort Snelling, MN 55111;
- United States Air Force, Office of Special Investigations, 2116 Scott Dr., Ellsworth AFB, SD 57706;
- County of Lake, acting by and through its Sheriff’s Office, 200 Center St E, Madison, SD 57042;
- County of Lincoln, acting by and through its Sheriff’s Office, 128 N Main St, Canton, SD 57013;
- County of Yankton, acting by and through its Sheriff’s Office, 410 Walnut St., Suite #104, Yankton, SD 57078.

WHEREAS, DCI and the Participating Law Enforcement Agencies made and entered into a Joint Powers Agreement dated the 24th day of February, 2017 (the “Agreement” hereinafter); and,

WHEREAS, the Lincoln County Sherriff’s Office wishes to become a Participating Law Enforcement Agency; and

WHEREAS, Paragraph 22 of the Agreement provides that “Modification of this Agreement may be made at any time during the effective period only upon timely notification to the Parties along with written consent and agreement of the Parties, their successors, or their duly-appointed representatives;” and

WHEREAS, the DCI wishes to add the Lincoln County Sherriff’s Office as a Participating Law Enforcement Agency, to revise the Agreement to more easily add agencies who wish to become Participating Law Enforcement Agencies, and to revise the Agreement to clarify the roles and responsibilities of the Parties;

WHEREAS, by entering into this Amendment the parties intend to replace and supersede the Joint Powers Agreement South Dakota ICAC Task Force dated the 24th day of February 2017.

NOW THEREFORE, in consideration of the foregoing and of the mutual promises contained herein, the parties agree that the Agreement be amended to read as follows:

Overview/Mission Statement

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) created the ICAC Task Force program, which is a national network of state and local law enforcement cyber-crime units. The national ICAC program assists state and local law enforcement agencies to develop an effective response to cyber enticement and child pornography cases. This help encompasses investigative and forensic components, training and technical assistance, victim services, and community education. Due, in large part, to the technological aspects of these cases, the ICAC Task Force program promotes a multi-jurisdictional, multi-agency, team approach to investigating and prosecuting ICAC cases.

The mission of the South Dakota ICAC Task Force is to: (1) properly investigate and prosecute those who sexually exploit children through the use of the internet and/or computers; (2) provide training and equipment to those involved in investigating and prosecuting ICAC cases; and (3) provide community education regarding the prevention of Internet Crimes Against Children.

Pursuant to South Dakota Codified Laws (SDCL), Chs.1-24, 7-8-20, 9-12-4, and 23-3, the DCI and Participating Law Enforcement Agencies (collectively the Parties) are empowered to enter into this Joint Powers Agreement for joint law enforcement and training purposes; and

The DCI is a recipient of a federal grant (true and correct copy of the current award is attached to this Agreement as Exhibit A) awarded by the OJJDP in Washington DC to assist law enforcement in investigating and combating the exploitation of children which occurs through the use of computers by providing funding for equipment, training, and expenses including travel and overtime funding, which are incurred by law enforcement as a result of such investigations; and

Consistent with the terms of the federal grant and mission statement, DCI created and established the South Dakota ICAC Task Force and is one of the task forces created nationwide. The OJJDP ICAC Board of Directors has been established representing each of the existing ICAC Task Forces to oversee the operation of the federal grant and sub-grant recipients; and

The parties approve, authorize, and enter into this Agreement with the purpose of implementing a three-pronged approach to combat Internet Crimes Against Children: prevention, education, and enforcement; and

DCI and the Participating Law Enforcement Agencies have joined together to form a multi-agency task force intended to investigate and prosecute crimes committed against children and the criminal exploitation of children that is committed and/or facilitated by or through the use of computers and to disrupt and dismantle organizations engaging in such activity; and

The Parties agree to utilize applicable state and federal laws to prosecute criminal, civil, and forfeiture actions against identified violators as appropriate; and

DCI and the Participating Law Enforcement Agencies approve, authorize, and enter into this Agreement to participate in the South Dakota Internet Crimes Against Children Task Force (Task Force) with the purpose of implementing a three-pronged approach to combat Internet Crimes Against Children: prevention, education and enforcement.

1. Duration of Agreement.

This Agreement is effective as of the date first written above and will remain in effect until terminated by the agreement of the Parties or as provided in this Agreement.

2. Supersession

This Agreement replaces and supersedes any and all prior agreements between one or more of the Parties concerning the subject matter hereof. The Parties agree that all prior Joint Powers Agreements concerning the subject matter of this Agreement shall be terminated as of the effective date of this Agreement.

3. Obligations of the Participating Law Enforcement Agencies

- a. Each Party shall adhere to the OJJDP ICAC Task Force Operational and Investigative Standards, in addition to state and federal laws, when conducting undercover operations relative to ICAC (a true and correct copy of the current standards was provided as Exhibit B of the original Agreement).
- b. Each Party shall adhere to the South Dakota ICAC Task Force Policy Statement (a true and correct copy of the current standards was provided as Exhibit C of the original Agreement).
- c. Each Party shall adhere to the Memorandum of Understanding between OJJDP, U.S. Attorney for the District of South Dakota, and the Attorney General for the South Dakota ICAC Task Force (a true and correct copy of the current standards was provided as Exhibit D of the original Agreement).
- d. Each Party will contribute employees to the Task Force for carrying out the purposes of this Agreement. All employees contributed by a Party (“contributed employees”) will be employed by that Party.
- e. When a contributed employee acts within the scope of this Agreement, the contributed employee’s actions are within that employee’s scope of duty and course of employment to the same extent as if the contributed employee had acted on behalf of the employee’s employing Party.
- f. Each party will be solely responsible for the actions of its officers, agents, and employees under this Agreement. The parties agree that nothing in the Agreement shall be construed as an indemnification by one party or the other for liabilities of a party or third persons for property loss, damage, death, or personal injury arising out of the performance of this Agreement. Any liabilities or claims for property loss, death, personal injury by a party or its agents, employees, contractors or assigns, or by third persons arising out of and during this Agreement shall be determined according to applicable state law.
- g. All contributed employees shall continue to be employed by the contributing Party and all services, duties, acts or omissions performed by the contributed employee will be within the course and duty of that employment and, therefore, the contributing Party will retain the exclusive responsibility for any such contributed

employee including, but not limited to, regular and overtime wages and salaries, unemployment, worker's compensation, health insurance coverage, and other employer fringe benefits. Parties also agree to obtain and maintain liability coverage for all their respective contributed employees acting under this Agreement under the same terms and conditions of coverage applicable to those employees while performing law enforcement and other activities for such Party.

- h. The Parties agree that nothing in this Agreement shall otherwise limit the jurisdiction, powers, and responsibilities normally possessed by contributed employees. The Parties understand that there is nothing in this Agreement which prevents any contributed employee who is assigned to the Task Force, when not acting hereunder, from performing law enforcement duties for the applicable Party.
- i. Each Party will be responsible for the day-to-day operational supervision, administrative control, and personal and professional conduct of its employees assigned to the Task Force. ICAC investigations are a cooperative effort and investigative decisions will be a joint process guided by ICAC standards.
- j. The Participating Law Enforcement Agencies shall make a reasonable good faith attempt to be represented at any scheduled meetings in order to share information and resources amongst the multiple entities. All contributed employees shall meet at least semiannually at a time and location selected by DCI.
- k. The Participating Law Enforcement Agencies shall make investigators designated as Task Force members available for applicable specialized training provided through the national ICAC program and other appropriate training programs. The Office will review training requests and provide funding for ICAC-approved training when appropriate.
- l. The Participating Law Enforcement Agencies shall be solely responsible for forwarding information relative to the indemnification of victims to the Child Victim Identification Program (CVIP) pursuant to OJJDP guidelines.
- m. The Participating Law Enforcement Agencies shall provide DCI, in a timely manner, all investigative equipment acquired through federal grant funding as a result of this Agreement in the event that future federal funding is no longer available, a Participating Law Enforcement Agency decides to withdraw its participation in this Agreement, the Agreement is terminated, or a Participating Law Enforcement Agency breaches the Agreement.

- n. The Participating Law Enforcement Agencies agree that any confidential information pertaining to investigations of Internet Crimes Against Children will be held in the strictest confidence and will only be shared with participating Task Force members or other law enforcement agencies where necessary or as otherwise permitted by federal and/or state law.

4. Federal Grant Funds

- a. The Participating Law Enforcement Agencies may be eligible for federal grant funds for costs incurred under the Agreement. Receipt of any grant funds is contingent on a Participating Law Enforcement Agency complying with all the terms and conditions of the federal grant agreement (attached to this Agreement as Exhibit A).
- b. Participating Law Enforcement Agencies must submit a prior written request at least five weeks in advance and receive approval from the DCI to receive equipment or reimbursement for expenses paid from grant funds. The Participating Law Enforcement Agencies must supply original receipts to be reimbursed on preapproved requests.

5. Record Keeping

The Participating Law Enforcement Agencies shall maintain accurate records pertaining to prevention, education, and enforcement activities to be collected and forwarded monthly to the Director of DCI or his designee for statistical reporting purposes.

6. Audits

The Participating Law Enforcement Agencies shall participate fully in any audits required by the OJJDP or DCI.

7. DCI agrees as follows:

- a. To include in all future federal grant fund requests to OJJDP money to be disbursed to Participating Law Enforcement Agencies under terms of this Agreement.
- b. Timely consider and respond to Participating Law Enforcement Agencies' requests for grant funds for training, equipment, and activities performed for the Task Force.
- c. Assist Participating Law Enforcement Agencies that are performing Task Force activities under this Agreement.

- d. Timely notify Participating Law Enforcement Agencies of training opportunities for employees assigned to the Task Force and equipment that may be purchased under the grant.
- e. Timely notify Participating Law Enforcement Agencies of the time and place of Task Force meetings and any amendments or changes to the federal grant OJJDP ICAC Task Force Operational and Investigative Standards or South Dakota ICAC Task Force Policy Statement that may affect the terms and conditions of this Agreement including, but not limited to, DCI's ability to provide grant funds to Participating Law Enforcement Agencies.

8. Modification and Amendment

Modification of this Agreement may be made at any time during its effective period only upon timely notification to the Parties along with the written consent and agreement of the Parties, their successors, or their duly-appointed representatives; notwithstanding the foregoing, additional law enforcement agencies may be added to the task force to become Participating Law Enforcement Agencies by a side agreement, which contains substantively the same terms and conditions as this Agreement, at the sole discretion of DCI. In the event a law enforcement agency becomes a Participating Law Enforcement Agency pursuant to a side agreement, that agency shall be deemed to be a part of this Agreement as if a new Agreement were signed to include that agency without need of the Parties to re-execute this Agreement.

9. Withdrawal from Agreement

Any Participating Law Enforcement Agency may withdraw from this Agreement by providing the other Parties with a 30-day prior written notice. Compliance with the terms and conditions of the federal grant agreement survives withdrawal from the Agreement. The Agreement will remain in effect unless the remaining Parties agree to terminate.

10. Termination

This Agreement can be terminated by the DCI for any reason by providing 30-day prior written notice to the other Participating Law Enforcement Agencies.

11. Funding Out

This Agreement depends upon the continued availability of appropriated funds and expenditure authority from the South Dakota Legislature for this purpose. If, for any reason, the Legislature fails to appropriate funds or grant expenditure authority or funds become unavailable by

operation of law or federal funds reductions, this Agreement will be terminated by the DCI. The termination for any of these reasons is not a default nor does it give rise to a claim against the terminating Party.

12. Administration of Agreement

The Parties declare that no separate governmental entity as contemplated in SDCL 1-24-4 is being created to implement this Agreement and that the cooperative undertaking herein described shall be administered by the Director of DCI for the DCI and the respective Sheriff or Police Chief for the Participating Law Enforcement Agencies or their authorized designees as contemplated in SDCL 1-24-5.

13. Notices

All notices or other communications required under this Agreement shall be in writing and sent to the addresses set forth above. Notices shall be given by and to the persons identified above on behalf of the Parties or such authorized designees as a Party may from time to time designate in writing. Notices or communications to or between the Parties shall be deemed to have been delivered when mailed by first-class mail or, if personally delivered, when received by such Party.

14. Third Party Beneficiaries

This Agreement is intended only to govern the rights and interests of the Parties named herein. It is not intended to, does not, and may not be relied upon to create any rights, substantial or procedural, enforceable at law by any third party in any matters, civil or criminal.

15. Filing of Agreement

The Parties acknowledge that a true and correct copy of this Agreement will be filed with the Office of Attorney General and the Legislative Research Council within 14 days of its final execution, pursuant to SDCL 1-24-6.1.

16. Necessary Approvals

By the signature of their representative below, the DCI and each Participating Law Enforcement Agency certify that they have abided by all laws required of it to enter into this Agreement and that the appropriate person(s) have executed the Agreement on behalf of the Agencies and that approval of this Agreement by ordinance, resolution, or other appropriate means has been obtained by that governmental body's governing body or officer, pursuant to SDCL 1-24-3 and 1-24-6, and that the representative is authorized to sign on the party's behalf.

17. Limitation on Jurisdiction

Nothing in this Agreement shall otherwise limit the jurisdiction, powers, and responsibilities normally possessed by an employee of the DCI or Participating Law Enforcement Agency.

18. Counterparts

This Agreement may be executed in any number of counterparts and by the parties hereto on separate counterparts, each of which when so executed and delivered shall be an original but such counterparts together shall constitute one and the same instrument.

In Witness hereto the Parties signify this Agreement by signatures affixed below:

Dan Satterlee, Director
SD Division of Criminal Investigation

Date

Approved:

Marty J. Jackley, Attorney General
Office of the Attorney General

Date

Dave McNeil, Chief of Police
Aberdeen Police Department

Date

Travis Schaunaman, Mayor
City of Aberdeen

Date

ATTEST:

Finance Officer

Date

Michael Drake, Chief of Police
Brookings Police Department

Date

Oepke Niemeyer, Mayor
City of Brookings

Date

ATTEST:

Finance Officer

Date

Kevin Van Diepen, Chief of Police
Huron Police Department

Date

Gary Harrington, Mayor
City of Huron

Date

ATTEST:

Finance Officer

Date

Michael Koster, Chief of Police
Mitchell Police Department

Date

Bob Everson, Mayor
City of Mitchell

Date

ATTEST:

Finance Officer

Date

Jason Jones, Chief of Police
Pierre Police Department

Date

Steve Harding, Mayor
City of Pierre

Date

ATTEST:

Finance Officer

Date

Don Hedrick, Chief of Police
Rapid City Police Department

Date

Steve Allender, Mayor
City of Rapid City

Date

ATTEST:

Finance Officer

Date

Jonathan Thum, Chief of Police
Sioux Falls Police Department

Date

Paul TenHaken, Mayor
City of Sioux Falls

Date

ATTEST:

Finance Officer

Date

Crystal Brady, Chief of Police
Vermillion Police Department

Date

Jon Cole, Mayor
City of Vermillion

Date

ATTEST:

Finance Officer

Date

Tim Toomey, Chief of Police
Watertown Police Department

Date

Ried Holien, Mayor
City of Watertown

Date

ATTEST:

Finance Officer

Date

Jason Foote, Chief of Police
Yankton Police Department

Date

Stephanie Moser, Mayor
City of Yankton

Date

ATTEST:

Finance Officer

Date

Michael Milstead, Sheriff
Minnehaha County Sheriff's Office

Date

Cindy Heiberger, Chairman
Minnehaha County Commission

Date

ATTEST:

Auditor, Minnehaha County

Date

Kevin Thom, Sheriff
Pennington County Sheriff's Office

Date

Lloyd LaCroix, Chairman
Pennington County Commission

Date

ATTEST:

Auditor, Pennington County

Date

Sarina Talich, Sheriff
Lake County Sheriff's Office

Date

Kelli Wollmann, Chairman
Lake County Commission

Date

ATTEST:

Auditor, Lake County

Date

Jamie Holt, Special Agent in Charge
Homeland Security Investigations

Date

Ryan Music, Special Agent
United States Air Force OSI

Date

Steve Swenson, Sheriff
Lincoln County Sheriff's Office

Date

Tiffani Landeen, Chairman
Lincoln County Commission

Date

ATTEST:

Auditor, Lincoln County

Date

Preston Crissey, Sheriff
Yankton County Sheriff's Office

Date

John Marquardt, Chairman
Yankton County Commission

Date

ATTEST:

Auditor, Yankton County

Date

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Internet Crimes Against Children Task Force Program

OPERATIONAL AND INVESTIGATIVE STANDARDS

ICAC Task Force Program Operational and Investigative Standards
FOR ICAC PURPOSES ONLY
Revised: November 1, 2023

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Definitions of Terms

Applicability of Terms

Although some of the definitions below may be generally applicable to law enforcement, they are intended for use in the interpretation of these *Standards*. As such, where any term defined below is capitalized in these *Standards*, the *Standards* are referring to that term as defined below. By contrast, where any term defined below is not capitalized in these *Standards*, the *Standards* are referring to that term as it is used generally in the field of law enforcement. Additionally, the capitalized terms have been italicized to ease their recognition.

“**Affiliate**” or “**Affiliate Agency**” is an agency that is working with a *Lead Agency* as part of a regional or state ICAC *Task Force*. An *Affiliate* has agreed in writing to adhere to these *Standards*. For the purposes of the ICAC Program, federal and military law enforcement agencies are considered *Affiliates*.

“**Authorized Personnel**” are those who lack powers of arrest but have been authorized to participate in *Investigations* directed by law enforcement personnel (e.g., agency personnel, digital evidence experts, etc.).

“**Commander**” is the *Member* of a *Lead Agency* who has been designated by that *Lead Agency* and recognized by *OJJDP* as the leader of the corresponding *Task Force*.

“**CEOS**” is the Child Exploitation and Obscenity Section of the Criminal Division of the Department of Justice.

“**Contraband Image**” is a visual depiction of any kind (including computer generated) in any form (including live streaming) that depicts or conveys the impression that: (1) a minor or purported minor is engaged in *Sexually Explicit Activity*, or (2) an adult is engaging in *Sexually Explicit Activity* in the presence of a minor or purported minor.

“**CGI**” is a wholly computer-generated visual depiction in any form (including printed/digital or video).

“**Crime**” is any offense (or group thereof) *Investigated* by law enforcement that involves (or involve) the exploitation/victimization of children facilitated by technology.

“**CVIP**” is the Child Victim Identification Program operated by *NCMEC*.

“**CyberTipline**” is a reporting mechanism operated by *NCMEC* that allows for the reporting of suspected *Crimes*.

“**Deconfliction**” is a process whereby law enforcement can submit *Investigative* information to each other and/or to ICAC-related databases in order to determine whether other *Members* or other law enforcement agencies have information concerning the same targets or *Crimes*.

ICAC Task Force Program Operational and Investigative Standards

FOR ICAC PURPOSES ONLY

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“**DOJ**” is the United States Department of Justice.

“**Employee**” is a sworn or compensated individual, or any individual working under the direction and control of a law enforcement agency.

“**Equipment**” is any article, device or resource, including but not limited to computers, phones, online accounts and internet services, which are purchased or obtained for use in ICAC-related matters.

“**ICAC Program**” or “**Program**” is the Internet Crimes Against Children Task Force Program, a national program composed of state and regional *Task Forces* administered by *OJJDP*.

“**Investigation**” is an investigation into a *Crime*. Likewise, “*Investigate*” “*Investigating*” and “*Investigative*” are used within the same context.

“**Investigative Persona**” – any identity established or created by an *Employee* to aid an *Investigation*.

“**Investigator**” is a *Member* who is a part of the *Sworn Personnel* of a *Task Force*.

“**Lead**” or “**Lead Agency**” is the law enforcement agency that receives the ICAC grant and is designated by *OJJDP* to act as the *Lead Agency* for the corresponding *Task Force*.

“**Member**” is a *Lead* or *Affiliate Agency’s Employee* who is either *Sworn Personnel* or *Authorized Personnel* and who has been designated to work on ICAC-related matters for his/her respective agency and *Task Force*.

“**National Initiative**” is any proposal that relies on the cooperation and resources of a significant number of *Task Forces* and, accordingly, has been approved by *OJJDP*.

“**NCMEC**” is the National Center for Missing and Exploited Children.

“**OJJDP**” is the Office of Juvenile Justice and Delinquency Prevention within the *DOJ*.

“**Partner**” is a civilian or non-sworn organization that *OJJDP* has recognized as a legitimate source of assistance.

“**Sexually Explicit Activity**” is real or simulated:

1. Sexual intercourse of any kind;
2. Masturbation;
3. Sadistic/masochistic conduct; and/or,
4. Lascivious exhibition of the anus, breast, genitals, or pubic area of any person.

ICAC Task Force Program Operational and Investigative Standards

FOR ICAC PURPOSES ONLY

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“**Supervisor**” is a *Member* who has been designated by his/her respective agency to supervise *Investigations* and other ICAC-related matters.

“**Standards**” are all of the provisions of these, the ICAC Operational and Investigative Standards.

“**Sworn Personnel**” are *Members* with powers of arrest.

“**Task Force**” is the *Lead Agency* and their *Affiliate(s)* (combined) as designated by *OJJDP* for a particular state or region.

“**Vigilante**” – is a non-*Partner* activist or activist organization engaged in investigative tactics or other law enforcement-like activities.

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1. Purpose of the ICAC Standards

These *Standards* are established by *OJJDP* to guide the administration and operation of the *ICAC Program* and its *Members* when working on ICAC-related *Investigations* and matters.

Members should make every reasonable effort to comply with these *Standards*. However, since many aspects of *Investigations* are dynamic and because laws vary widely between jurisdictions, it is difficult to anticipate every circumstance that might present itself. Thus, reasonable deviations from these *Standards* may occur depending upon various factors (e.g., emergency situations; timing constraints; accessibility constraints; resource constraints; technology constraints; perceived conflicts between the *Standards* and statutes, decisional law, and court orders; et cetera).

Commanders may supplement, but not contradict, these *Standards* in the written agreements they establish with their *Affiliates* to promote the effective operation of their *Task Forces*. Should questions regarding the interpretation of these *Standards* arise or conflicts occur between these *Standards* and agency policies or law, the *Commander* faced with the issue shall seek the guidance of an *OJJDP* Program Manager. However, nothing in these *Standards* is meant to interfere with a *Commander's* or *Supervisor's* lawful tactical decision-making.

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2. ICAC National Program

2.1 Mission of the ICAC Program

The Internet Crimes Against Children (ICAC) Task Force Program helps state, local, and Tribal law enforcement agencies, and their federal and military partners, develop an effective response to technology-facilitated child sexual exploitation and internet crimes against children. This support encompasses forensic and *Investigative* components, training and technical assistance, victim services, *Members*’ wellness, prevention and community education.

2.2 ICAC Background

The Internet Crimes Against Children (ICAC) Task Force Program was developed in 1998 in response to the increasing number of children and teenagers using the internet and other technology, the proliferation of child sexual abuse images available electronically, and the heightened online activity by predators seeking unsupervised contact with potential underage victims.

The *ICAC Program* is a national network of 61 coordinated task forces representing more than 5,200¹ federal, state, and local law enforcement and prosecutorial agencies. These agencies are engaged in both proactive and reactive investigations, forensic examinations, and criminal prosecutions. By helping state and local agencies develop effective, sustainable responses to online child victimization – including responses to child sexual abuse images (*Contraband Images*), the *ICAC Program* has increased law enforcement’s capacity to combat technology-facilitated crimes against children at every level.

Because arrests alone cannot resolve the problem of technology-facilitated child sexual exploitation, the *ICAC Program* is also dedicated to training law enforcement personnel, prosecutors and other professionals working in the ICAC field, as well as educating parents, youth, and the community about the potential dangers of online activity including online child victimization. Additional information about the *ICAC Program* can be found on the *OJJDP* website: <https://ojjdp.ojp.gov/programs/internet-crimes-against-children-task-force-program>

¹ As of February 1, 2023.

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3. Oversight of the ICAC Program

- 3.1 The oversight of the *ICAC Program* and the administration of ICAC grants or cooperative agreements are the responsibility of *OJJDP*. The oversight of each *Task Force* falls to its *Commander*. The oversight of each agency, both *Lead* and *Affiliate*, falls to its designated *Supervisor*.
- 3.2 *Commanders* and *Supervisors* shall ensure there are supervisory systems and protocols in place that provide for observation, documentation, and review of ICAC activity. Said systems shall comply with the principles of quality case management and shall ensure that ICAC activities comply with agency policies and these *Standards*.
- 3.3 *Commanders* shall ensure that each *Member* in his/her *Lead Agency* and each *Supervisor* of an *Affiliate Agency* receives a copy of the *Standards*.
- 3.3.1 *Supervisors* shall ensure that each *Member* in his/her *Affiliate Agency* receives a copy of the *Standards* but shall have the discretion to provide *Members* with only the Sections of the *Standards* applicable to their job functions.
- 3.4 *Commanders* shall submit all proposed *National Initiatives* to *OJJDP* no less than 90 days prior to the start of the project.
- 3.4.1 *OJJDP* may suggest amendments to the original proposal following consultation with the presenting *Commander* and, as appropriate, other federal, state, and local entities.
- 3.5 *Supervisors* shall inform their *Members* about departmental employee assistance programs and *Task Force* resources available to them.

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4. Selection and Retention of Task Force Members

- 4.1 When practicable during the selection process of *Members*, *Commanders* and *Supervisors* shall evaluate prospective candidates for work histories that indicate prior *Investigative* experience, courtroom testimony skills, technical knowledge and ability, an ability to prudently handle sensitive information, a genuine interest in the protection of children, and an understanding of the effects that *Members* may experience when exposed to *Contraband Images*.
- 4.2 *Commanders* and *Supervisors* shall acknowledge the potential effects of *Investigations* of and exposure to *Contraband Images* and recognize that the viewing of *Contraband Images* should be restricted. The following techniques are examples that have helped mitigate some of the potential negative effects of this work and may aid with the retention of *Members*:
1. **Work flexibility** - *Commanders* and *Supervisors* are encouraged to allow flexibility for *Investigators* and others who are exposed to *Contraband Images* (e.g., frequent breaks, having an open-door policy, etc.).
 2. **Exposure to *Contraband Images*** - *Commanders* and *Supervisors* are encouraged to implement practices which minimize the exposure to *Contraband Images* by *Members*.
 3. **Mental Health Providers (MHP)** - In compliance with their agency guidelines, *Commanders* and *Supervisors* are encouraged to work with MHP to make recommendations for care of *Members* and to provide education and training designed to minimize the impact of exposure to *Contraband Images*.
 4. **Impact of *Contraband Images*** - *Commanders* and *Supervisors* are encouraged to share or pursue practices for minimization of the impact of *Contraband Images* and to promote attendance at trainings regarding methods used to minimize said impact.
- 4.3 *Commanders* and *Supervisors* shall recognize that ICAC *Investigations* typically focus on child sex offenders who have committed serious state or federal crimes and due to this life-changing event, the impact on these offenders can result in a violent response to authorities.²

² FBI's Investigation Behavioral Analysis Unit's *Operational Safety Considerations While Investigating Child Sex Offenders, A Handbook for Law Enforcement*, Volume 1, March 2012.

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5. Training

Ensuring that personnel are well-trained in conducting effective *Investigations* in a manner consistent with applicable laws is integral to the *ICAC Program*.

- 5.1 All national training curricula supported by *ICAC Program* resources shall be conducted consistent with the *Standards* and shall be approved by *OJJDP*.
- 5.2 *Commanders* shall ensure that nominees to attend any *ICAC Program*-sponsored national in-person training event are current *Members*.
- 5.3 *Commanders* may allow non-*Members* of *Affiliate Agencies* whose jobs further the mission of the *ICAC Program* (e.g., patrol and school resource officers) to attend *ICAC Program*-sponsored national online training.
- 5.4 Individual *Task Forces* may develop and deliver *Task Force* specific training. This training shall comply with the *Standards* and shall be approved by the *Commander*. All costs to develop and deliver the training shall be the responsibility of the *Task Force* or *Affiliate* providing the training.
- 5.5 *Commanders* may authorize *Member* attendance at non-*ICAC Program*-sponsored training, provided it complies with the *Standards* and supports the *ICAC* mission.

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6. Case and Evidence Management

- 6.1 *Commanders* and *Supervisors* are responsible for determining *Investigative* priorities and selecting cases for *Investigation* in their respective agencies. Those determinations may include an assessment of factors such as, e.g., jurisdiction, agency resources, victim risk, background knowledge, and the likelihood of securing the information necessary to pursue each *Investigation*.
- 6.2 Conventional boundaries often are meaningless in today's digital world where the usual constraints of time, place, and distance lose their relevance. These factors increase the possibility of *Lead* and/or *Affiliate Agencies* targeting other law enforcement personnel, *Investigating* the same target, or inadvertently disrupting an ongoing *Investigation*. To foster effective case coordination, collaboration, and communication, each *Member* shall make a reasonable effort to *Deconflict* active *Investigations*.
- 6.3 *Lead* and *Affiliate Agencies* shall be subject to their *Task Force*'s and respective agency's reporting procedures and case supervision systems.
- 6.4 The storage and examination of digital devices shall be performed consistent with the subject agency's protocol.
- 6.5 Law enforcement transfers and storage of evidence containing *Contraband Images* shall be done in a secure manner consistent with the respective *Task Force* and agency policies.
- 6.5.1 Absent a court order specifically ordering otherwise, evidence containing *Contraband Images* shall not be released to any defendant or representative thereof.
- 6.6 When case referrals are made, the *Member* issuing the referral shall document the recipient's contact information.
- 6.6.1 *Commanders* or their designees may refer cases to non-*Affiliate* law enforcement agencies with appropriate jurisdiction.
- 6.7 Case referrals typically include the following information:
1. An explanation for the referral (e.g., IP address resolved to the receiving jurisdiction, *Affiliate* has agreed to take the case, etc.);
 2. Relevant documentation (e.g., reports, legal process documents, etc.); and,
 3. Information that may aid in the continued *Investigation* of the matter.

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7. Task Force Reporting Requirements to OJJDP

- 7.1 The reports described below do not replace the semi-annual progress report required by the Office of Justice Programs' Financial Guide.
- 7.2 *Commanders* shall compile and submit a Task Force Monthly Performance Measures Report to the *OJJDP*-designated location before the end of the following calendar month.
- 7.2.1 *Affiliates* shall report their activity to their respective *Commander* by the 10th of each month using the ICAC Monthly Performance Measures Report.
- 7.2.2 *Affiliates* shall report to their respective *Commander* both any ICAC personnel changes involving *Members* within their respective agency and any inability to fulfill their ICAC responsibilities or otherwise adhere to these *Standards*.
- 7.3 *Commanders* shall compile and submit an annual report which details each of their *Affiliates*. This annual report shall be submitted within 30 days of the end of the calendar year. The report shall be submitted in a method determined by *OJJDP* and shall include the following information:
- 7.3.1 The name of each *Affiliate Agency*.
- 7.3.2 The staffing level of each *Affiliate Agency*, including the number of *Investigators*, prosecutors, education specialists, and forensic specialists dedicated to *Investigating* and prosecuting *Crime*.

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8. Investigations

- 8.1 *Members* shall conduct *Investigations* in a manner consistent with applicable laws and these *Standards*.
- 8.2 Only law enforcement personnel shall direct *Investigations*.
- 8.3 *Authorized Personnel* acting under the direction and supervision of *law enforcement* may participate in *Investigations*.
- 8.4 *Members* shall not collaborate with *Vigilantes*. Further *Members* shall not approve, condone, encourage, or promote *Vigilante's* activities.
- 8.4.1 The above Section (8.4) shall not preclude the use of information related to a *Crime* provided by civilians who discover evidence of *Crimes* (e.g., those who make CyberTip Reports, those who are mandated reporters, computer repair workers who report suspicious data, parents, etc.).
- 8.4.2 The above Section (8.4) shall not preclude the use of authorized over-hears or other similar *Investigative* methods designed to further an *Investigation*.
- 8.5 *Investigations* shall be documented. Any departures from this provision due to unusual or exigent circumstances shall be documented in the relevant case file and reviewed by the *Supervisor*.
- 8.5.1 The access, retention, storage, security, and disposal of *Investigative* or case information shall be consistent with the subject agency's policies and federal and state law regarding same. See also Section 6 on Case and Evidence Management.
- 8.6 As part of an active *Investigation*, *Members* shall not upload, transmit, or forward any *Contraband Images* to those outside their respective agency (e.g., suspects, witnesses, ESPs, etc.), except where otherwise permitted by law (e.g., to sworn personnel, to *NCMEC* employees, etc.).
- 8.7 During active *Investigations*, *Members* may use visual depictions as a representation of any *Investigative Persona/person/purported person* or as proof-of-life evidence under two circumstances, only:

First, when the following factors are met:

1. The visual depiction (whether or not modified to suit *Investigative* needs by, e.g., age regression) is of an actual person;
2. That person is an *Employee*;

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3. The *Employee* has given his or her written consent for the visual depiction to be used;
4. Regardless of whether or not the *Employee* was a minor when the visual depiction was taken, the *Employee* nevertheless was at least 18 years old when the *Employee* gave consent for such use; and,
5. The visual depiction does not depict or convey the impression of *Sexually Explicit Activity*.

Second, when the visual depiction is *CGI* and does not depict or convey the impression of *Sexually Explicit Activity*.

- 8.8 Notwithstanding these *Standards*, a federal or federally-approved *Member* (e.g., a FBI/HSI agent, or a FBI/HSI Task Force Officer) may use a visual depiction that does not meet the requirements of Section 8.7 if those visual depictions were authorized for use by the FBI or HSI per that respective federal agency's guidelines so long as those guidelines are followed.
- 8.9 Absent prosecutorial input to the contrary, during online *Investigations*, *Investigators* shall allow the *Investigative* target to set the tone, pace, and subject matter of the online conversation.
 - 8.9.1 Section 8.9 shall not be construed to prohibit *Investigators* from performing any of the following activities when initiating or conducting an *Investigation*: (a) posting information including visual depictions (image or video/printed or digital) to establish an online presence; (b) placing or posting advertisements; or, (c) sending messages.
 - 8.9.2 *Members* shall familiarize themselves with relevant state and federal law, including but not limited to those regarding the defense of entrapment, and shall confer with prosecutors, as needed.
 - 8.9.3 Prior to conducting any large-scale (multi-target) operations, *Members* shall notify the *Commander* and shall consult relevant prosecutors about the operation.

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9. Work Environment and Equipment

- 9.1 *Investigations* shall be conducted in an approved work environment, using approved *Equipment*, as designated by a *Commander* or *Supervisor*.
- 9.2 *Commanders* and *Supervisors* are encouraged to provide a work environment that provides for discreet and sensitive *Investigations* while simultaneously minimizing chances of inadvertent or unnecessary exposure to *Contraband Images*.
- 9.3 *Members* shall have priority in using *Equipment*, but *Commanders* may, nonetheless, allow other personnel within *Lead* and *Affiliate Agencies* to use the *Equipment*, provided said *Equipment* is used in accordance with the subject agency's policies.
- 9.4 When practicable, *Equipment* which may be used in undercover aspects of an *Investigation* shall be purchased covertly.
- 9.5 No personally-owned equipment, accounts or networks shall be used in *Investigations*.
- 9.6 Software shall be properly acquired and licensed.

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10. Victim Identification

10.1 Identifying child victims of *Crime* is a critical element of the *ICAC Program*. *DOJ* and *OJJDP* require the *Lead* and *Affiliate Agencies* to submit *Contraband Images* to *CVIP* as a means to improve child victim identification. *Contraband Images* shall be sent to *CVIP* pursuant to *NCMEC*'s standards regarding same. In addition, *Lead* and *Affiliate Agencies* are encouraged to collaborate with *NCMEC* in their effort to identify children depicted in *Contraband Images*.

10.1.1 Notwithstanding Section 10.1, some circumstances may arise (e.g., office policy, victim privacy concerns, victims' rights laws, etc.) where a *Commander* or *Supervisor* chooses not to send certain *Contraband Images* to *CVIP*. In these instances, the subject *Commander* or *Supervisor* shall document his/her reasons for doing so.

10.2 Absent exigent circumstances, victim-identifying information shall be protected from public disclosure pursuant to the protections set forth in federal and state law.

10.3 *Lead* and *Affiliate Agencies* shall adhere to local, state, and federal laws, as well as their agency's policies regarding mandated reporting, victim notification, and victim assistance.

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11. Public Awareness and Community Outreach

- 11.1 Public awareness activities and community outreach are a critical component of the *ICAC Program*. *Lead* and *Affiliate Agencies* shall foster awareness and shall provide practical relevant guidance to children, parents, educators, and others concerned with child safety.
- 11.2 Social media can be used to promote educational awareness as long as it is consistent with all agency policy and these *Standards*.
- 11.3 Presentations to school personnel, parents, and community groups are excellent ways to promote awareness. These presentations shall not include any visual depiction of a victim unless the victim has consented to its use and the victim is currently at least 18 years of age. No *Contraband Image* shall be used in these presentations, nor shall a presenter discuss confidential *Investigative* tools and techniques.
- 11.4 No individual affiliated with *ICAC Program* may speak on behalf of the national *ICAC Program* without the express written consent of *OJJDP*. While making public presentations, *Members* may indicate a preference for a product or service, but, when done, shall avoid an implicit endorsement and shall include alternatives in the presentation.
- 11.5 Materials and presentations shall be consistent with the *ICAC Program's* mission and background, as enumerated in these *Standards*.

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12. Media Relations and Media Releases

- 12.1 Media releases relating to prosecutions, *Crime* alerts, or other matters concerning ICAC operations shall not include information regarding *Investigative* techniques, and shall be coordinated, when applicable, with the law enforcement agencies involved with the subject *Investigations*, in a manner consistent with sound information management and sound media relations practices.
- 12.2 *Commanders* and *Supervisors* may speak to members of the media about their own agency's ICAC-related activities per the terms of their agency's policy on such media relations. No individual affiliated with *ICAC Program* may speak on behalf of the national *ICAC Program* without the express written consent of *OJJDP*.
- 12.3 *Commanders* shall inform their respective *OJJDP* Program Manager if approached by national media outlets about the *ICAC Program* (as opposed to media seeking information from a particular *Task Force* about its local activities) so that a coordinated national response can be prepared by *OJJDP*.
- 12.4 Information provided by *Task Forces* to the media shall be consistent with the *ICAC Program*'s mission and background, as described in these *Standards*.

End of ICAC Standards

AAA COLLECTIONS, INC., COLLECTION SERVICES AGREEMENT

THIS AGREEMENT is made and entered into this 12th day of November, 2024, by and between **YANKTON COUNTY**, in Yankton, South Dakota, hereinafter referred to as “Assignor”, and **AAA COLLECTIONS, INC.**, a South Dakota corporation, with its principal place of business in Sioux Falls, South Dakota, hereinafter referred to as “Assignee.” This Agreement revokes and supersedes all prior agreements between the parties.

WHEREAS, Assignee conducts a recovery service in regard to delinquent accounts and is duly licensed, where appropriate, for such purpose; and

WHEREAS, Assignor desires to utilize the services offered by Assignee in order to receive payments on its accounts.

NOW THEREFORE, in consideration of the mutual covenants and promises contained herein, it is agreed as follows:

1) **TERM OF THE AGREEMENT.** The term of this agreement is for one (1) year, beginning from date of signature on this Agreement. It shall automatically renew, on the same conditions set forth herein, for one (1) year increments unless either party notifies the other in writing, by certified mail, of its intent to cancel or modify the Agreement at least thirty (30) days before the end of the applicable term.

2) **RESPONSIBILITIES OF THE PARTIES.** Assignor agrees to use the services of Assignee to refer past due accounts to Assignee at the appropriate point in the aging process.

Assignee agrees to use its best efforts to recover such accounts listed with Assignee and to render such other services as are reasonably necessary to recover payments on said accounts.

In the event that a consumer has moved to a municipality or state where Assignee does not currently possess licensing and is thus unable to effect collections efforts on a listing and/or account, Assignee may engage an American Collectors Association accredited attorney or debt collection service to collect on said listing and/or account. Assignee shall obligate any attorney or debt collection service to which it places a listing and/or account to likewise follow and perform the duties and obligations to Assignor by Assignee.

Assignor agrees to cease any and all first party collection efforts on all listings and/or accounts assigned to Assignee for collection for the duration of the agreement or until said listings and/or accounts are returned to Assignor, unless Assignor is utilizing pre-collection services provided by Assignee, in which case Assignor agrees to cease any and all first party collection efforts on all listings and/or accounts assigned to Assignee at the conclusion of the agreed upon pre-collection period.

3) **CONSIDERATION.** In consideration of Assignee’s performance pursuant to this Agreement, Assignor agrees to pay Assignee in the following manner:

NON-LEGAL	25 % (of recovered dollars)
LEGAL	25 % (of recovered dollars)
AGENCY-ACCRUED INTEREST	100 % (of recovered dollars)

Any payments made directly to Assignor on any accounts listed with Assignee shall be included in the amount recovered by Assignee and notice of the payment shall be given to Assignee immediately upon receipt of such payment.

STANDARD PAYMENT PROCESSING _____ (Net / Gross Election) please initial

If Assignor elects net proceed standard payment processing, Assignee shall remit all payments to Assignor less its fees, including fees owed on payments made directly to Assignor, together with a statement containing a summary of the accounts to include amounts collected and/or account cancellations within fifteen (15) days after the end of each month.

If Assignor elects gross proceed standard payment processing, Assignee shall remit all sums due together with a statement containing a summary of the accounts to include amounts collected and/or account cancellations within fifteen (15) days after the end of each month.

If Assignor does not remit fees owed to Assignee within twenty (20) days after the date of the statement, Assignor authorizes Assignee to deduct the fees owed to Assignee from the sums due Assignor at the next regular remittance date.

* ACH PAYMENT PROCESSING. (optional) _____ (Net / Gross Election) please initial

If Assignor elects net proceed ACH payment processing, Assignee shall credit Assignor's account on the 10th day of each month all payments to Assignor less Assignee's fees, including fees owed on payments made directly to Assignor. A statement containing a summary of the accounts to include amounts collected and/or account cancellations shall be provided by email or available on AAA Collection's secure Client Access Website.

If Assignor elects to utilize gross proceed ACH payment processing, Assignee will credit Assignor's account on the 10th day of each month, or the following business day should the remittance date fall on a weekend or holiday. A statement containing a summary of the accounts to include amounts collected and/or account cancellations shall be provided prior to the account credit. Said statement shall be provided by email or available on the AAA Collection's secure Client Access Website.

Assignee will debit Assignor's account its fees, including fees owed on payments made directly to Assignor, on the 25th day of each month, or the following business day should the remittance date fall on a weekend or holiday.

4) **LEGAL ACTION.** Assignee agrees to obtain written authorization from Assignor before it initiates legal proceedings on any listed accounts. Assignee retains the right, in its sole discretion, to decide whether to pursue legal action on listed accounts.

Assignee is responsible for and shall pay all court costs and attorney's fees.

5) **INDEPENDENT CONTRACTOR.** The parties expressly understand and agree that Assignee is an independent contractor unrelated to Assignor or any of its Affiliates. Nothing in this Agreement is intended to create a relationship, express or implied, of employee-employer or principal-agent between Assignor and Assignee or between Assignor and any individual employed or provided to work under this Agreement by Assignee.

6) **SUSPENSION OF WORK.** Assignor may withdraw or recall from Assignee, at any time, any referred accounts. If, prior to the end of the term of this Agreement, as set forth in Section 1 above, Assignor recalls an account after signing a “legal assignment” for said account, there may be a charge associated with the account recall to reimburse Assignee for legal expenses already incurred by the Assignee. “Legal expenses” are those expenses incurred by Assignee in commencing legal proceedings or post-judgment collection actions, including, but not limited to, service fees, filing fees, garnishment fees, and execution fees. Depending upon the stage of litigation, the parties will work together to determine whether the legal action will be terminated or responsibility for prosecution will be transferred to Assignor. Assignee may cancel and return at any time any referred accounts at Assignee’s sole discretion.

7) **RIGHT TO AUDIT.** Assignee shall make available to Assignor its books, records and accountings pertaining to accounts referred by Assignor for the purpose of financial audits of Assignee’s recovery activities. Assignor shall have the right to examine such books and records during regular business hours and upon reasonable notice given to Assignee. Assignor’s right of inspection shall not apply to Assignee’s trade secrets or other proprietary information properly designated or asserted as such.

8) **INSURANCE.** Assignee shall carry, at its sole expense, general liability insurance providing comprehensive coverage.

9) **CONFIDENTIALITY.** All knowledge and information acquired, directly or indirectly, which is not already in the public domain by Assignee during the term of this Agreement concerning the business affairs, operations, customer bases, and financial data of Assignor is deemed to be confidential and proprietary to Assignor, will be held in trust and confidence by Assignee and Assignee shall use its best efforts to maintain in confidence such knowledge and information and prevent disclosures to others. Accordingly, Assignee agrees to take reasonable steps to guard Assignor’s confidential and proprietary information.

Likewise, all knowledge and information acquired, directly or indirectly, which is not already in the public domain by Assignor during the term of this Agreement concerning the business affairs, operations, customer bases, and financial data of Assignee is deemed to be confidential and proprietary to Assignee, will be held in trust and confidence by Assignor and Assignor shall use its best efforts to maintain in confidence such knowledge and information and prevent disclosure to others. Accordingly, Assignor agrees to take reasonable steps to guard Assignee’s confidential and proprietary information.

10) **TERMINATION.** This Agreement may be terminated by either party upon a material breach thereof that continues for more than thirty (30) days after written notice of the default to the other party by certified mail. Notwithstanding the proceeding, Assignee may terminate this Agreement immediately upon written notice if Assignor files bankruptcy or if Assignee determines the actions or inactions, listings, accounts or itemized detail supporting or failing to support the balances due may cause risk, harm, damage, compliance issues or potential violation of federal or state laws governing Assignee.

11) **GOVERNING LAW.** This Agreement shall be deemed to have been made and accepted in Minnehaha County, and the laws of the State of South Dakota shall govern any interpretations or constructions of this Agreement.

12) **SEVERABILITY.** The invalidity and unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision. Any invalid or unenforceable provision shall be deemed severed from this Agreement to the extent of its invalidity or unenforceability, and this Agreement shall be construed and enforced as if the Agreement did not contain that particular provision.

13) **INTEGRATION AND UNDERSTANDING.** There are no understandings between the parties hereto as to the subject matter of this Agreement other than as herein set forth and in the documents specifically

incorporated herein. All previous communications concerning the subject matter of this Agreement are hereby superseded and this Agreement shall constitute the entire and integrated Agreement between the parties.

14) **ASSIGNABILITY.** This agreement is not assignable to any other party without prior written approval from either party.

15) **NOTICES.** Any notice that may be given under the terms of this Agreement shall be made in writing and shall be deemed made upon personal service or upon mailing by United States Mail, postage prepaid, to the other party, unless amended by written notice as follows:

AAA COLLECTIONS, INC.:

COUNTY:Yankton,SD

AAA Collections, Inc.

Kade Nelson

3500 S. 1st Ave., Suite 100

Sioux Falls, SD 57105

(605) 978-9692

The parties signed below represent that they are duly authorized to sign this agreement on behalf of their respective corporations and to bind their respective parties to the provisions set forth in this agreement.

AAA COLLECTIONS, INC.

YANKTON COUNTY
(Legal Company Name)

By: _____
(Signature)

By: _____
(Signature)

(Printed Name)

(Printed Name)

Its: _____
(Title)

Its: _____
(Title)

Date: _____

Date: _____

* ACH PAYMENT PROCESSING (optional)

I, _____, as _____, for _____, authorize AAA Collections, Inc. to initiate electronic credit and debit entries for the purpose of payment processing, to include, if necessary, debit entries and adjustments for any credit entries in error to:

Type of Bank Account: Checking account _____ Savings account _____ Business Account _____
_____ (Check if the checking or savings account is set up at your bank as a business or commercial account)

Banking Information:

FINANCIAL INSTITUTION NAME (PLEASE PRINT)

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ROUTING NUMBER

FINANCIAL INSTITUTION CITY, STATE and POSTAL CODE

This authority will remain in effect until written cancellation or revocation is provided to AAA Collections, Inc. Said cancellation or revocation must be provided no less than thirty (30) days prior to the effective cancellation or revocation date.

Signature: _____

Date: _____

AAA Collections, Inc. Office Use:

Client number(s): _____

Client name: _____

Receiving AAA Collections representative: _____ Date submitted to AP/CLN: _____

**AAA COLLECTIONS, INC. COLLECTION SERVICES AGREEMENT
CREDIT REPORTING ADDENDUM**

THIS AGREEMENT made and entered into this 12th day of November, 2024, by and between **YANKTON COUNTY** in Yankton, South Dakota, hereinafter referred to as “Assignor”, and **AAA COLLECTIONS, INC.**, a South Dakota corporation, with its principal place of business in Sioux Falls, South Dakota, hereinafter referred to as “Assignee.”

WHEREAS, Assignor and Assignee executed a AAA Collections, Inc., Collection Services Agreement dated November, 12th, 2024, (hereinafter referred to as the “Agreement”), a copy of which is attached hereto as Exhibit A and incorporated herein by reference; and

WHEREAS, the parties reaffirm all the terms and conditions of said Agreement except as hereinafter provided, and desire to add Paragraph 15 below to the Agreement, which Paragraph 15 shall supersede any contrary provision in the Agreement that is inconsistent, or in conflict, with any terms or provisions hereof;

NOW, THEREFORE, it is agreed between the parties hereto to insert the following Paragraph 15 into the Agreement and for it to be a binding obligation on the parties:

CREDIT REPORTING:

Accounts listed with Assignee by Assignor may be reported to credit bureaus or credit reporting agencies if the accounts meet specific statutory and regulatory requirements applicable to said accounts. Said accounts shall not be reported until the account has been listed with the Assignee for at least 120 days. Assignee, in its sole discretion and for any reason, may terminate all credit reporting, effective immediately, with or without notice to Assignor. Assignee will not charge Assignor for this service. Assignor is responsible for the accuracy of the charges submitted for collection to Assignee and agrees to indemnify and hold harmless Assignee from any actions resulting from reporting account information to credit bureaus, including, but not limited to, all legal fees incurred by Assignee resulting from a dispute relating to said reporting. Unless otherwise provided by the Assignor, the date of last service will be the date of delinquency on the account used for reporting purposes. If there is a change in the status of the account, including, but not limited to, payments made directly to Assignor toward the outstanding debt, Assignor shall report said changes to Assignee within 24 hours of said changes. If Assignor fails to report changes to Assignee within 24 hours, Assignee may, without notice to Assignor, terminate all credit reporting relating to Assignor’s accounts. If an account is disputed, Assignor will cooperate with Assignee to investigate the dispute and agrees to assist Assignee with remaining in compliance with the **Fair and Accurate Credit Transaction Act**.

The parties signed below represent that they are duly authorized to sign this addendum to agreement on behalf of their respective corporations or entities and to bind their respective parties to the provisions set forth in this addendum to agreement.

AAA COLLECTIONS, INC.

YANKTON COUNTY

(Signature)

(Signature)

(Printed Name)

(Printed Name)

Its: _____

Its: _____

Dated: _____

Dated: _____

Business Associate Agreement

This **Business Associate Agreement** ("BAA") is entered into this 12th day of November, 2024 (the "Effective Date") between YANKTON COUNTY ("Covered Entity"/"CE"), and **AAA Collections, Inc.**, ("Business Associate"/"BA") (collectively the "Parties").

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Recitals

WHEREAS, BA has agreed to provide services or products on behalf of CE, and in connection therewith BA will have access to and/or created Protected Health Information ("PHI") as defined in 45 C.F.R. § 160.103 on behalf of the CE that is subject to the federal privacy regulations (the "Privacy Rule") and the federal security regulations (the "Security Rule") issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") and codified at 45 C.F.R. parts 160 and 164, and the Health Information for Economic and Clinical Health Act and any rules promulgated thereunder ("HITECH ACT") as may be amended from time to time (collectively the "HIPAA RULES"); and

WHEREAS, both parties desire to set forth the terms and conditions pursuant to which PHI that is created by and/or provided to BA, by or on behalf of CE, will be handled pursuant to the HIPAA Rules and this BAA;

NOW THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

1. **DEFINITIONS.**

- a. **Catch-all Definition.** The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.
- b. **Specific Definitions.**
 - i. **Business Associate.** "Business Associate" or "BA" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the BA listed above.
 - ii. **Covered Entity.** "Covered Entity" or "CE" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the CE listed above.

- iii. HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR part 160 and part 164.

2. OBLIGATIONS AND ACTIVITIES OF THE BUSINESS ASSOCIATE.

- a. Use or Disclosure. BA agrees that it will not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law.
- b. Safeguards. BA agrees that it will use appropriate safeguards, and comply with subpart C of 45 CFR part 164 with respect to electronic PHI, to prevent use or disclosure of PHI other than as provided for by this Agreement.
- c. Reporting to CE. BA agrees that it will report to the CE, within ten (10) days of discovery, any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including breaches of unsecured PHI as required at 45 CFR 164.410, and any security incident of which it becomes aware.
- d. Breach Notification Obligations. Within thirty (30) days of discovery of a breach of unsecured PHI provided to or created by BA pursuant to this Agreement, BA shall, on behalf of CE, notify: (a) the patients whose PHI is involved in the breach, as if it were CE, pursuant to the provisions of 45 CFR 164.404; (b) the media, as if it were CE, pursuant to the provisions of 45 CFR 164.406; and (c) the Secretary, as if it were CE, pursuant to the provisions of 45 CFR 164.408. BA shall bear all costs of such notifications, and in the event that BA does not timely make the required notifications, and CE is required to make the notifications, BA shall indemnify and hold CE harmless for all costs associated therewith.
- e. Subcontractors. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, BA will ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of BA agree to the same restrictions, conditions, and requirements that apply to BA with respect to such information. BA will obtain from its subcontractors a business associate agreement substantially in the same form and content as this BAA.
- f. Producing Designated Record Set and Access by Patients to Their PHI. Within ten (10) days of a request from the CE, BA will make available to CE PHI in a designated record set as necessary to satisfy CE's obligations under 45 CFR 164.524. Alternatively, if BA receives a request directly from the patient or his/her authorized representative, BA shall provide the designated record set within the time frames provided in 45 CFR 164.524.
- g. Amending Designated Record Set. At the request of CE, BA shall make any amendment(s) to PHI in a designated record set as directed or agreed to by CE pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy CE's obligations under 45 CFR 164.526. In the event that BA receives a request to amend medical records from the patient or his/her authorized representative, BA shall refer the request for amendment to CE within ten (10) days of receipt.
- h. Documentation and Accounting of Disclosures. BA will maintain and make available to CE the information required to provide an accounting of disclosures to the patient or his/her authorized representative as necessary to satisfy CE's obligations under 45 CFR 164.528. If the request for an accounting comes from CE, BA shall forward the requested information

within ten (10) days. If the request for an accounting is made by the patient or his/her authorized representative directly to BA, BA shall provide the disclosures to the patient or his/her authorized representative within the time frames provided by 45 CFR 164.528, and shall provide a copy of the same to CE within the same time frame.

- i. BA Stands in the Shoes of CE. To the extent BA is to carry out one or more of CE's obligations under Subpart E of 45 CFR Part 164, BA shall comply with the requirements of Subpart E that apply to a Covered Entity in the performance of such obligations.
- j. Books and Records Available to Secretary. BA shall make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.
- k. Policies and Procedure. BA will develop and implement administrative, physical, and technical safeguards, and related written policies and procedures, the same as if it were a Covered Entity, on or before the Effective Date.
- l. Mitigation. BA will mitigate, to the extent practicable, any harmful effect that is known to BA of an impermissible use or disclosure of unsecured PHI.

3. PERMITTED USES AND DISCLOSURES BY BA

- a. Limited Use of PHI by BA. BA will receive PHI from CE. BA may only use or disclose PHI as necessary to perform the services set forth in the contemporaneously executed AAA Collections, Inc., Collection Services Agreement.
- b. De-Identification of PHI by BA. In addition to other permissible purposes, BA is authorized to use PHI to de-identify the information in accordance with 45 CFR 164.514(a)-(c).
- c. Use and Disclosure Allowed by Law. BA may use or disclose PHI as required by law.
- d. Minimum Necessary. BA agrees to make uses, disclosures, and requests for PHI consistent with the minimum necessary to fulfill the tasks to be performed by BA as described in the contemporaneously executed AAA Collections, Inc., Collection Services Agreement.
- e. Non-permitted Uses and Disclosures. BA may not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by CE, except for the specific uses and disclosures set forth below.
- f. Management and Administration. BA may disclose PHI for the proper management and administration of BA or to carry out the legal responsibilities of BA, provided the disclosures are required by law, or BA obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies BA of any instances of which it is aware in which the confidentiality of the information has been breached.

- g. *Data Aggregation Services.* BA may provide data aggregation services in relation to the health care operations of CE if those services are part of the services to be performed under the contemporaneously executed AAA Collections, Inc., Collection Services Agreement.

4. PROVISIONS FOR CE TO INFORM BA OF PRIVACY PRACTICES AND RESTRICTIONS

- a. CE shall notify BA of any limitation(s) in CE's notice of privacy practices under CFR 164.520, to the extent that such limitation may affect BA's use or disclosure of PHI.
- b. CE shall notify BA of any changes in, or revocation of, the permission by an individual to use or disclose his or her PHI, to the extent that such changes may affect BA's use or disclosure of PHI.
- c. CE shall notify BA of any restriction on the use or disclosure of PHI that CE has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect BA's use or disclosure of PHI.

5. PERMISSIBLE REQUESTS BY CE

CE shall not request BA to use or disclose PHI in any manner that would not be permissible under Subpart E of 45 CFR Part 164 if done by CE, except to the extent that BA may use or disclose PHI for data aggregation or management, administration, and legal responsibilities of BA.

6. TERM AND TERMINATION.

- a. *Term.* The Term of the Agreement is for one (1) year beginning on the Effective Date specified above unless terminated earlier under paragraphs 6(b) or (c); however, the Agreement will automatically renew for a consecutive term unless either party provides written notice at least thirty (30) days before the end of the term.
- b. *Termination Without Cause.* This Agreement shall terminate without cause by consent of the parties or when the underlying agreements which allow BA access to, or the ability to create PHI on behalf of CE, terminate, whichever is sooner.
- c. *Termination for Cause.* BA authorizes termination of this Agreement by CE, if CE determines BA has violated a material term of the Agreement, and BA has not cured the breach or ended the violation within ten (10) days from written notice to cure transmitted by CE.
- d. *Obligation of BA upon Termination.* Upon termination of this Agreement for any reason, BA, with respect to PHI received from CE, or created, maintained, or received by BA on behalf of CE, shall:
 - i. Retain only that PHI which is necessary for BA to continue its proper management and administration or to carry out its legal responsibilities;

- ii. Return to CE, or destroy, the remaining PHI that BA still maintains in any form;
 - iii. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR part 164 with respect to electronic PHI to prevent use or disclosure of the PHI, other than as provided for in this Section, for as long as BA retains the PHI;
 - iv. Not use or disclose the PHI retained by BA other than for the purposes for which such PHI was retained and subject to the same conditions set out at above under "Permitted Uses and Disclosures By Business Associate," which applied prior to termination.
 - v. Return to CE, or destroy, the PHI retained by BA when it is no longer needed by BA for its proper management and administration or to carry out its legal responsibilities;
 - vi. If requested by CE, BA will transmit the PHI to another BA of CE at termination; and
 - vii. BA will obtain assurances of the return or destruction of PHI created, received, or maintained by its subcontractors.
- e. Survival. The obligations of BA under this Section shall survive the termination of this agreement.

7. **MISCELLANEOUS**

- a. Regulatory References. A reference in this Agreement to a section of the Privacy Rule, Security Rule, HIPAA, or HITECH Act means the section as in effect or as amended.
- b. Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.
- c. No Third Party Beneficiaries. Nothing in this Agreement shall confer upon any person other than the Parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- d. Indemnification. BA shall indemnify, hold harmless, and defend CE from and against any and all claims, losses, liabilities, costs, and other expenses incurred as a result of, or arising in connection with, any breach by BA of the terms of this Agreement or the violation of any law involving the use and/or disclosure of PHI.
- e. Right to Audit. BA understands and agrees that its access to PHI stored in databases and information systems at CE is subject to review and audit by CE at any time, that remote audits of such access may occur at any time, that on-site audits of such access will be conducted during regular business hours, and that any review or audit may occur with or without prior notice by CE.
- f. Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

- g. Notice. Any notice or document required or permitted to be given under this Agreement shall be deemed to be given on the date such notice is (i) emailed to an officer or privacy officer of the other party, (ii) deposited in the United States mail, postage prepaid, certified mail, return receipt requested, or (iii) deposited with a commercial overnight delivery service, to the principal business address of the recipient or such other address or addresses as the Parties may designate from time to time by notice satisfactory under this section.
- h. Limitation on Subcontracting. BA understands and agrees that it will not assign, delegate, or subcontract any of its rights or obligations under this Agreement, or under the underlying service agreements listed in Exhibit A without the prior written consent of CE's HIPAA Privacy Officer.
- i. Governing Law; Jurisdiction. This Agreement shall be governed by the laws of the State of South Dakota and venue for any dispute arising out of this Agreement shall be in Minnehaha County, South Dakota.
- j. Application of State Privacy Laws. Where state and federal law are both applicable to the use and/or disclosure of PHI, the BA will be bound by the law that provides the greatest restriction upon the use and/or disclosure of PHI.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be executed in its name and on its behalf by its duly authorized representative.

<u>YANKTON COUNTY</u>	AAA
COLLECTIONS, INC.	
Covered Entity	Business Associate
By: _____ Authorized Officer	By: _____ Authorized Officer
_____ Print Name of Authorized Officer	_____ Print Name of Authorized Officer
Date: _____	Date: _____

YANKTON COUNTY GROUP QUOTE SUMMARY

January 1, 2025

Benefit Information	Medica 4500	Medica 5600	Medica 6380	4500 HDHP Complete	4500 HDHP Value Plus	5500 PPO Complete	5400 PPO Value Plus	6350 HDHP Complete	6350 HDHP Value Plus
PLAN TYPE									
Online Benefit Summary (OBS) Health/Rx #s				400836-3	400835-3	400835-1	400835-1	400835-4/400836-5	400835-4/400836-6
Health Product				SD Blue Select	SD Blue Select	SD Blue Select	SD Blue Select	SD Blue Select	SD Blue Select
H.S.A. or H.R.A. Qualified				HSA	HSA	No	No	HSA	HSA
Pharmacy Product				BlueRX Complete (3 Tier)	BlueRx Value Plus	BlueRX Complete (3 Tier)	BlueRx Value Plus	BlueRX Complete (3 Tier)	BlueRx Value Plus
ACA Grandfathered / Non-Grandfathered				NGF	NGF	NGF	NGF	NGF	NGF
HEALTH BENEFIT PLAN									
Deductible In-Network	Single \$4,500 Family \$9,000	Single \$4,500 Family \$9,000	Single \$4,500 Family \$9,000	Single \$4,500 Family \$9,000	Single \$4,500 Family \$9,000	Single \$4,500 Family \$9,000	Single \$5,500 Family \$11,000	Single \$4,500 Family \$9,000	Single \$6,350 Family \$12,700
Deductible Non-Network	Single \$9,000 Family \$18,000	Single \$9,000 Family \$18,000	Single \$9,000 Family \$18,000	Single \$9,000 Family \$18,000	Single \$9,000 Family \$18,000	Single \$9,000 Family \$18,000	Single \$11,000 Family \$22,000	Single \$9,000 Family \$18,000	Single \$12,700 Family \$25,400
Deductible Aggregates (In-network/Non-Network)				Yes	Yes	Yes	Yes	Yes	Yes
DEDUPTOP/NRA Embedded/Non-Embedded				Yes Embedded	Yes Embedded	Yes Embedded	Yes Embedded	Yes Embedded	Yes Embedded
Deductible Waived For HSA/NRA Premiumlye Drugs				No	No	No	No	No	No
Coinsurance In-Network				0%	0%	40%	40%	0%	0%
Coinsurance Non-Network				50%	50%	50%	50%	50%	50%
Copay Office Visit				N/A	N/A	Non PCP \$70	PCP \$35 Non PCP \$70	N/A	N/A
Copay Emergency Room				N/A	N/A	\$200 PPD	\$200 PPO	N/A	N/A
Copay ER - Deductible and/or Coinsurance Follows				N/A	N/A	Deductible Does Not Follow ER Copay Applies to Services From All Providers	Deductible Does Not Follow ER Copay Applies to Services From All Providers	N/A	N/A
Copay Urgent Care				N/A	N/A	Coinsurance Does Not Follow	Coinsurance Does Not Follow	N/A	N/A
Out of Pocket Maximum In-Network				Single \$4,500 Family \$9,000	Single \$4,500 Family \$9,000	Single \$7,500 Family \$15,000	Single \$7,500 Family \$15,000	Single \$6,350 Family \$12,700	Single \$6,350 Family \$12,700
Out of Pocket Maximum Non-Network				Single \$13,500 Family \$27,000	Single \$13,500 Family \$27,000	Single \$22,000 Family \$44,000	Single \$22,000 Family \$44,000	Single \$19,050 Family \$38,100	Single \$19,050 Family \$38,100
Out of Pocket Maximum Aggregates (In/Non)				Yes	Yes	Yes	Yes	Yes	Yes
PHARMACY BENEFIT PLAN									
Health OPM Aggregates With RX OPM				Yes	Yes	Yes	Yes	Yes	Yes
Drugs Covered Under Health Plan				No	No	No	No	No	No
Intervality - \$ Limit On Transfer Procedures				No	No	No	No	No	No
Deductible				Single \$4,500 Family \$9,000	Single \$4,500 Family \$9,000	N/A	N/A	Single \$6,350 Family \$12,700	Single \$6,350 Family \$12,700
Deductible Waived For Tier 1				No	No	No	No	No	No
RX Deductible Aggregates With Health Deductible				No	No	No	No	No	No
Copay Tiers	N/A	Tier 1: \$12 Tier 2: \$35 Tier 3: \$50	N/A	N/A	N/A	Tier 1: \$12 Tier 2: \$35 Tier 3: \$50	Tier 1: \$12 Tier 2: \$35 Tier 3: \$50	N/A	N/A
Coinsurance				Tier 1: 0% Tier 2: 0% Tier 3: 0%	Tier 1: 0% Tier 2: 0% Tier 3: 0%	N/A	N/A	Tier 1: 0% Tier 2: 0% Tier 3: 0%	Tier 1: 0% Tier 2: 0% Tier 3: 0%
Copay/Coinsurance				Coinsurance Single \$4,500 Family \$9,000	Coinsurance Single \$4,500 Family \$9,000	Copay Single \$7,500 Family \$15,000	Copay Single \$7,500 Family \$15,000	Coinsurance Single \$6,350 Family \$12,700	Coinsurance Single \$6,350 Family \$12,700
Out of Pocket Maximum (OPM)				Yes	Yes	Yes	Yes	Yes	Yes
RX OPM Aggregates With Health OPM				No	No	No	No	No	No
Network Pharmacy Use Required				Yes	Yes	Yes	Yes	Yes	Yes
Specialty Drug Vendor Use Required				No	No	20%	20%	Yes	Yes
Specialty Drug Copay/Coinsurance				N/A	N/A	\$200 40%	\$200 40%	N/A	N/A
FULLY FUNDED RATES									
Enrollment									
Type of Contract Rate Structure*	Two-Way	Two-Way	Two-Way	Four-Way	Four-Way	Four-Way	Four-Way	Four-Way	Four-Way
Single	10	39	23	10	10	39	39	23	23
Family	0	1	1	1	1	1	1	1	1
Employee + Spouse	0	0	0	0	0	0	0	0	0
Employee + Child(ren)	1	0	0	0	0	0	0	0	0
Total Contracts	11	40	24	11	11	40	40	24	24
Rates									
Single	\$ 1002.72	\$ 1011.55	\$ 907.48	\$ 1,096.11	\$ 1,058.71	\$ 988.83	\$ 981.43	\$ 952.97	\$ 946.16
Family	\$ 2506.79	\$ 2528.87	\$ 2265.69	\$ 3,271.88	\$ 3,249.18	\$ 3,034.72	\$ 3,012.01	\$ 2,924.66	\$ 2,903.77
Employee + Spouse	\$ 0	\$ 0	\$ 0	\$ 2,183.39	\$ 2,168.24	\$ 2,025.12	\$ 2,009.97	\$ 1,951.68	\$ 1,937.74
Employee + Child(ren)	\$ 0	\$ 0	\$ 0	\$ 2,018.15	\$ 2,004.14	\$ 1,871.88	\$ 1,857.85	\$ 1,803.97	\$ 1,791.08
Monthly Cost	\$ 10,827.20	\$ 41,979.32	\$ 23,140.73	\$ 13,932.99	\$ 13,836.28	\$ 41,599.09	\$ 41,287.78	\$ 24,842.87	\$ 24,665.45
Annual Costs	\$ 120,326.40	\$ 503,751.84	\$ 277,688.76	\$ 167,195.88	\$ 166,035.36	\$ 499,189.08	\$ 495,453.36	\$ 298,115.64	\$ 295,985.40
Impact to Rates (compared to current plan)				38.95%	37.99%	-1%	-2%	7.36%	6.59%

*** Health & Care Management Condition Support (Coronary Artery Disease, Asthma, Diabetes) Included in Fully insured plans, Optional for Self Funded plans

The Group Quote Summary is a general summary of benefit options. It is not a part of your contract for group insurance or administrative services. Please refer to the Binder Agreement and Rating Exhibit for proposed rates. For a detailed description of benefits refer to the member document and either the Group Insurance Policy for fully insured or the Administrative Services Agreement for self funded.



Wellmark Blue Cross and Blue Shield is an Equal Opportunity Employer. Wellmark is an Equal Opportunity Employer.

Employee + Spouse	0	0	0	0	0	0	0	0	0
Employee + Child(ren)	1	0	0	0	0	0	0	0	0
Total Contracts	11	40	24	11	11	40	40	24	24
Rates									
Single	1002.72	1011.55	907.48	\$ 1,066.11	\$ 1,058.71	\$ 988.83	\$ 981.43	\$ 952.97	\$ 946.16
Family	2506.79	2528.87	2268.69	\$ 3,271.89	\$ 3,249.18	\$ 3,034.72	\$ 3,012.01	\$ 2,924.66	\$ 2,903.77
Employee + Spouse	0	0	0	\$ 2,183.39	\$ 2,168.24	\$ 2,025.12	\$ 2,009.97	\$ 1,951.68	\$ 1,937.74
Employee + Child(ren)	0	0	0	\$ 2,018.15	\$ 2,004.14	\$ 1,871.86	\$ 1,857.85	\$ 1,803.97	\$ 1,791.08
Monthly Cost	\$ 10,027.20	\$ 41,979.32	\$ 23,140.73	\$ 13,932.99	\$ 13,836.28	\$ 41,599.09	\$ 41,287.78	\$ 24,842.97	\$ 24,665.45
Annual Costs	\$ 120,326.40	\$ 503,751.84	\$ 277,688.76	\$ 167,195.88	\$ 166,035.36	\$ 499,189.08	\$ 495,453.36	\$ 298,115.64	\$ 295,985.40
Impact to Rates (compared to current plan)				38.95%	37.99%	-1%	-2%	7.36%	6.59%

*** Health & Care Management Condition Support (Coronary Artery Disease, Asthma, Diabetes): Included in Fully insured plans, Optional for Self Funded plans

This Group Quote Summary is a general summary of benefit options. It is not a part of your contract for group insurance or administrative services. Please refer to the Binder Agreement and Rating Exhibit for proposed rates. For a detailed description of benefits refer to the member document and either the Group Insurance Policy for fully insured or the Administrative Services Agreement for self funded.



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.



2025 Large Group Rating South Dakota

Group: Yankton County

Effective Date of Coverage: 1/1/2025 through 12/31/2025

Contracts Quoted	
Employee	73
	0
	0
Family	2
Total	75

Non-Grandfathered

2 Tier Level Quote

NAICS Code: 921110

Medical & Pharmacy Options

	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Deductible	\$5,500	\$11,000	\$11,000	\$22,000
Coinsurance	\$2,000	\$4,000	\$5,000	\$10,000
Coinsurance %	60%	60%	60%	60%
Out of Pocket Maximum	\$7,500	\$15,000	\$16,000	\$32,000

In-Network Coverage below. Out-of-Network Coverage is subject to Deductible and Coinsurance		Employee			Family	Total Monthly Premium
Physician Office Visit	Office Visit Copay					
	\$35 PCP/\$70 Specialist					
Pharmacy Benefits:	Pharmacy \$0/\$15/\$35/\$50/\$15/30%					
90 Days - 3x Copay	No Deductible					
Preventive Benefits	100% Preventive Benefit - NGF					
Chiropractic Office Visit	Co-pay same as PCP Physician Office Visit					
Mental Health Office Visit	Co-pay same as PCP Physician Office Visit					
Emergency Room Option	\$200 Copay					
Full Time Student Age	Full Time Student thru Age 29					
Out of Network	Option 1 - Standard Out of Network					

Riders

GreatLife	Employee Free					
Vision	No Coverage					
Employee Assistance Program	No Coverage					
Commission Per Employee Per Month: \$0.00						
Total Premium with Commission:		\$818.57	\$0.00	\$0.00	\$2,046.41	\$63,848.43

Reinsurance Carrier: PartnerRe

FSA Administration

HSA Administration

Underwritten Rates: Rates are based on enrollment, health and claims information received. If on final enrollment the group's information changes and affects the rates by more than 10%, Avera Health Plans reserves the right to adjust the rates. In addition, benefit designs will change to meet the requirements of the Patient Protection and Affordable Care Act of 2010. Rates are valid for twelve months, provided the group enrolls on the effective date, but not later than the 15th of the effective month.

Agent Name

Agency Name

Employer Representative Signature

Date



Group: Yankton County
 Effective Date of Coverage: 1/1/2025 through 12/31/2025
 2 Tier Level Quote South Dakota

Commission PEPM: \$0.00

Active Plan Premium							
Premium PEPM (Includes Commissions)							
Deductible	Coinsurance	Out-of-Pocket Maximum	Employee	Family		Total Monthly Premium	
\$4,500	100%	\$4,500	\$852.31	\$0.00	\$0.00	\$2,130.77	\$66,480.17

Premium by High-Deductible Health Plan (HDHP) Option*								
Premium PEPM (Includes Commissions)								
Deductible	Coinsurance	Out-of-Pocket Maximum	Employee	Family		Total Monthly Premium	% Change vs. Active	
<input type="checkbox"/>	1	\$3,300	100%	\$3,300	\$1,027.90	\$2,569.75	\$80,176.20	20.6%
<input type="checkbox"/>	2	\$3,500	100%	\$3,500	\$988.49	\$2,471.23	\$77,102.23	16.0%
<input type="checkbox"/>	3	\$4,000	100%	\$4,000	\$932.34	\$2,330.85	\$72,722.52	9.4%
<input checked="" type="checkbox"/>	4	\$4,500	100%	\$4,500	\$852.31	\$2,130.77	\$66,480.17	0.0%
<input type="checkbox"/>	5	\$5,000	100%	\$5,000	\$818.01	\$2,045.03	\$63,804.79	-4.0%
<input type="checkbox"/>	6	\$5,500	100%	\$5,500	\$786.58	\$1,966.44	\$61,353.22	-7.7%
<input type="checkbox"/>	7	\$6,000	100%	\$6,000	\$758.49	\$1,896.22	\$59,162.21	-11.0%
<input checked="" type="checkbox"/>	8	\$6,500	100%	\$6,500	\$730.54	\$1,826.34	\$56,982.10	-14.3%
<input type="checkbox"/>	9	\$7,000	100%	\$7,000	\$702.11	\$1,755.27	\$54,764.57	-17.6%
<input type="checkbox"/>	10	\$7,500	100%	\$7,500	\$677.16	\$1,692.90	\$52,818.48	-20.6%
<input type="checkbox"/>	11	\$8,300	100%	\$8,300	\$646.74	\$1,616.84	\$50,445.70	-24.1%
<input type="checkbox"/>	12	\$3,300	70%	\$6,600	\$863.27	\$2,158.16	\$67,335.03	1.3%
<input type="checkbox"/>	13	\$3,500	70%	\$7,000	\$828.95	\$2,072.38	\$64,658.11	-2.7%
<input type="checkbox"/>	14	\$4,000	70%	\$8,000	\$771.49	\$1,928.71	\$60,176.19	-9.5%
<input type="checkbox"/>	15	\$4,500	70%	\$8,300	\$711.03	\$1,777.57	\$55,460.33	-16.6%
<input type="checkbox"/>	16	\$5,000	70%	\$8,300	\$695.27	\$1,738.17	\$54,231.05	-18.4%
<input type="checkbox"/>	17	\$5,500	70%	\$8,300	\$683.45	\$1,708.63	\$53,309.11	-19.8%
<input type="checkbox"/>	18	\$6,000	70%	\$8,300	\$672.77	\$1,681.91	\$52,476.03	-21.1%
<input type="checkbox"/>	19	\$6,500	70%	\$8,300	\$664.17	\$1,660.41	\$51,805.23	-22.1%
<input type="checkbox"/>	20	\$7,000	70%	\$8,300	\$654.19	\$1,635.47	\$51,026.81	-23.2%
<input type="checkbox"/>	21	\$7,500	70%	\$8,300	\$648.32	\$1,620.79	\$50,568.94	-23.9%
<input type="checkbox"/>	22	\$3,300	50%	\$6,600	\$830.40	\$2,076.00	\$64,771.20	-2.6%
<input type="checkbox"/>	23	\$3,500	50%	\$7,000	\$796.44	\$1,991.10	\$62,122.32	-6.6%
<input type="checkbox"/>	24	\$4,000	50%	\$8,000	\$738.12	\$1,845.30	\$57,573.36	-13.4%
<input type="checkbox"/>	25	\$4,500	50%	\$8,300	\$683.35	\$1,708.37	\$53,301.29	-19.8%
<input type="checkbox"/>	26	\$5,000	50%	\$8,300	\$673.77	\$1,684.42	\$52,554.05	-20.9%
<input type="checkbox"/>	27	\$5,500	50%	\$8,300	\$667.27	\$1,668.16	\$52,047.03	-21.7%
<input type="checkbox"/>	28	\$6,000	50%	\$8,300	\$661.36	\$1,653.40	\$51,586.08	-22.4%
<input type="checkbox"/>	29	\$6,500	50%	\$8,300	\$657.08	\$1,642.69	\$51,252.22	-22.9%
<input type="checkbox"/>	30	\$7,000	50%	\$8,300	\$649.34	\$1,623.35	\$50,648.52	-23.8%
<input type="checkbox"/>	31	\$7,500	50%	\$8,300	\$646.90	\$1,617.24	\$50,458.18	-24.1%

*NOTE: All options shown in this section are HSA qualified HDHP plans and include both ACA preventive drug coverage and maintenance preventive drug coverage effective January 1, 2020.

Underwritten Rates: Rates are based on enrollment, health and claims information received. If on final enrollment the group's information changes and affects the rates by more than 10%, Avera Health Plans reserves the right to adjust the rates. In addition, benefit designs will change to meet the requirements of the Patient Protection and Affordable Care Act of 2010. Rates are valid for twelve months, provided the group enrolls on the effective date, but not later than the 15th of the effective month.

Reinsurance Carrier: PartnerRe

FSA Administration HSA Administration

Rates exclude Employee Assistance Program Coverage. Rates reflect GreatLife benefit with no additional cost (i.e., free to employees). Rates exclude VSP vision coverage.

Agent Name _____

Agency Name _____

Employer Representative Signature _____

Date _____



Group: Yankton County
 Effective Date of Coverage: 1/1/2025 through 12/31/2025
 2 Tier Level Quote South Dakota

Commission PEPM: \$0.00

Active Plan Premium							
Premium PEPM (Includes Commissions)							
Deductible	Coinsurance	Out-of-Pocket Maximum	Employee	Family		Total Monthly Premium	
\$4,500	100%	\$4,500	\$852.31	\$0.00	\$0.00	\$2,130.77	\$66,480.17

Premium by High-Deductible Health Plan (HDHP) Option*								
Premium PEPM (Includes Commissions)								
Deductible	Coinsurance	Out-of-Pocket Maximum	Employee	Family		Total Monthly Premium	% Change vs. Active	
<input type="checkbox"/>	1	\$3,300	100%	\$3,300	\$1,027.90	\$2,569.75	\$80,176.20	20.6%
<input type="checkbox"/>	2	\$3,500	100%	\$3,500	\$988.49	\$2,471.23	\$77,102.23	16.0%
<input type="checkbox"/>	3	\$4,000	100%	\$4,000	\$932.34	\$2,330.85	\$72,722.52	9.4%
<input type="checkbox"/>	4	\$4,500	100%	\$4,500	\$852.31	\$2,130.77	\$66,480.17	0.0%
<input type="checkbox"/>	5	\$5,000	100%	\$5,000	\$818.01	\$2,045.03	\$63,804.79	-4.0%
<input type="checkbox"/>	6	\$5,500	100%	\$5,500	\$786.58	\$1,966.44	\$61,353.22	-7.7%
<input type="checkbox"/>	7	\$6,000	100%	\$6,000	\$758.49	\$1,896.22	\$59,162.21	-11.0%
<input type="checkbox"/>	8	\$6,500	100%	\$6,500	\$730.54	\$1,826.34	\$56,982.10	-14.3%
<input type="checkbox"/>	9	\$7,000	100%	\$7,000	\$702.11	\$1,755.27	\$54,764.57	-17.6%
<input type="checkbox"/>	10	\$7,500	100%	\$7,500	\$677.16	\$1,692.90	\$52,818.48	-20.6%
<input type="checkbox"/>	11	\$8,300	100%	\$8,300	\$646.74	\$1,616.84	\$50,445.70	-24.1%
<input type="checkbox"/>	12	\$3,300	70%	\$6,600	\$863.27	\$2,158.16	\$67,335.03	1.3%
<input type="checkbox"/>	13	\$3,500	70%	\$7,000	\$828.95	\$2,072.38	\$64,658.11	-2.7%
<input type="checkbox"/>	14	\$4,000	70%	\$8,000	\$771.49	\$1,928.71	\$60,176.19	-9.5%
<input type="checkbox"/>	15	\$4,500	70%	\$8,300	\$711.03	\$1,777.57	\$55,460.33	-16.6%
<input type="checkbox"/>	16	\$5,000	70%	\$8,300	\$695.27	\$1,738.17	\$54,231.05	-18.4%
<input type="checkbox"/>	17	\$5,500	70%	\$8,300	\$683.45	\$1,708.63	\$53,309.11	-19.8%
<input type="checkbox"/>	18	\$6,000	70%	\$8,300	\$672.77	\$1,681.91	\$52,476.03	-21.1%
<input type="checkbox"/>	19	\$6,500	70%	\$8,300	\$664.17	\$1,660.41	\$51,805.23	-22.1%
<input type="checkbox"/>	20	\$7,000	70%	\$8,300	\$654.19	\$1,635.47	\$51,026.81	-23.2%
<input type="checkbox"/>	21	\$7,500	70%	\$8,300	\$648.32	\$1,620.79	\$50,568.94	-23.9%
<input type="checkbox"/>	22	\$3,300	50%	\$6,600	\$830.40	\$2,076.00	\$64,771.20	-2.6%
<input type="checkbox"/>	23	\$3,500	50%	\$7,000	\$796.44	\$1,991.10	\$62,122.32	-6.6%
<input type="checkbox"/>	24	\$4,000	50%	\$8,000	\$738.12	\$1,845.30	\$57,573.36	-13.4%
<input type="checkbox"/>	25	\$4,500	50%	\$8,300	\$683.35	\$1,708.37	\$53,301.29	-19.8%
<input type="checkbox"/>	26	\$5,000	50%	\$8,300	\$673.77	\$1,684.42	\$52,554.05	-20.9%
<input type="checkbox"/>	27	\$5,500	50%	\$8,300	\$667.27	\$1,668.16	\$52,047.03	-21.7%
<input type="checkbox"/>	28	\$6,000	50%	\$8,300	\$661.36	\$1,653.40	\$51,586.08	-22.4%
<input type="checkbox"/>	29	\$6,500	50%	\$8,300	\$657.08	\$1,642.69	\$51,252.22	-22.9%
<input type="checkbox"/>	30	\$7,000	50%	\$8,300	\$649.34	\$1,623.35	\$50,648.52	-23.8%
<input type="checkbox"/>	31	\$7,500	50%	\$8,300	\$646.90	\$1,617.24	\$50,458.18	-24.1%

*NOTE: All options shown in this section are HSA qualified HDHP plans and include both ACA preventive drug coverage and maintenance preventive drug coverage effective January 1, 2020.

Underwritten Rates: Rates are based on enrollment, health and claims information received. If on final enrollment the group's information changes and affects the rates by more than 10%, Avera Health Plans reserves the right to adjust the rates. In addition, benefit designs will change to meet the requirements of the Patient Protection and Affordable Care Act of 2010. Rates are valid for twelve months, provided the group enrolls on the effective date, but not later than the 15th of the effective month.

Reinsurance Carrier: PartnerRe

FSA Administration HSA Administration

Rates exclude Employee Assistance Program Coverage. Rates reflect GreatLife benefit with no additional cost (i.e., free to employees). Rates exclude VSP vision coverage.

Agent Name _____

Agency Name _____

Employer Representative Signature _____

Date _____



Group: Yankton County

Effective Date of Coverage: 1/1/2025 through 12/31/2025

Medical Deductible	\$5,500 Medical Deductible ▼	In-Network	Group's Current Monthly Premium	Avera Benefit Solutions Monthly Premium*	% Change
Medical Coinsurance %	60% Coinsurance ▼	In-Network			
Medical Coinsurance Amount	\$2000 Medical Coinsurance ▼	In-Network	\$78,900.89	\$63,848.43	-19.08%
Family Maximum	2x Deductible ▼	In-Network	* Monthly Premium includes Commission at a Per Employee Per Month Commission in the amount of \$0 PEPM. Total monthly commission at current enrollment is: \$0.00		
Physician Office Visit	Office Visit Copay ▼	In-Network			
Physician Office Visit Copay	\$35 PCP/\$70 Specialist ▼	In-Network	<h2 style="text-align: center;">Avera <i>Benefit Solutions</i></h2> <h3 style="text-align: center;">Non-Grandfathered Plan</h3>		
Preventive Office Visit	100% Preventive Benefit - NGF ▼	In-Network			
Chiropractic Office Visit	Co-pay same as PCP Physician Office Visit ▼	In-Network			
Mental Health Office Visit	Co-pay same as PCP Physician Office Visit ▼	In-Network			
Pharmacy Plan	Pharmacy \$0/\$15/\$35/\$50/\$15/30% ▼				
Pharmacy Deductible	No Deductible ▼				
90 Day Supply	90 Days - 3x Copay ▼		Avera Benefit Solutions is a copyrighted product of Avera Health Plans, Inc. All rights reserved.		
Emergency Room Coverage	\$200 Copay ▼				
Employee Assistance Program	No Coverage ▼		Duplication of the Benefit Solutions program is not permitted without the prior written permission of Avera Health Plans, Inc.		
GreatLife	Employee 30% Discount ▼				
Vision Coverage	No Coverage ▼				
Out of Network Coverage	Option 1 - Standard Out of Network ▼				
Ultra Plan	No ▼				



2025 Large Group Rating South Dakota

Group: Yankton County

Effective Date of Coverage: 1/1/2025 through 12/31/2025

Contracts Quoted	
Employee	73
	0
	0
Family	2
Total	75

Non-Grandfathered

2 Tier Level Quote

NAICS Code: 921110

Medical & Pharmacy Options

	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Deductible	\$5,500	\$11,000	\$11,000	\$22,000
Coinsurance	\$2,000	\$4,000	\$5,000	\$10,000
Coinsurance %	60%	60%	60%	60%
Out of Pocket Maximum	\$7,500	\$15,000	\$16,000	\$32,000

In-Network Coverage below. Out-of-Network Coverage is subject to Deductible and Coinsurance		Employee			Family	Total Monthly Premium
Physician Office Visit	Office Visit Copay					
	\$35 PCP/\$70 Specialist					
Pharmacy Benefits:	Pharmacy \$0/\$15/\$35/\$50/\$15/30%					
90 Days - 3x Copay	No Deductible					
Preventive Benefits	100% Preventive Benefit - NGF					
Chiropractic Office Visit	Co-pay same as PCP Physician Office Visit					
Mental Health Office Visit	Co-pay same as PCP Physician Office Visit					
Emergency Room Option	\$200 Copay					
Full Time Student Age	Full Time Student thru Age 29					
Out of Network	Option 1 - Standard Out of Network					

Riders

GreatLife	Employee Free					
Vision	No Coverage					
Employee Assistance Program	No Coverage					
Commission Per Employee Per Month:		\$0.00				
Total Premium with Commission:		\$818.57	\$0.00	\$0.00	\$2,046.41	\$63,848.43

Reinsurance Carrier: PartnerRe

FSA Administration

HSA Administration

Underwritten Rates: Rates are based on enrollment, health and claims information received. If on final enrollment the group's information changes and affects the rates by more than 10%, Avera Health Plans reserves the right to adjust the rates. In addition, benefit designs will change to meet the requirements of the Patient Protection and Affordable Care Act of 2010. Rates are valid for twelve months, provided the group enrolls on the effective date, but not later than the 15th of the effective month.

Agent Name

Agency Name

Employer Representative Signature

Date



2025 Large Group Rating

South Dakota

MEC

Group: Yankton County

Effective Date of Coverage: 1/1/2025 through 12/31/2025

Contracts Quoted	
Employee	73
	0
	0
Family	2
Total	75

Non-Grandfathered

2 Tier Level Quote

NAICS Code: 921110

Medical & Pharmacy Options

	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Deductible	\$9,200	\$18,400	\$15,000	\$30,000
Coinsurance	\$0	\$0	\$0	\$0
Coinsurance %	0%	0%	0%	0%
Out of Pocket Maximum	\$9,200	\$18,400	\$15,000	\$30,000

In-Network Coverage below. Out-of-Network Coverage is subject to Deductible and Coinsurance						Total Monthly Premium
	Employee				Family	
Two Free Office Visits	Each family member will receive at no cost to you the first two office visit copays per person per year. This includes Primary Care Physician, Chiropractic, Mental Health, Urgent Care or Rehabilitation visits.					
Pharmacy Benefits:	Pharmacy \$0/\$15/\$45/\$75/\$15/30%					
90 Days - 3x Copay	No Deductible					
Preventive Benefits	100% Preventive Benefit - NGF					
Emergency Room Option	\$500 Copay					
Full Time Student Age	Full Time Student thru Age 29					
Out of Network	Option 1 - Standard Out of Network					

Riders

GreatLife	Employee Free					
Vision	No Coverage					
Employee Assistance Program	No Coverage					
Commission Per Employee Per Month:		\$0.00				
Total Premium with Commission:		\$778.87	\$0.00	\$0.00	\$1,947.15	\$60,751.81

Reinsurance Carrier: PartnerRe

FSA Administration

HSA Administration

Underwritten Rates: Rates are based on enrollment, health and claims information received. If on final enrollment the group's information changes and affects the rates by more than 10%, Avera Health Plans reserves the right to adjust the rates. In addition, benefit designs will change to meet the requirements of the Patient Protection and Affordable Care Act of 2010. Rates are valid for twelve months, provided the group enrolls on the effective date, but not later than the 15th of the effective month.

Agent Name _____

Agency Name _____

Employer Representative Signature _____

Date _____



PROPOSAL
YANKTON COUNTY

January 1, 2025





“A mutual partnership,
providing excellent customer
service for not only you, but your
employees as well. Education is
the key.”



The Local Difference

What Having a Local Agent means?

- Availability for Employees to walk into an office for questions
- Personalized Service for each and every employee
- Annual Employee meetings available “on-site”
- No 1-800 numbers to call for assistance
- Open 5 days a week, and after hours by appointment

What does having a partnership with Acrisure mean?

- Access to benefits consulting services
- Access to Human Resource Consulting Services
- Access to Educational Tools and Resources
- Valued team with experience



HR Consulting & Compliance Advantage

Benefits Consulting Services

- ERISA
- Affordable Care Act
- COBRA and Other Coverage Continuation Laws
- HIPAA Portability, Privacy, and Security
- Section 125 Cafeteria Plans
- Section 105(h) and Other Discrimination Issues
- Medicare Secondary Payer Rules
- Wellness Plans
- Health Savings Accounts
- Other State and Federal Benefit Mandates

Educational Tools and Resources

- Monthly Webinar Series for Clients, Prospects and Agency Partners
- Regulatory and Legislative Updates
- Weekly Digest of Relevant News, Trends, and Legal Updates
- Monthly Compliance Communication Pieces
- Comprehensive Compliance Guide
- Various Compliance Checklists, Charts, Toolkits

Human Resources Consulting Services

- FMLA and Other Employee Leaves of Absence
- Discrimination, Harassment, and Retaliation
- ADA and Disabilities Accommodations
- FLSA and Other Wage and Hour Rules
- Recruiting, Hiring, Discipline, and Discharge
- I-9 Compliance
- Reductions in Force and WARN Act
- Workers' Compensation
- Occupational Safety and Health
- Unions and NLRA

Specific Compliance Services*

- Wrap Plan, SPD, and POP Document Preparation
- Form 5500 Reporting
- HIPAA Privacy and Security Training
- Non-Discrimination Testing
- HR Special Projects (e.g., employee reward and recognition programs, succession planning strategies, compensation surveys)
- Preferred Vendor Relationships (e.g., benefits/HR technology and administrative services)
- IRS Letters 226J


*Additional fees may apply.



Medical Snapshot

Monthly Premiums

Current	
Other	
TOTAL MONTHLY PREMIUM	TOTAL DIFFERENCE
\$73,783	-
EMPLOYER MONTHLY PREMIUM	EMPLOYER DIFFERENCE
\$70,553	-

Option 1	
Wellmark. 	
TOTAL MONTHLY PREMIUM	TOTAL DIFFERENCE
\$74,273	0.7% (\$490)
EMPLOYER MONTHLY PREMIUM	EMPLOYER DIFFERENCE
\$71,042	0.7% (\$490)

Option 2	
Avera 	
TOTAL MONTHLY PREMIUM	TOTAL DIFFERENCE
\$61,850	-16.2% (-\$11,933)
EMPLOYER MONTHLY PREMIUM	EMPLOYER DIFFERENCE
\$58,620	-16.9% (-\$11,933)





Medical Contributions

OPTION	CLASS	CARRIER	PLAN	EE/ER	BP <i>Baseplan</i>	EE <i>Employee</i>	EF <i>EE + Family</i>
Current	Other		Medica Passport 6350 HSA	EE		\$0	\$879.34
	Other		Medica Passport 4500 HSA	EE		\$52.30	\$1063.91
	Other		Medica Passport 5500 Copay	EE		\$59.15	\$1081.03
Alternative 1	Wellmark BlueCross BlueShield of South Dakota		Blue \$6350 HSA Value + Rx	EE		\$0	\$879.34
	Wellmark BlueCross BlueShield of South Dakota		Blue \$4500 HSA Value + Rx	EE		\$52.30	\$1063.91
	Wellmark BlueCross BlueShield of South Dakota		Blue \$5500 Copay Value + Rx	EE		\$59.15	\$1081.03
Alternative 2	Avera Health Plans		Avera \$6500 HSA	EE		\$0	\$879.34
	Avera Health Plans		Avera \$4500 HSA	EE		\$52.30	\$1063.91
	Avera Health Plans		Avera \$5500 Copay	EE		\$59.15	\$1081.03





Medical Side-by-side

ALTERNATIVE	Current		Option 1		Option 2	
	Other		Wellmark 		Avera 	
	Medica Passport 6350 HSA		Blue \$6350 HSA Value + Rx		Avera \$6500 HSA	
MEDICAL PLANS	PPO		PPO		Avera Health	
NETWORK	IN	OUT	IN	OUT	IN	OUT
Deductible - Individual	6350	12700	6350	12700	6500	unknown
Deductible - Family	12700	25400	12700	25400	13000	unknown
OOPM - Individual	6350	19050	6350	19050	6500	unknown
OOPM - Family	12700	38100	12700	38100	13000	unknown
Co-insurance	0%	50%	0%	50%	0%	unknown
PCP	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Specialist	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
X-Ray	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Lab	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Inpatient Hospital	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Outpatient Surgery	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Emergency Room	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Urgent Care	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Rx						
Rx Individual / Family Deductible	N/A / N/A		N/A / N/A		N/A / N/A	
Member Copay Tier 1	Ded./OPM		Ded./OPM		Ded./OPM	
Member Copay Tier 2	Ded./OPM		Ded./OPM		Ded./OPM	
Member Copay Tier 3	Ded./OPM		Ded./OPM		Ded./OPM	
Member Copay Tier 4	Ded./OPM		Ded./OPM		Ded./OPM	
Mail Order	Ded./OPM		Ded./OPM		Ded./OPM	
Enrollment						
EE / EF	19 / 0		19 / 0		19 / 0	
Total Enrollment	19		19		19	
Monthly Rates						
	CURRENT		OPTION 1		OPTION 2	
Employee Only	\$907.48		\$952.49		\$753.54	
Employee + Family	\$2,268.69		\$2,339.23		\$1,849.34	
Monthly Total	\$17,242		\$18,097		\$14,317	
Annual Total	\$206,905		\$217,168		\$171,807	
Change from Current - \$			\$10,262		-\$35,098	
Change from Current - %			+5.0%		-17.0%	
Employer Contribution:						
Employee Contribution:	Default Medica Passport 6350 HSA EE: \$0.0, EF: \$879.34		Default Blue \$6350 HSA Value + Rx EE: \$0.0, EF: \$879.34		Default Avera \$6500 HSA EE: \$0.0, EF: \$879.34	





Medical Side-by-side

ALTERNATIVE	Current		Option 1		Option 2	
	Other		Wellmark 		Avera 	
MEDICAL PLANS	Medica Passport 4500 HSA		Blue \$4500 HSA Value + Rx		Avera \$4500 HSA	
NETWORK	PPO		PPO		Avera Health	
	IN	OUT	IN	OUT	IN	OUT
Deductible - Individual	4500	9000	4500	9000	4500	unknown
Deductible - Family	9000	18000	9000	18000	9000	unknown
OOPM - Individual	4500	13500	4500	13500	4500	unknown
OOPM - Family	9000	27000	9000	27000	9000	unknown
Co-insurance	0%	50%	0%	50%	0%	unknown
PCP	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Specialist	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
X-Ray	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Lab	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Inpatient Hospital	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Outpatient Surgery	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Emergency Room	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Urgent Care	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Rx						
Rx Individual / Family Deductible	N/A / N/A		N/A / N/A		N/A / N/A	
Member Copay Tier 1	Ded./OPM		Ded./OPM		Ded./OPM	
Member Copay Tier 2	Ded./OPM		Ded./OPM		Ded./OPM	
Member Copay Tier 3	Ded./OPM		Ded./OPM		Ded./OPM	
Member Copay Tier 4	Ded./OPM		Ded./OPM		Ded./OPM	
Mail Order	Ded./OPM		Ded./OPM		Ded./OPM	
Enrollment						
EE / EF	12 / 0		12 / 0		12 / 0	
Total Enrollment	12		12		12	
Monthly Rates	CURRENT		OPTION 1		OPTION 2	
Employee Only	\$1,002.72		\$1,062.46		\$875.31	
Employee + Family	\$2,506.79		\$2,614.15		\$2,153.77	
Monthly Total	\$12,033		\$12,750		\$10,504	
Annual Total	\$144,392		\$152,994		\$126,045	
Change from Current - \$			\$8,603		-\$18,347	
Change from Current - %			+6.0%		-12.7%	
Employer Contribution:						
Employee Contribution:	Default Medica Passport 4500 HSA EE: \$52.3, EF: \$1063.91		Default Blue \$4500 HSA Value + Rx EE: \$52.3, EF: \$1063.91		Default Avera \$4500 HSA EE: \$52.3, EF: \$1063.91	



Medical Side-by-side

	Current		Option 1		Option 2	
ALTERNATIVE	Other		Wellmark 		Avera 	
MEDICAL PLANS	Medica Passport 5500 Copay		Blue \$5500 Copay Value + Rx		Avera \$5500 Copay	
NETWORK	PPO		PPO		Avera Health	
	IN	OUT	IN	OUT	IN	OUT
Deductible - Individual	5500	11000	5500	11000	5500	11000
Deductible - Family	11000	22000	11000	22000	11000	22000
OOPM - Individual	7500	2200	7500	2200	7500	16000
OOPM - Family	15000	44000	15000	44000	15000	32000
Co-insurance	40%	50%	40%	50%	60%	60%
PCP	\$35	Ded./OPM	\$35	Ded./OPM	\$35	Ded./OPM
Specialist	\$70	Ded./OPM	\$70	Ded./OPM	\$70	Ded./OPM
X-Ray	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Lab	No Charge	Ded./OPM	No Charge	Ded./OPM	No Charge	Ded./OPM
Inpatient Hospital	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Outpatient Surgery	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM	Ded./OPM
Emergency Room	\$200	Ded./OPM	\$200	Ded./OPM	\$200	Ded./OPM
Urgent Care	\$35	Ded./OPM	\$35	Ded./OPM	\$35	Ded./OPM
Rx						
Rx Individual / Family Deductible	N/A / N/A		N/A / N/A		N/A / N/A	
Member Copay Tier 1	\$12		\$12		\$15	
Member Copay Tier 2	\$35		\$35		\$35	
Member Copay Tier 3	\$50		\$50		\$50	
Member Copay Tier 4	P 20% to \$200 / NP 40%		P 20% to \$200 / NP 40%		\$15/30%	
Mail Order	Same		Same		Same	
Enrollment						
EE / EF	44 / 0		44 / 0		44 / 0	
Total Enrollment	44		44		44	
Monthly Rates	CURRENT		OPTION 1		OPTION 2	
Employee Only	\$1,011.55		\$986.95		\$841.57	
Employee + Family	\$2,528.87		\$2,425.38		\$2,069.41	
Monthly Total	\$44,508		\$43,426		\$37,029	
Annual Total	\$534,098		\$521,110		\$444,349	
Change from Current - \$			-\$12,989		-\$89,749	
Change from Current - %			-2.4%		-16.8%	
Employer Contribution:						
Employee Contribution:	Default Medica Passport 5500 Copay EE: \$59.15, EF: \$1081.03		Default Blue \$5500 Copay Value + Rx EE: \$59.15, EF: \$1081.03		Default Avera \$5500 Copay EE: \$59.15, EF: \$1081.03	



Disclaimers

The information contained herein is intended to serve only as a brief outline of the various insurance coverages. To avoid misunderstanding or misinterpretation as to the full scope of protection afforded, reference must be made to the respective policies for complete coverage details.



Yankton County

NOTE: GREAT LIFE Wellness is FREE to Employee

Effective 1-1-2025

Avera Health Plans	Avera 5500 Copay Plan		Avera 4500 HDHP*		Avera 6500 HDHP*	
	In	Out	In	Out	In	Out
Deductible: Single	\$5,500	\$11,000	\$4,500	\$10,000	\$6,500	\$10,000
Family	\$11,000	\$22,000	\$9,000	\$20,000	\$13,000	\$20,000
Coinsurance:	40%	50%	0%	40%	0%	50%
OPM: Single	\$7,500	\$16,000	\$4,500	\$15,000	\$6,500	\$15,000
Family	\$15,000	\$32,000	\$9,000	\$30,000	\$13,000	\$30,000
Prescription:	Generic \$0 Preferred Generics - \$15 Non-Pref. Generics - \$15 Preferred Brands - \$50 Non-Pref. Brands - \$150 Specialty - 30% Coinsurance	No Coverage	Preventive - \$0 All Others - No Charge after Deductible is met	No Coverage	Preventive - \$0 All others - Deductible and Coinsurance	No Coverage
Preventive:	Covered 100%	No Coverage	Covered 100%	No Coverage	Covered 100%	No Coverage
Office Visits: Virtual Visits (AveraNow)	\$0 Copay	n/a	No Charge after Deductible is met	n/a	Deductible and Coinsurance	n/a
Primary Care Physican	\$35 Copay	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance
Specialist	\$70 Copay					
Urgent Care	\$35 Copay					
Emergency Room Services:	In-Network Deductible and Coinsurance		No Charge after In-Network Deductible is met		In-Network Deductible and Coinsurance	
X-Ray & Lab Services (Medical Office)	Deductible and Coinsurance		No Charge after Deductible is met	Deductible and Coinsurance	Deductible and Coinsurance	
(Hospital)	Deductible and Coinsurance				Deductible and Coinsurance	
Maternity (Full Medical Services)	Deductible and Coinsurance		No Charge after In-Network Deductible is met		Deductible and Coinsurance	
Chiropractic:	\$35 Copay	No Coverage	No Charge after Deductible is met 20 Visits per Year	No Coverage	Deductible and Coinsurance 20 Visits per Year	No Coverage
Medicare Part D Credible Coverage:	Yes		No		No	
Rates:	45 Single Employees & 1 Employee + Child(ren)		12 Single Employees & 1 Employee + Child(ren)		18 Single Employees & 2 Employee + Child(ren)	
Monthly Premium:	\$38,882.06		\$12,358.49		\$16,802.00	
Total Monthly Premium All 3 Plans			\$68,042.55			
Annual Premium:	\$466,584.72		\$148,301.88		\$201,624.00	
Total Annual Premium All 3 Plans			\$816,510.60			

Using a Section 105 Plan we can generate savings of \$33,600 annually at 20% utilization with a net annual cost of \$782,910

Yankton County

Effective 1-1-2025

Traditional Health Plan Options	Wellmark of SD (BCBS) CompleteBlue (Silver) \$5,500 PPO		Wellmark of SD (BCBS) myBlue HDHP \$4,500		Wellmark of SD (BCBS) myBlue HDHP \$6,350	
	In	Out	In	Out	In	Out
Deductible: Single	\$5,500	\$10,000	\$4,500	\$9,000	\$6,350	\$12,700
Family	\$11,000	\$20,000	\$9,000	\$18,000	\$12,700	\$25,400
Coinsurance:	40%	50%	0% Coinsurance	50% Coinsurance	0% Coinsurance	50% Coinsurance
OPM: Single	\$7,500	\$22,000	\$4,500	\$13,500	\$6,350	\$19,050
Family	\$15,000	\$44,000	\$9,000	\$27,000	\$12,700	\$38,100
Prescription:	Tier 1: \$15 Tier 2: \$35 Tier 3: \$50	Not Covered	No charge after deductible is met	Not covered	No charge after deductible is met	Not Covered
Preventive:	Covered 100%	\$150 Copay if done in Dr. Office; Otherwise Deductible & Coinsurance	No charge	No charge after deductible is met	No charge	No charge after deductible is met
Physicians Office:	Virtual Visit (Doctor on Demand)	\$35	n/a	No charge after deductible is met	No charge after deductible is met	
	Primary Care Physician	\$35	\$150	No charge after deductible is met		
	Specialist	\$70	\$300	No charge after deductible is met		
	Urgent Care	\$35	\$150	No charge after deductible is met		
Emergency Room Services:	\$200	\$500	No charge after deductible is met		No charge after deductible is met	
X-Ray & Lab Services (If done in provider's office or clinic)	40% Coinsurance	50% Coinsurance	No charge after deductible is met		No charge after deductible is met	
(If done in a hospital)	40% Coinsurance	50% Coinsurance	No charge after deductible is met		No charge after deductible is met	
Maternity: Office visits:	40% Coinsurance	50% Coinsurance	No charge after deductible is met		No charge after deductible is met	
Childbirth / delivery:	40% Coinsurance	50% Coinsurance	No charge after deductible is met		No charge after deductible is met	
Chiropractic:	\$35	\$150	No charge after deductible is met		No charge after deductible is met	
Medicare Part D Credible Coverage	Yes		No / RX Complete		No / RX Complete	
Rates:	45 Single Employees & 1 Employee + Child(ren)		18 Single Employees & 2 Employee + Child(ren)		12 Single Employees & 1 Employee + Child(ren)	
Monthly Premium:	\$47,979.92		\$20,761.40		\$14,811.47	
Total Monthly Premium All 3 Plans			\$83,552.79			
Annual Premium:	\$575,759.04		\$249,136.80		\$177,737.64	
Total Annual Premium All 3 Plans			\$1,002,633.40			

Using a Section 105 we can generate savings of \$16,322 at 20% utilization bringing the NET annual cost to \$986,311

Yankton County

NOT COMPETITIVE

Effective 1-1-2025

Health Partners Provider Network: BROAD		Health Partners \$5,500 Copay Plan		Health Partners \$4,500 H.S.A.-Compatible HDHP		Health Partners \$6,350 H.S.A.-Compatible HDHP	
		In	Out	In	Out	In	Out
Deductible:	Single	\$5,500	\$11,000	\$4,500	\$9,000	\$6,350	\$12,700
	Family	\$11,000	\$22,000	\$9,000	\$18,000	\$12,700	\$25,400
Coinsurance:		40%	50%	0%	50%	0%	50%
OPM:	Single	\$7,500	\$22,000	\$4,500	\$13,500	\$6,350	\$19,050
	Family	\$15,000	\$44,000	\$9,000	\$27,000	\$12,700	\$38,100
Prescription:	Prescription Drugs	Generics under \$6 - \$0 Generic - \$15 Preferred - \$30 Non-Preferred - \$75 Speciality - Deductible & Coinsurance	No Coverage	100% after the Deductible	Deductible & Coinsurance	100% after the Deductible	Deductible & Coinsurance
Preventive:		Covered 100%	Deductible & Coinsurance	Covered 100%	Deductible & Coinsurance	Covered 100%	Deductible & Coinsurance
Office Visits:	Virtual Visits <small>(Sanford Health Providers)</small>	\$20 Copay	n/a	\$0 Copay	n/a	\$0 Copay	n/a
	Primary Care Physican	\$35 Copay	Deductible & Coinsurance	100% after the Deductible	Deductible & Coinsurance	100% after the Deductible	Deductible & Coinsurance
	Specialist	\$70 Copay		100% after the Deductible		100% after the Deductible	
	Urgent Care	\$35 Copay	\$35 Copay	100% after the Deductible	Deductible & Coinsurance	100% after the Deductible	Deductible & Coinsurance
Emergency Room Services:		\$200 copay		100% after the Deductible		100% after the Deductible	
X-Ray & Lab Services	(Medical Office)	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	
	(Hospital)	Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	
Maternity (Prenatal & Postnatal Care)		No Charge for Office Visits	Deductible & Coinsurance	No Charge for Office Visits	Deductible & Coinsurance	No Charge for Office Visits	Deductible & Coinsurance
(Delivery & Inpatient Care)		Deductible and Coinsurance		Deductible and Coinsurance		Deductible and Coinsurance	
Chiropractic:		\$35 Copay	Deductible and Coinsurance	100% after the Deductible	Deductible & Coinsurance	100% after the Deductible	Deductible & Coinsurance
Medicare Part D Credible Coverage		Yes		No		No	
Rates:	Employee Only	\$1,203.30 @45		\$1,150.53 @12		\$1,055.78 @18	
	Family	\$3,008.24 @1		\$2,876.31 @1		\$2,630.45 @2	
Monthly Premium:		\$57,156.74		\$16,682.67		\$24,264.94	
Annual Premium:		\$685,880.88		\$200,192.04		\$291,179.28	
Total of all Plans:		Total Monthly \$98,104.35 / Total Annually \$1,177,252.20					

Note: This chart does not guarantee rates or coverage and should be used only to compare highlights. Consult actual plan documents before final determination.

*Patients must establish a mySanford chart account to participate in E-visits and video visits.

YANKTON COUNTY COMMISSION MEETING

November 7, 2024

The regular meeting of the Yankton County Commission was called to order by Chairman John Marquardt at 6:00 p.m. on Thursday, November 7, 2024.

Roll call was taken with the following Commissioners present: Ryan Heine, Dan Klimisch, Don Kettering, Wanda Howey-Fox and John Marquardt.

Commissioner Fox reported conflicts on the second part of claims from Harmelink & Fox Law Office. There were no other conflicts of interest reported by Commissioners.

Action 24353C: A motion was made by Fox and seconded by Klimisch to approve the meeting agenda with one addition: executive session for contractual matter. All present voted aye; motion carried, 5-0.

There was one public comment from Ed Van Gerpen. Chairman Marquardt closed public comment.

The Board canvassed election results from the November 5, 2024 General election.

Action 24354C: A motion was made by Klimisch and seconded by Kettering to accept results of the election as presented by the Auditor. All present voted aye; motion carried, 5-0.

The Auditor asked Chairman Marquardt to draw for the vote center and local race that will be subject to a Post Election Audit to be held November 20, 2024. Lesterville Fire Hall was drawn for the Post Audit.

Lisa Schults from AAA Collections presented a proposal to assist the county on delinquent receivables for bad debt in accordance with the Fair Debt Collection Practices Act and Federal Law. No action was taken.

County Health Insurance: Jennifer Grate, representing Missouri River Associates, presented quotes for Blue Cross Blue Shield and Avera Health Plans. No action was taken.

County Health Insurance: Sonja Nordbye, representing Risty Benefits, presented quotes for Avera Health Plans, Blue Cross Blue Shield and Health Partners. No action was taken.

Action 24355C: A motion was made by Klimisch and seconded by Fox to recess for 5 minutes. All present voted aye; motion carried. 9-0.

Action 24356C: A motion was made by Fox and seconded by Heine to reconvene. All present voted aye; motion carried, 9-0.

Action 24357C: A motion was made by Fox and seconded by Heine to recess the regular session and convene as Board of Adjustment. All present voted aye; motion carried, 5-0.

CUP Public Hearing: This was the time and place for a public hearing for a Conditional Use Permit application from Swan Lake Wind, LLC. Applicant is requesting a permit for a large wind energy conversion system per Article 5 Section 507 and Article 26 Section 2605. Applicant is requesting to place 37 Large Wind Towers in an Agricultural Districts throughout Mayfield and Turkey Valley Townships in Yankton County. Said towers will be placed in Sections 1, 2, 3, 4, 9, 11, 13, 14, 22, 23, 24, 25, 27 and 28 T96N-R55W, and sections 6, 7, 17, 20, 28, 31, 32 and 33, T96N-R545W, County of Yankton, State of South Dakota.

Speaking for the request were: Gokhan Andi, Christopher Thankan, Dr. Chris Olson and Alan Anderson.

Speaking against the request were: Krystina Conway, Lori Sletten, Steve Brockmueller, Mike Nutley, Teri Clark, Lauren Nelson, Julie Auch, Mark Murphy, Sharon Ackland, Sandra Baker and Mike Healy.

Action 24358C: A motion was made by Kettering and seconded by Fox to recess for 5 minutes. All present voted aye; motion carried. 5-0.

Action 24359C: A motion was made by Fox and seconded by Heine to reconvene. All present voted aye; motion carried, 5-0.

Also speaking for the request were Ralph Marquardt, Eugene Hornstra, Roger Hofer, Doug Marquardt and Nancy Wenande.

Action 24360Z: A motion was made by Fox and seconded by Kettering to approve the existing CUP under the ordinance existing at time it was submitted provided the company maintains the road and bridge to the condition it was at the start of construction, maintains it during construction and decommissioning, and completes the requested truck parking, based on Findings of Fact from the August 18, 2024 Yankton County Planning Commission meeting, pursuant to Article 19, Section 1907 of the Yankton County Zoning Ordinance. Roll call vote was taken with Fox, Kettering and Marquardt voting aye; Heine and Klimisch voting nay; motion carried, 3-2.

Action 24361C: A motion was made by Fox and seconded by Kettering to recess the Board of Adjustment and reconvene in regular session. All present voted aye; motion carried, 5-0.

Zoning changes: There was a first reading of the adoption of the Flood Plain to the Yankton County Zoning Ordinance. The second reading of the zoning changes will be at the next commission meeting on November 19, 2024.

There were no public comments. Chairman Marquardt closed public comment.

Action 24362HWY: A motion was made by Klimisch and seconded by Fox to approve the Road Broom bid from RDO Equipment Co. in the amount of \$77,000.00. All present voted aye; motion carried, 5-0.

Rezone: There was a first reading on the request from Brett Kleinschmit to rezone a parcel in Rural Transitional District (RT) per Article 18 Section 1809 and Article 20 Section 2003. Said property is legally described as Lot 1 of List Acreage in the E1/2, SW1/4 of Section 4, lying South of the Public Highway and E1/2 of the NW1/4 of S9-T93N-R56W. The second reading of the rezone request will be at the next commission meeting on November 19, 2024.

There were no public comments on the rezone. Chairman Marquardt closed public comment.

There was a hearing on the request from Kenneth and Carol Guenther to vacate portion of parcel 13.013.200.101 located between parcel 13.013.300.010 and parcel 13.013.100.223.

Action 24363C: A motion was made by Fox and seconded by Heine to approve the October 15, 2024 regular meeting minutes. All present voted aye; motion carried, 5-0.

Action 24364AUD: A motion was made by Fox and seconded by Heine to approve the following claims: Intuvia Solutions (Prof Services) \$179.85; Yankton County Observer (Publishing) \$238.01; Yankton Daily Press & Dakotan (Publishing) \$480.32; **Elections:** McLeod's Printing & Office Supply (Supplies) \$140.48; Yankton County Observer (Publishing) \$870.24; Qualified Presort Services (Supplies) \$376.29; Verizon (Rentals) \$200.05; One Office Solution (Maintenance) \$700.00; One Office Solution (Supplies) \$507.14; Yankton Daily Press & Dakotan (Publishing) \$1,766.48; **Court:** Blackburn & Stevens Prof. LLC (Prof Servies) \$7,616.10; Certified Languages International (Prof Services) \$26.40; Patricia LaCroix (Minor) \$300.00; Youngberg Law, Prof. LLC (Prof Services) \$2,767.00; East River Psychological Services (Prof Services) \$2,500.00; Witnesses (Fees) \$40.00; Tyler Larsen (Supplies) \$40.94; Horn Law Office, LLC (Prof Services) \$20,500.00; Kennedy Pier Loftus & Reynolds PLLC (Minor) \$312.40; Koletzky Law Office, Prof. LLC (Prof Services) \$4,137.90; Dean Schaefer (Prof Services) \$2,093.00; **Auditor:** Hireclick (Prof Services) \$149.00; McLeod's Printing & Office Supply (Supplies) \$225.90; Qualified Presort Services (Supplies) \$103.47; One Office Solution (Maintenance) \$86.28; One Office Solution (Supplies) \$266.50; **Treasurer:** Andersen Telecom, LLC (Maintenance) \$50.00; Hireclick (Prof Services) \$149.00; Qualified Presort Services (Supplies) \$191.28; Yankton County Treasurer (Supplies) \$104.78; **Data Processing:** Andersen Telecom, LLC (Maintenance) \$125.51; Tyler Technologies (Maintenance) \$66,144.46; **States Attorney:** Andersen Telecom, LLC (Maintenance) \$200.00; Riverside Technologies, LLC (Minor Equipment) \$1,396.00; Tyler Larsen (Travel) \$834.03; Verizon (Utilities) \$87.10; One Office Solution (Supplies) \$1,082.53; **Government Center:** City of Yankton (Utilities) \$2,343.89; TruGreen (Maintenance) \$116.29; Hireclick (Prof Services) \$149.00; Menards (Supplies) \$218.30; Menards (Maintenance) \$27.64;

Northwestern Energy (Utilities) \$2,808.27; Olson's Pest Technicians (Maintenance) \$84.00; OTIS Elevator Company (Maintenance) \$775.00; One Office Solution (Supplies) \$13.28; **Director of Equalization:** Andersen Telecom, LLC (Maintenance) \$100.00; ESRI (Maintenance) \$1,322.00; Hireclick (Prof Services) \$149.00; Aumentum Technologies, Inc. (Maintenance) \$14,331.00; Microfilm Imaging Systems (Maintenance) \$240.00; Qualified Presort Services (Supplies) \$28.39; **Register of Deeds:** Executive Management Finance (Supplies) \$65.00; Hireclick (Prof Services) \$149.00; Qualified Presort Services (Supplies) \$70.46; **Veterans Service Office:** Qualified Presort Services (Supplies) \$19.11; Verizon (Utilities) \$44.18; Verizon (Rentals) \$40.01; One Office Solution (Maintenance) \$10.36; **Safety Center Building:** Mark's Plumbing (Maintenance) \$1,384.90; Bomgaars (Supplies) \$24.99; City of Yankton (Utilities) \$899.63; Cole Papers, Inc. (Supplies) \$1,024.93; TruGreen (Maintenance) \$91.92; Hireclick (Prof Services) \$149.00; Midcontinent Communications (Utilities) \$958.65; Menards (Supplies) \$128.77; MidAmerican Energy (Utilities) \$1,234.63; Northwestern Energy (Utilities) \$9,028.07; Tire Muffler Alignment (Maintenance) \$568.88; **Sheriff:** Xtreme Car Wash (Maintenance) \$350.40; Cardmember Services (Travel) \$1,673.27; Cardmember Services (Supplies) \$43.62; Cardmember Services (Other) \$16.76; Cardmember Services (Law Enforcement Equipment) \$49.99; AT & T Mobility (Maintenance Contract) \$814.90; Guardian Alliance Technology (Maintenance Contract) \$210.00; Hireclick (Prof Services) \$149.00; Creative Product Source (Other) \$228.36; FedEx (Prof Services) \$18.07; McLeod's Printing & Office Supply (Supplies) \$65.80; Qualified Presort Services (Maintenance Contract) \$124.87; Tire Muffler Alignment (Maintenance) \$469.90; **County Jail:** Scott Family Dentistry, Inc. (Prof Services) \$554.45; AARMS (Other) \$875.00; Cardmember Services (Supplies) \$49.79; Diamond Drugs (Prof Services) \$9,718.94; Trinity Services Group (Food Services) \$16,599.83; AT & T Mobility (Maintenance Contract) \$199.76; Hireclick (Prof Services) \$149.00; Steven Luke (Travel) \$34.00; Hy-Vee (Prof Services) \$83.38; Jacks Uniforms & Equipment (Uniforms) \$224.84; JCL Solutions (Supplies) \$831.93; Redwood Toxicology Laboratories (Supplies) \$359.00; Vantek Communications (Minor Equipment) \$960.00; Yankton Medical Clinic (Prof Services) \$684.07; **Yankton Area Search & Rescue:** NAPA Auto Parts of Yankton (Supplies) \$97.08; **Poor Relief:** Chapel Hill Funeral Home (Prof Services) \$1,250.00; Qualified Presort Services (Supplies) \$88.54; **Ambulance:** Avera Health dba Avera Staffing Solution (Supplies) \$44.00; Kopetsky's Ace Hardware (Supplies) \$15.99; Avera Sacred Heart Hospital (Supplies) \$638.03; Sacred Heart Health Services (Prof Services) \$1,500.00; Bomgaars (Supplies) \$59.96; City of Yankton (Utilities) \$256.30; Credit Collection Services (Prof Services) \$170.28; Cintas (Maintenance) \$190.68; Amazon Capital Services (Supplies) \$80.70; Eric Van Dusen (Travel) \$520.65; Waystar, Inc. (Prof Services) \$1,553.06; Hireclick (Prof Services) \$149.00; Les Schwab (Maintenance) \$258.56; Hansen Locksmithing, Inc. (Maintenance) \$1,400.00; Hy-Vee (Supplies) \$77.40; Investigative Services (Prof Services) \$168.50; JCL Solutions (Supplies) \$215.12; Menards (Supplies) \$138.55; MidAmerican Energy (Utilities) \$28.27; Northwestern Energy (Utilities) \$1,007.35; Olson's Pest Technicians (Maintenance) \$119.00; Tire Muffler Alignment (Maintenance) \$1,251.83; Verizon (Utilities) \$706.01; Yankton County EMS (Prof Services) \$215.96; **Mentally Handicapped:** Avera McKennan Hospital (Prof Services) \$2,472.00; Dakotabilities (Misc.) \$540.00; **Mental Illness Board:** Val Larson (Hearings) \$48.00; Fox Law Firm, PLLC (Hearings) \$693.00; Mark Katterhagen (Hearings) \$48.00; Luci Lewno

(Hearings) \$562.48; **Extension:** Clarity Telecom, LLC (Utilities) \$407.66; City of Yankton (Utilities) \$99.10; Hireclick (Prof Services) \$149.00; Great America Financial (Rentals) \$283.55; MidAmerican Energy (Utilities) \$9.83; Olson's Pest Technicians (Maintenance) \$150.00; **Weed:** Bomgaars (Supplies) \$126.88; C & R Supply, Inc. (Supplies) \$37.59; Verizon (Utilities) \$26.95; Van Diest Supply Co. (Chemicals) \$1,645.50; **Planning and Zoning:** Andersen Telecom, LLC (Prof Services) \$400.00; Hireclick (Prof Services) \$149.00; Microfilm Imaging Systems (Maintenance) \$140.00; Pheasantland Industries (E911 Signs) \$95.87; Qualified Presort Services (Supplies) \$35.88; Verizon (Utilities) \$44.18; **Highway:** Appera (Supplies) \$158.69; Bomgaars (Supplies) \$267.84; Butler Machinery Co. (Maintenance) \$418.35; Butler Machinery Co. (Auto Equipment) \$10,887.69; Interstate Power System (Maintenance) \$11,868.53; City of Yankton (Utilities) \$135.04; NAPA Auto Parts of Yankton (Maintenance) \$3,112.42; NAPA Auto Parts of Yankton (Supplies) \$2,252.33; IMEG Corp. (Emergencies) \$6,250.00; CHS, Inc. (Supplies) \$3,363.65; Titan Machinery-Yankton (Maintenance) \$135.18; Hireclick (Prof Services) \$149.00; New Century FS (Highway Fuel) \$1,963.92; South Dakota Public Assurance Alliance (Insurance) \$287.55; Fastenal Industrial & Construction Supplies (Supplies) \$379.49; Graham Tire-Yankton (Maintenance) \$202.55; I State Truck Center (Maintenance) \$6,127.11; I State Truck Center (Supplies) \$473.64; Kaiser Appliance & Refrigeration (Supplies) \$693.95; Kimball Midwest (Supplies) \$251.38; LEAF (Supplies) \$124.98; Matheson Tri-Gas, Inc. (Maintenance) \$4,811.06; Menards (Maintenance) \$25.56; Northwestern Energy (Utilities) \$784.82; Yankton County Observer (Publishing) \$35.00; O'Reilly Auto Parts (Maintenance) \$60.51; O'Reilly Auto Parts (Supplies) \$212.02; SD Department of Transportation (Bridges) \$2,998.75; Southeastern Electric Co. (Utilities) \$36.00; Truck Trailer Sales & Service (Maintenance) \$237.82; Verizon (Utilities) \$61.32; **E911:** Clarity Telecom, LLC (Utilities) \$1,103.36; CenturyLink (Utilities) \$86.65; Midcontinent Communications (Utilities) \$150.39; **Emergency Management:** Kopetsky's Ace Hardware (Supplies) \$666.82; Andersen Telecom, LLC (Maintenance) \$400.00; B-Y Electric (Utilities) \$54.00; Discount Cell, Inc. (Minor Equipment) \$1,299.00; AT & T Mobility (Utilities) \$40.04; Great American Financial (Rentals) \$225.14; Midcontinent Communications (Utilities) \$177.84; MidAmerican Energy (Utilities) \$9.25; Verizon (Utilities) \$940.18; One Office Solution (Supplies) \$348.55; **County Buildings:** Johnson Controls, Inc. (Misc.) \$13,183.50; **24/7:** PharmChem, Inc. (Supplies) \$2,408.68; **Non-Departmental:** Missouri Sedimentation Action Coalition (2024 Membership Contribution) \$500.00; Sobriety Testing (Refund) \$5.00; BCBSNM-FBO-IHS (Ambulance Refund) \$570.75; CAM Daily Fee (Refund) \$30.00. General Fund \$215,309.49; Road & Bridge \$58,766.15; Emergency Management \$4,160.82. All present voted aye; motion carried, 5-0.

Action 24365C: A motion was made by Heine and seconded by Klimisch to approve the second set of claims: **Court:** Harmelink & Fox Law Office (Prof Services) \$2,747.53. Voting aye: Heine, Klimisch, Marquardt and Kettering. Fox abstained. Motion carried, 4-0.

Action 24366AUD: A motion was made by Fox and seconded by Klimisch to approve the Auditor's Monthly Settlement with the Treasurer and Pooled Cash Report as of August 31, 2024 showing Total Cash of \$11,439,578.00. The General Fund was \$7,453,610.26; Special Funds were \$1,615,329.86; and Trust and Agency Funds were \$2,370,637.88 adding to a Grand Total of General Ledger Cash and Investments of \$11,439,578.00. A detailed report is on file with the County Auditor. All present voted aye; motion carried, 5-0.

Action 24367A: A motion was made by Fox and seconded by Klimisch to approve the **October, 2024 Gross Payroll: Commissioners:** \$6,373.29; **Election:** \$2,599.00; **Auditor:** \$17,044.10; **Treasurer:** \$21,762.95; **States Attorney:** \$40,960.75; **Government Buildings:** \$3,487.28; **Director of Equalization:** \$24,736.13; **Register of Deeds:** \$19,515.12; **Veterans Service:** \$3,971.66; **Courthouse & Safety Center:** \$8,380.28; **Sheriff:** \$88,945.43; **County Jail:** \$90,984.22; **Coroner:** \$2,150.00; **Juvenile:** \$0.00; **Nurse:** \$3,567.30; **Ambulance:** \$69,277.28; **WIC:** \$986.85; **Extension:** \$4,313.26; **Soil Conservation:** \$2,908.86; **Weed:** \$9,691.70; **Planning & Zoning:** \$12,367.44; **Road & Bridge:** \$75,603.26; **OEM:** \$12,201.14; **24-7 Program:** \$2,113.87. First Dakota National Bank \$37,119.75 (Withholding), First Dakota National Bank \$62,277.04 (FICA) First Dakota National Bank \$14,564.92 (Medicare), South Dakota Retirement System \$33,052.98 (Other Employees), South Dakota Retirement System \$32,460.58 (Sheriff/Jail/EMS), South Dakota Retirement System (Spouse Opt) \$198.35, South Dakota Retirement System (Supplemental) \$5,200.00, American Family Life Assurance Company (AFLAC) \$5,091.04 Nationwide Retirement Solutions \$69.44, Boston Mutual Life Insurance \$290.69, Colonial Life & Accident \$516.63, Medica Health Insurance \$88,153.96 Optilegra \$294.76, Delta Dental \$3,801.84, VSP Vision \$617.02, HealthEquity \$3,306.00. Gross Payroll \$523,983.17, Net Payroll \$386,328.70 All present voted aye; motion carried. 5-0.

Action 24368C: A motion was made by Klimisch and seconded by Heine to approve the following applications for renewal of retail (on-sale) liquor licenses: Mayfield Bar and Grill; Donlin Marine, LLC dba Marina Grill; Riverside Roadhouse; Captain Norm's, LLC dba Captain Norm's; SAT Enterprises LLC dba TJ's Mini Mart; Glenridge Golf Course, Inc dba Glenridge Golf Course; Pioneer Spirit, LLC; Shipwreck, Inc dba The Cottonwood; Fire and House. All present voted aye; motion carried, 5-0.

Action 24369C: A motion was made by Klimisch and seconded by Heine to approve the revised job description for Building Supervisor. All present voted aye; motion carried, 5-0.

There were no public comments. Chairman Marquardt closed public comment.

Commissioner updates: December 12th 8-County meeting and Veterans Day.

Action 24370C: A motion was made by Fox and seconded by Klimisch to recess the regular session at 10:00 p.m. and convene in executive session to discuss Poor Relief Issues SDCL 1-25-2 & 28-13, personnel and contractual issues. All present voted aye; motion carried, 5-0.

Action 24371C: A motion was made by Klimisch and seconded by Fox to adjourn executive session at 10:10 p.m. and reconvene in regular session. All present voted aye; motion carried, 5-0.

Action 24372C: A motion was made by Fox and seconded by Kettering to approve CW.MI.24-04-001 for \$500.00, and CW.BUR. 24.04.003 for \$1,250.00.00. All present voted aye; motion carried, 5-0.

There was no action on personnel or contractual issues.

Action 24373C: A motion was made by Kettering and seconded by Klimisch to adjourn. All present voted aye; motion carried, 5-0.

The next regular meeting will be Tuesday, November 19, 2024 at 6:00 p.m.

John Marquardt, Chairman
Yankton County Commission

ATTEST:
Patty Hojem
Yankton County Auditor



Account 101 27214

Fiscal Year 2024 Current

Account Name ASSIGNED FOR DRUG COURT

General Balance Budget Budget Adjustments History Detail

Account Type Liability

Department

Note

Status Active

Protected Account

Cash Account Info

Non-Cash

Last Check Number

Issued

Projects

Optional None Required

Encumbered 0.00

Balance 7,500.00

Pending 0.00

Edit This Record

Clear

11/15/2024 2:38 PM
VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 101 GENERAL FUND
DEPARTMENT: 111 COMMISSIONERS

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 1
ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157453	101-5-111-42800	UTILITIES - COMMISSION		50.50
DEPARTMENT 111 COMMISSIONERS					TOTAL:	50.50

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DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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VENDOR SET: 01 Yankton County

ITEMS PRINTED: PAID, UNPAID

PACKET: 02429 KASI'S CLAIMS 11-19-2024

FUND : 101 GENERAL FUND

DEPARTMENT: 120 ELECTIONS

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-04287	ALYSSA LANGE	I-202411157444	101-5-120-42600	SUPPLIES - ELECTION		107.77
01-05065	FIRST BANKCARD	I-202411157514	101-5-120-42600	SUPPLIES - ELECTION		74.07
01-16017	QUALIFIED PRESORT SERVI	I-202411157527	101-5-120-42600	SUPPLIES - ELECTION		689.06
01-22178	KASI FOSS	I-202411157445	101-5-120-42600	SUPPLIES - ELECTION		38.43
DEPARTMENT 120 ELECTIONS					TOTAL:	909.33

VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 101 GENERAL FUND
DEPARTMENT: 130 COURT

ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-00269	AVERA SACRED HEART HOSP	I-202411137339	101-5-130-42210	LAB - COURT		1,940.00
01-00269	AVERA SACRED HEART HOSP	I-202411157402	101-5-130-42210	LAB - COURT		500.00
01-00269	AVERA SACRED HEART HOSP	I-202411157403	101-5-130-42210	LAB - COURT		500.00
			101-5-130-42210	GRAND JURY - COURT		68.76
			101-5-130-42210	GRAND JURY - COURT		68.76
			101-5-130-42210	GRAND JURY - COURT		55.36
			101-5-130-42210	GRAND JURY - COURT		55.36
			101-5-130-42210	GRAND JURY - COURT		55.36
			101-5-130-42210	GRAND JURY - COURT		52.68
			101-5-130-42210	GRAND JURY - COURT		54.02
			101-5-130-42210	GRAND JURY - COURT		54.02
			101-5-130-42210	GRAND JURY - COURT		72.78
			101-5-130-42210	GRAND JURY - COURT		52.68
			101-5-130-42210	GRAND JURY - COURT		56.70
			101-5-130-42210	GRAND JURY - COURT		54.02
			101-5-130-42210	GRAND JURY - COURT		54.02
			101-5-130-42210	GRAND JURY - COURT		54.02
			101-5-130-42210	GRAND JURY - COURT		54.02
			101-5-130-42210	GRAND JURY - COURT		90.20
			101-5-130-42210	GRAND JURY - COURT		90.20
			101-5-130-42210	GRAND JURY - COURT		55.36
			101-5-130-42210	GRAND JURY - COURT		56.70
			101-5-130-42210	GRAND JURY - COURT		52.68
			101-5-130-42210	GRAND JURY - COURT		52.68
			101-5-130-42210	GRAND JURY - COURT		60.72
			101-5-130-42210	GRAND JURY - COURT		54.02
			101-5-130-42210	GRAND JURY - COURT		51.34
01-04483	LUTHERAN SOCIAL SERVICE	I-202411137342	101-5-130-42200	PROF SERVICES - COURT		130.00
			101-5-130-42210	GRAND JURY - COURT		12.68
			101-5-130-42210	GRAND JURY - COURT		12.68
			101-5-130-42210	GRAND JURY - COURT		12.68
			101-5-130-42210	GRAND JURY - COURT		11.34
			101-5-130-42210	GRAND JURY - COURT		14.02
			101-5-130-42210	GRAND JURY - COURT		11.34
			101-5-130-42210	GRAND JURY - COURT		14.02
			101-5-130-42210	GRAND JURY - COURT		11.34
			101-5-130-42210	GRAND JURY - COURT		31.44
			101-5-130-42210	GRAND JURY - COURT		38.14
			101-5-130-42210	GRAND JURY - COURT		18.04
			101-5-130-42210	GRAND JURY - COURT		11.34
			101-5-130-42210	GRAND JURY - COURT		12.68
			101-5-130-42210	GRAND JURY - COURT		11.34
			101-5-130-42210	GRAND JURY - COURT		14.02
			101-5-130-42210	GRAND JURY - COURT		11.34
			101-5-130-42210	GRAND JURY - COURT		12.68
			101-5-130-42210	GRAND JURY - COURT		12.68
			101-5-130-42210	GRAND JURY - COURT		16.70
			101-5-130-42210	GRAND JURY - COURT		11.34
			101-5-130-42210	GRAND JURY - COURT		35.46

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 130 COURT

PAGE: 4
 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
			101-5-130-42210	GRAND JURY - COURT		16.70
			101-5-130-42210	GRAND JURY - COURT		11.34
			101-5-130-42210	GRAND JURY - COURT		16.70
			101-5-130-42210	GRAND JURY - COURT		12.68
			101-5-130-42210	GRAND JURY - COURT		14.02
			101-5-130-42210	GRAND JURY - COURT		14.02
			101-5-130-42210	GRAND JURY - COURT		30.10
			101-5-130-42210	GRAND JURY - COURT		14.02
			101-5-130-42210	GRAND JURY - COURT		10.00
			101-5-130-42210	GRAND JURY - COURT		15.36
			101-5-130-42210	GRAND JURY - COURT		18.04
			101-5-130-42210	GRAND JURY - COURT		12.68
			101-5-130-42210	GRAND JURY - COURT		11.34
01-10061	KENNEDY PIER LOFTUS & R	I-202411157473	101-5-130-42200	PROF SERVICES - COURT		126.50
01-10061	KENNEDY PIER LOFTUS & R	I-202411157474	101-5-130-42200	PROF SERVICES - COURT		175.90
01-10061	KENNEDY PIER LOFTUS & R	I-202411157475	101-5-130-42200	PROF SERVICES - COURT		414.00
01-10061	KENNEDY PIER LOFTUS & R	I-202411157476	101-5-130-42200	PROF SERVICES - COURT		218.50
01-10061	KENNEDY PIER LOFTUS & R	I-202411157477	101-5-130-42200	PROF SERVICES - COURT		368.00
01-10061	KENNEDY PIER LOFTUS & R	I-202411157478	101-5-130-42200	PROF SERVICES - COURT		837.00
01-10061	KENNEDY PIER LOFTUS & R	I-202411157479	101-5-130-42200	PROF SERVICES - COURT		230.00
01-10061	KENNEDY PIER LOFTUS & R	I-202411157480	101-5-130-42200	PROF SERVICES - COURT		230.10
01-10061	KENNEDY PIER LOFTUS & R	I-202411157481	101-5-130-42200	PROF SERVICES - COURT		93.80
01-10061	KENNEDY PIER LOFTUS & R	I-202411157482	101-5-130-42200	PROF SERVICES - COURT		356.50
01-10061	KENNEDY PIER LOFTUS & R	I-202411157483	101-5-130-42200	PROF SERVICES - COURT		207.00
01-10061	KENNEDY PIER LOFTUS & R	I-202411157484	101-5-130-42200	PROF SERVICES - COURT		230.80
01-10094	KOLETZKY LAW OFFICE, PR	I-202411157493	101-5-130-42200	PROF SERVICES - COURT		425.50
01-10094	KOLETZKY LAW OFFICE, PR	I-202411157494	101-5-130-42200	PROF SERVICES - COURT		207.00
01-10094	KOLETZKY LAW OFFICE, PR	I-202411157495	101-5-130-42200	PROF SERVICES - COURT		552.00
01-10094	KOLETZKY LAW OFFICE, PR	I-202411157496	101-5-130-42200	PROF SERVICES - COURT		414.00
01-10094	KOLETZKY LAW OFFICE, PR	I-202411157497	101-5-130-42200	PROF SERVICES - COURT		318.18
01-10094	KOLETZKY LAW OFFICE, PR	I-202411157498	101-5-130-42200	PROF SERVICES - COURT		180.16
01-10094	KOLETZKY LAW OFFICE, PR	I-202411157499	101-5-130-42200	PROF SERVICES - COURT		180.16
01-10094	KOLETZKY LAW OFFICE, PR	I-202411157500	101-5-130-42200	PROF SERVICES - COURT		828.00
01-11080	LACROIX LAW OFFICE	I-202411157446	101-5-130-42220	NEGLECTED - COURT		1,518.00
01-18170	DEPARTMENT OF HEALTH	I-202411137343	101-5-130-42210	LAB - COURT		950.00
01-18801	DEAN SCHAEFER	I-202411157502	101-5-130-42200	PROF SERVICES - COURT		1,859.00
01-19267	CREIGHTON A. THURMAN	I-202411157396	101-5-130-42230	MINOR - COURT		3,567.70
01-19267	CREIGHTON A. THURMAN	I-202411157397	101-5-130-42230	MINOR - COURT		5,773.00

DEPARTMENT 130 COURT

TOTAL: 25,291.56

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 141 AUDITOR

PAGE: 5
 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157454	101-5-141-42800	UTILITIES - AUDITOR		121.00
01-11049	LEAF	I-202411157461	101-5-141-42400	RENTALS - AUDITOR		183.35
01-16017	QUALIFIED PRESORT SERVI	I-202411157522	101-5-141-42600	SUPPLIES - AUDITOR		189.72
01-22259	THOMSON REUTERS - WEST	I-202411157412	101-5-141-42600	SUPPLIES - AUDITOR		177.27
DEPARTMENT 141 AUDITOR					TOTAL:	671.34

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 142 TREASURER

PAGE: 6
 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157456	101-5-142-42800	UTILITIES - TREASURER		197.33
01-11049	LEAF	I-202411157462	101-5-142-42400	RENTALS - TREASURER		149.54
01-16017	QUALIFIED PRESORT SERVI	I-202411157521	101-5-142-42600	SUPPLIES - TREASURER		179.69
DEPARTMENT 142 TREASURER					TOTAL:	526.56

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 143 DATA PROCESSING

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 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157451	101-5-143-42800	UTILITIES - DATA		497.03
01-05065	FIRST BANKCARD	I-202411157513	101-5-143-42500	MAINTENANCE - DATA		3,725.15
DEPARTMENT 143 DATA PROCESSING					TOTAL:	4,222.18

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 151 STATES ATTORNEY

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01404	CENTURY BUSINESS PRODUC	I-202411137345	101-5-151-42400	RENTALS - STATES ATTY		230.99
01-01404	CENTURY BUSINESS PRODUC	I-202411137346	101-5-151-42500	MAINTENANCE - STATES ATTY		101.56
01-02291	SATELLITE TRACKING OF P	I-202411137333	101-5-151-42610	DIVERSION - STATES ATTY		133.25
01-02483	CULLIGAN	I-202411157449	101-5-151-42600	SUPPLIES - STATES ATTY		57.25
01-03568	JOHN BILLINGS	I-202411157401	101-5-151-42700	TRAVEL - STATES ATTY		408.00
01-03762	STATE BAR OF SOUTH DAKO	I-202411137348	101-5-151-42700	TRAVEL - STATES ATTY		415.00
01-03762	STATE BAR OF SOUTH DAKO	I-202411157400	101-5-151-42700	TRAVEL - STATES ATTY		540.00
01-04619	SOUTHEAST PUBLIC TRANSI	I-202411137332	101-5-151-42610	DIVERSION - STATES ATTY		360.00
01-16017	QUALIFIED PRESORT SERVI	I-202411157528	101-5-151-42600	SUPPLIES - STATES ATTY		190.43
01-22259	THOMSON REUTERS - WEST	I-202411157411	101-5-151-42600	SUPPLIES - STATES ATTY		211.66
DEPARTMENT 151 STATES ATTORNEY					TOTAL:	2,648.14

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 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 161 GOVERNMENT CENTER

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01131	HANSON BRIGGS SPECIALTY	I-202411157460	101-5-161-42600	SUPPLIES - GOVT CENTER		80.00
01-01155	BOSTON SHOES TO BOOTS	I-202411137330	101-5-161-42500	MAINTENANCE - GOVT CENTER		15.00
01-01200	CLARITY TELECOM, LLC	I-202411157459	101-5-161-42800	UTILITIES - GOVT CENTER		25.25
01-05065	FIRST BANKCARD	I-202411157511	101-5-161-42600	SUPPLIES - GOVT CENTER		151.98
01-09287	JCL SOLUTIONS	I-202411157399	101-5-161-42600	SUPPLIES - GOVT CENTER		279.07
01-12167	MENARDS	I-202411157469	101-5-161-42600	SUPPLIES - GOVT CENTER		18.96
01-12371	MIDAMERICAN ENERGY	I-202411157448	101-5-161-42800	UTILITIES - GOVT CENTER		511.74

DEPARTMENT 161 GOVERNMENT CENTER TOTAL: 1,082.00

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 162 DIRECTOR OF EQUALIZATION

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 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157458	101-5-162-42800	UTILITIES - DOE		193.50
01-02014	ARROWWOOD RESORT AT CED	I-202411137353	101-5-162-42700	TRAVEL - DOE		1,714.80
01-04360	COUNTRY INN & SUITES PI	I-202411137350	101-5-162-42700	TRAVEL - DOE		218.00
01-04360	COUNTRY INN & SUITES PI	I-202411137351	101-5-162-42700	TRAVEL - DOE		109.00
01-04360	COUNTRY INN & SUITES PI	I-202411137352	101-5-162-42700	TRAVEL - DOE		545.00
01-16017	QUALIFIED PRESORT SERVI	I-202411157523	101-5-162-42600	SUPPLIES - DOE		43.89
01-22241	ONE OFFICE SOLUTION	I-202411157488	101-5-162-42500	MAINTENANCE - DOE		124.91
01-22241	ONE OFFICE SOLUTION	I-202411157489	101-5-162-42600	SUPPLIES - DOE		148.63

DEPARTMENT 162 DIRECTOR OF EQUALIZATI TOTAL: 3,097.73

11/15/2024 2:38 PM
 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 163 REGISTER OF DEEDS

PAGE: 11
 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157457	101-5-163-42800	UTILITIES - ROD		171.94
01-16017	QUALIFIED PRESORT SERVI	I-202411157524	101-5-163-42600	SUPPLIES - ROD		60.65
01-22241	ONE OFFICE SOLUTION	I-202411157487	101-5-163-42500	MAINTENANCE - ROD		78.70
DEPARTMENT 163 REGISTER OF DEEDS					TOTAL:	311.29

11/15/2024 2:38 PM
VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 101 GENERAL FUND
DEPARTMENT: 165 VETERANS SERVICE OFFICER

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 12
ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157452	101-5-165-42800	UTILITIES - VSO		25.25
01-11049	LEAF	I-202411157464	101-5-165-42400	RENTALS - VSO		59.76
DEPARTMENT 165 VETERANS SERVICE OFFIC TOTAL:						85.01

VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 101 GENERAL FUND
DEPARTMENT: 169 SAFETY CENTER BUILDING

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157414	101-5-169-42800	UTILITIES - SAFETY CENTER		82.99
01-02001	CITY OF YANKTON	I-202411157465	101-5-169-42800	DUMPSTER FEES - SAFETY CENTER		152.00
01-12167	MENARDS	I-202411157470	101-5-169-42600	SUPPLIES - SAFETY CENTER		84.99
01-14018	O'CONNOR COMPANY	I-202411157441	101-5-169-42600	SUPPLIES - SAFETY CENTER		1,285.10
01-14018	O'CONNOR COMPANY	I-202411157442	101-5-169-42600	SUPPLIES - SAFETY CENTER		28.38

DEPARTMENT 169 SAFETY CENTER BUILDING TOTAL: 1,633.46

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 211 SHERIFF

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01131	HANSON BRIGGS SPECIALTY	I-202411157425	101-5-211-42600	SUPPLIES - SHERIFF		182.00
01-01131	HANSON BRIGGS SPECIALTY	I-202411157426	101-5-211-42600	SUPPLIES - SHERIFF		125.41
01-02001	CITY OF YANKTON	I-202411157466	101-5-211-42610	FUEL - SHERIFF		3,536.43
01-04296	GUARDIAN ALLIANCE TECHN	I-202411157471	101-5-211-42200	PROF SERVICES - SHERIFF		295.00
01-16017	QUALIFIED PRESORT SERVI	I-202411157529	101-5-211-42520	MAINTENANCE CONTRACT - SHERIF		198.60
01-18951	SECURITY SHREDDING SERV	I-202411137331	101-5-211-42500	MAINTENANCE - SHERIFF		80.00
01-19064	TIRE MUFFLER ALIGNMENT	I-202411157436	101-5-211-42500	MAINTENANCE - SHERIFF		89.65
01-19064	TIRE MUFFLER ALIGNMENT	I-202411157437	101-5-211-42500	MAINTENANCE - SHERIFF		92.25
01-19064	TIRE MUFFLER ALIGNMENT	I-202411157438	101-5-211-42500	MAINTENANCE - SHERIFF		94.07
01-24003	YANKTON DAILY P & D	I-202411157486	101-5-211-42300	PUBLISHING - SHERIFF		100.00
DEPARTMENT 211 SHERIFF					TOTAL:	4,793.41

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 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 212 COUNTY JAIL

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-00269	AVERA SACRED HEART HOSP	I-202411157429	101-5-212-42200	PROF SERVICES - JAIL		571.35
01-00269	AVERA SACRED HEART HOSP	I-202411157430	101-5-212-42200	PROF SERVICES - JAIL		1,505.89
01-00269	AVERA SACRED HEART HOSP	I-202411157431	101-5-212-42200	PROF SERVICES - JAIL		308.45
01-00269	AVERA SACRED HEART HOSP	I-202411157432	101-5-212-42200	PROF SERVICES - JAIL		235.16
01-01383	SCOTT FAMILY DENTISTRY,	I-202411137325	101-5-212-42200	PROF SERVICES - JAIL		89.83
01-03073	DIAMOND DRUGS	I-202411157427	101-5-212-42200	PROF SERVICES - JAIL		13,184.73
01-03273	MCKESSON MEDICAL-SURGIC	I-202411137319	101-5-212-42200	PROF SERVICES - JAIL		411.09
01-03678	TRINITY SERVICES GROUP	I-202411137323	101-5-212-42210	FOOD SERVICES - JAIL		5,110.75
01-03678	TRINITY SERVICES GROUP	I-202411157428	101-5-212-42210	FOOD SERVICES - JAIL		5,575.46
01-04301	AVERA MEDICAL GROUP RAD	I-202411137327	101-5-212-42200	PROF SERVICES - JAIL		13.60
01-04422	SAPPHIRE HEALTH LLC	I-202411137320	101-5-212-42200	PROF SERVICES - JAIL		550.00
01-04465	WHITNEY DELFORGE	I-202411137322	101-5-212-42200	PROF SERVICES - JAIL		1,312.50
01-04683	AMERICAN CORRECTIONAL A	I-202411157440	101-5-212-42700	TRAVEL - JAIL		325.00
01-09287	JCL SOLUTIONS	I-202411157435	101-5-212-42600	SUPPLIES - JAIL		2,157.49
01-15104	CORRECTIONAL RISK SERVI	I-202411157433	101-5-212-42220	INMATE INSURANCE - JAIL		2,729.86
01-18384	SIOUXLAND ORAL & MAXILL	I-202411137324	101-5-212-42200	PROF SERVICES - JAIL		66.16
01-24002	YANKTON REXALL DRUG CO.	I-202411137321	101-5-212-42200	PROF SERVICES - JAIL		1,263.21
DEPARTMENT 212 COUNTY JAIL					TOTAL:	35,410.53

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VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 101 GENERAL FUND
DEPARTMENT: 216 JUVENILE DETENTION

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-12002	MINNEHAHA COUNTY	JUVENI I-202411137338	101-5-216-42400	RENTALS - JUVENILE DETENTION		25,141.87
DEPARTMENT 216 JUVENILE DETENTION					TOTAL:	25,141.87

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VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 101 GENERAL FUND
DEPARTMENT: 226 YANKTON AREA SEARCH & RES

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-02001	CITY OF YANKTON	I-202411157467	101-5-226-42600	SUPPLIES - YSAR		91.77

DEPARTMENT 226 YANKTON AREA SEARCH & TOTAL: 91.77

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
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 FUND : 101 GENERAL FUND
 DEPARTMENT: 411 CARE OF POOR

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-14036	OPSAHL - KOSTEL FUNERAL	I-202411157507	101-5-411-42200	PROF SERVICES - POOR RELIEF		1,250.00
01-16017	QUALIFIED PRESORT SERVI	I-202411157526	101-5-411-42600	SUPPLIES - POOR RELIEF		134.69
DEPARTMENT 411 CARE OF POOR					TOTAL:	1,384.69

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 424 AMBULANCE

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-00936	TELEFLEX FUNDING LLC	I-202411157423	101-5-424-42600	SUPPLIES - AMBULANCE		1,330.00
01-01200	CLARITY TELECOM, LLC	I-202411157416	101-5-424-42800	UTILITIES - AMBULANCE		87.99
01-01208	SOUTH DAKOTA AMBULANCE	I-202411157404	101-5-424-42200	PROF SERVICES - AMBULANCE		75.00
01-01902	BOUND TREE MEDICAL LLC	I-202411157439	101-5-424-42600	SUPPLIES - AMBULANCE		3,062.81
01-02001	CITY OF YANKTON	I-202411157468	101-5-424-42600	SUPPLIES - AMBULANCE		1,409.65
01-02125	CREDIT COLLECTION SERVI	I-202411157492	101-5-424-42200	PROF SERVICES - AMBULANCE		148.50
01-02690	CINTAS	I-202411137328	101-5-424-42500	MAINTENANCE - AMBULANCE		190.68
01-04347	WAYSTAR INC.	I-202411157424	101-5-424-42200	PROF SERVICES - AMBULANCE		978.19
01-05065	FIRST BANKCARD	I-202411157508	101-5-424-42600	SUPPLIES - AMBULANCE		96.27
01-05065	FIRST BANKCARD	I-202411157509	101-5-424-42700	TRAVEL - AMBULANCE		244.99
01-05065	FIRST BANKCARD	I-202411157510	101-5-424-42200	PROF SERVICES - AMBULANCE		161.76
01-11049	LEAF	I-202411157413	101-5-424-42400	RENTALS - AMBULANCE		138.54
01-12167	MENARDS	I-202411157420	101-5-424-42600	SUPPLIES - AMBULANCE		23.58
01-12167	MENARDS	I-202411157421	101-5-424-42600	SUPPLIES - AMBULANCE		9.56
01-12167	MENARDS	I-202411157422	101-5-424-42600	SUPPLIES - AMBULANCE		23.76
DEPARTMENT 424 AMBULANCE					TOTAL:	7,981.28

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VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 101 GENERAL FUND
DEPARTMENT: 441 MENTLLY HANDICAPPED

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-00269	AVERA SACRED HEART HOSP	I-202411157506	101-5-441-00000	PROF SERVICES - MENTAL ILLNES		500.00
01-18215	SD ACHIEVE dba LIFESCAP	I-202411137349	101-5-441-00000	MENTALLY HANDICAPPED		120.00
DEPARTMENT 441 MENTLLY HANDICAPPED					TOTAL:	620.00

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 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 445 MENTAL ILLNESS BOARD

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-04000	VAL LARSON	I-202411157504	101-5-445-00000	HEARINGS - MENTAL ILLNESS		15.00
01-10061	KENNEDY PIER LOFTUS & R	I-202411157472	101-5-445-00000	HEARINGS - MENTAL ILLNESS		218.50
01-10094	KOLETZKY LAW OFFICE, PR	I-202411157501	101-5-445-00000	HEARINGS - MENTAL ILLNESS		287.50
01-10118	MARK KATTERHAGEN	I-202411157503	101-5-445-00000	HEARINGS - MENTAL ILLNESS		15.00
01-11005	LEWIS & CLARK BEHAVIORA	I-202411137344	101-5-445-00000	HEARINGS - MENTAL ILLNESS		1,278.00
01-11033	LINCOLN COUNTY TREASURE	I-202411137341	101-5-445-00000	HEARINGS - MENTAL ILLNESS		1,701.33
01-11092	LUCILLE M. LEWNO	I-202411157505	101-5-445-00000	HEARINGS - MENTAL ILLNESS		216.73
DEPARTMENT 445 MENTAL ILLNESS BOARD TOTAL:						3,732.06

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 611 COUNTY EXTENSION

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157418	101-5-611-42800	UTILITIES - EXTENSION		948.57
01-01200	CLARITY TELECOM, LLC	I-202411157419	101-5-611-42800	UTILITIES - EXTENSION		259.00
01-02520	KATIE DOTY	I-202411157409	101-5-611-42700	TRAVEL - EXTENSION		35.10
01-07582	HY-VEE	I-202411157447	101-5-611-42900	4H - EXTENSION		82.25
01-13001	NORTHWESTERN ENERGY	I-202411157408	101-5-611-42800	UTILITIES - EXTENSION		169.34
01-18113	SDAE4-HP	I-202411157410	101-5-611-42200	PROF SERVICES - EXTENSION		40.00
01-24035	YANKTON COUNTY LEADERS	I-202411157406	101-5-611-42510	GROUND MAINTENANCE - EXTENSIO		833.36
01-24035	YANKTON COUNTY LEADERS	I-202411157407	101-5-611-42510	GROUND MAINTENANCE - EXTENSIO		1,715.46
DEPARTMENT 611 COUNTY EXTENSION					TOTAL:	4,083.08

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 615 WEED

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01641	AGTERRA TECHNOLOGIES	I-202411147391	101-5-615-42600	SUPPLIES - WEED		126.59
01-02280	C & R SUPPLY INC	I-202411147392	101-5-615-42600	SUPPLIES - WEED		450.78
01-05065	FIRST BANKCARD	I-202411147393	101-5-615-42600	SUPPLIES - WEED		189.67
01-12110	MIDWEST STRIPING	I-202411147394	101-5-615-42600	SUPPLIES - WEED		274.00
01-22241	ONE OFFICE SOLUTION	I-202411147395	101-5-615-42600	SUPPLIES - WEED		32.84
DEPARTMENT 615 WEED					TOTAL:	1,073.88

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 101 GENERAL FUND
 DEPARTMENT: 711 PLANNING & ZONING

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157455	101-5-711-42800	UTILITIES - ZONING		50.50
01-05065	FIRST BANKCARD	I-202411157512	101-5-711-42600	SUPPLIES - ZONING		26.00
01-16017	QUALIFIED PRESORT SERVI	I-202411157525	101-5-711-42600	SUPPLIES - ZONING		24.30
01-24003	YANKTON DAILY P & D	I-202411157485	101-5-711-42300	PUBLISHING - ZONING		102.36
DEPARTMENT 711 PLANNING & ZONING					TOTAL:	203.16
FUND 101 GENERAL FUND					TOTAL:	125,044.83

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 201 ROAD & BRIDGE
 DEPARTMENT: 311 HIGHWAY CONSTRUCTION & MA

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-00257	APPEARA	I-202411147354	201-5-311-42600	SUPPLIES - HWY		157.85
01-01011	BOMGAARS	I-202411147355	201-5-311-42500	MAINTENANCE - HWY		76.87
01-01011	BOMGAARS	I-202411147356	201-5-311-42600	SUPPLIES - HWY		108.38
01-01012	B-Y ELECTRIC	I-202411147357	201-5-311-42800	UTILITIES - HWY		95.05
01-01013	B-Y WATER DISTRICT	I-202411147358	201-5-311-42800	UTILITIES - HWY		78.00
01-01166	BUTLER MACHINERY CO.	I-202411147359	201-5-311-42500	MAINTENANCE - HWY		2,424.69
01-01200	CLARITY TELECOM, LLC	I-202411157415	201-5-311-42800	UTILITIES - HWY		101.00
01-01438	SCOTLAND REDI-MIX	I-202411147360	201-5-311-42903	BRIDGES - HWY		1,020.00
01-02008	NAPA AUTO PARTS OF YANK	I-202411147361	201-5-311-42500	MAINTENANCE - HWY		276.16
01-02008	NAPA AUTO PARTS OF YANK	I-202411147362	201-5-311-42600	SUPPLIES - HWY		645.39
01-02143	CENTURYLINK	I-202411147363	201-5-311-42800	UTILITIES - HWY		73.63
01-02359	CLARKS RENTAL INC.	I-202411147364	201-5-311-42400	RENTALS - HWY		63.00
01-03116	DAKOTALAND AUTOGLASS, I	I-202411147365	201-5-311-42500	MAINTENANCE - HWY		40.35
01-03142	DRIVELINE SERVICES	I-202411147366	201-5-311-42500	MAINTENANCE - HWY		1,777.55
01-03258	DIAMOND MOWERS INC	I-202411147367	201-5-311-42500	MAINTENANCE - HWY		2,492.86
01-03820	AMAZON CAPITAL SERVICES	I-202411147368	201-5-311-42600	SUPPLIES - HWY		327.97
01-04489	NEW CENTURY FS	I-202411147369	201-5-311-42640	HIGHWAY FUEL - HWY		28,126.27
01-04648	ULMER FARM SERVICE	I-202411147370	201-5-311-42600	SUPPLIES - HWY		1,335.90
01-04684	SHERATON-SIOUX FALLS	I-202411157405	201-5-311-42700	TRAVEL - HWY		476.00
01-05065	FIRST BANKCARD	I-202411147371	201-5-311-42700	TRAVEL - HWY		392.10
01-05242	FASTENAL INDUSTRIAL & C	I-202411147372	201-5-311-42600	SUPPLIES - HWY		73.56
01-06002	GERSTNER OIL CO.	I-202411147373	201-5-311-42500	MAINTENANCE - HWY		40.90
01-06244	GRAHAM TIRE YANKTON	I-202411147374	201-5-311-42500	MAINTENANCE - HWY		491.20
01-06244	GRAHAM TIRE YANKTON	I-202411147375	201-5-311-42600	SUPPLIES - HWY		9,601.28
01-07247	RANDY HLAVAC	I-202411147376	201-5-311-42600	SUPPLIES - HWY		29.27
01-08014	I STATE TRUCK CENTER	I-202411147377	201-5-311-42500	MAINTENANCE - HWY		2,581.83
01-09120	JANSSEN'S GARBAGE SERVI	I-202411147378	201-5-311-42800	UTILITIES - HWY		60.00
01-10334	KIMBALL MIDWEST	I-202411147379	201-5-311-42600	SUPPLIES - HWY		373.60
01-12167	MENARDS	I-202411147380	201-5-311-42600	SUPPLIES - HWY		504.94
01-12371	MIDAMERICAN ENERGY	I-202411147381	201-5-311-42800	UTILITIES - HWY		35.74
01-12628	C & C CONCRETE CONSTRUC	I-202411147382	201-5-311-43900	SECONDARY ROADS - HWY		28,125.00
01-13126	NORTHERN TRUCK EQUIPMEN	I-202411147383	201-5-311-42500	MAINTENANCE - HWY		2,750.00
01-17226	RIVERSIDE HYDRAULICS &	I-202411147384	201-5-311-42500	MAINTENANCE - HWY		25.10
01-18024	SHERWIN WILLIAMS COMPAN	I-202411147385	201-5-311-42600	SUPPLIES - HWY		67.29
01-18541	SPENCER QUARRIES INC	I-202411147386	201-5-311-42600	SUPPLIES - HWY		976.80
01-19005	TRUCK TRAILER SALES & S	I-202411147387	201-5-311-42500	MAINTENANCE - HWY		830.50
01-19049	TITAN MACHINERY	I-202411147388	201-5-311-42600	SUPPLIES - HWY		358.00
01-22241	ONE OFFICE SOLUTION	I-202411147389	201-5-311-42600	SUPPLIES - HWY		32.84
01-24003	YANKTON DAILY P & D	I-202411147390	201-5-311-42300	PUBLISHING - HWY		31.68

DEPARTMENT 311 HIGHWAY CONSTRUCTION & TOTAL: 87,078.55

FUND 201 ROAD & BRIDGE TOTAL: 87,078.55

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 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 207 EMERGENCY 911 FUND
 DEPARTMENT: 225 LOCAL EMERGENCY PLANNING

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-01200	CLARITY TELECOM, LLC	I-202411157417	207-5-225-42800	UTILITIES - E911		1,100.36
01-06224	GOLDEN WEST TELECOMMUNI	I-202411137326	207-5-225-42800	UTILITIES - E911		145.00
DEPARTMENT 225 LOCAL EMERGENCY PLANNI TOTAL:						1,245.36
FUND 207 EMERGENCY 911 FUND TOTAL:						1,245.36

VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 226 EMERGENCY MANAGEMENT
 DEPARTMENT: 222 EMERGENCY MANAGEMENT

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VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-02008	NAPA AUTO PARTS OF YANK	I-202411157491	226-5-222-42600	SUPPLIES - EDS		98.54
01-04023	ECHO GROUP	I-202411157398	226-5-222-42500	MAINTENANCE - EDS		475.00
01-04120	VERIZON	I-202411157443	226-5-222-42800	UTILITIES - EDS		85.80
01-05065	FIRST BANKCARD	I-202411157515	226-5-222-42600	SUPPLIES - EDS		1,226.36
01-05065	FIRST BANKCARD	I-202411157516	226-5-222-42200	PROF SERVICES - EDS		123.05
01-05065	FIRST BANKCARD	I-202411157517	226-5-222-42621	POD EXPENSE - EDS		162.05
01-05065	FIRST BANKCARD	I-202411157518	226-5-222-43500	MINOR EQUIPMENT - EDS		1,887.98
01-05065	FIRST BANKCARD	I-202411157519	226-5-222-42620	LEPC SUPPLIES - EDS		307.88
01-05065	FIRST BANKCARD	I-202411157520	226-5-222-42500	MAINTENANCE - EDS		98.82
01-11049	LEAF	I-202411157463	226-5-222-42400	RENTALS - EDS		134.46
01-19247	TABOR LUMBER COOPERATIV	I-202411137329	226-5-222-42600	SUPPLIES - EDS		319.02

DEPARTMENT 222 EMERGENCY MANAGEMENT TOTAL: 4,918.96

FUND 226 EMERGENCY MANAGEMENT TOTAL: 4,918.96

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 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND : 233 COUNTY BUILDING
 DEPARTMENT: 920 GOVERNMENT BUILDINGS

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BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-02483	CULLIGAN	I-202411157450	233-5-920-00000	MISC. - COUNTY BUILDINGS		228.20
DEPARTMENT 920 GOVERNMENT BUILDINGS TOTAL:						228.20
FUND 233 COUNTY BUILDING TOTAL:						228.20

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DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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ITEMS PRINTED: PAID, UNPAID

VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 248 24/7 SOBRIETY FUND
DEPARTMENT: 212 24/7 PROGRAM

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-03707	PRECISION KIOSK TECHNOL	I-202411157434	248-5-212-42200	PROF SERVICES - 24/7		1,500.00
DEPARTMENT 212 24/7 PROGRAM						TOTAL: 1,500.00
FUND 248 24/7 SOBRIETY FUND						TOTAL: 1,500.00

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DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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ITEMS PRINTED: PAID, UNPAID

VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 250 M & P R FUND
DEPARTMENT: 163 MOD & PRESERV RELIEF

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-22241	ONE OFFICE SOLUTION	I-202411157490	250-5-163-42900	M & PR FUND		79.31
					DEPARTMENT 163 MOD & PRESERV RELIEF	TOTAL: 79.31
					FUND 250 M & P R FUND	TOTAL: 79.31

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DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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ITEMS PRINTED: PAID, UNPAID

VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 295 Rural Access Fund (Hwy)
DEPARTMENT: 311 HIGHWAY

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-05001	FIRST DAK. NAT'L BANK	I-202411137340	295-5-311-42200	MAYFIELD TOWNSHIP CULVERTS		74,480.00
					DEPARTMENT 311 HIGHWAY	TOTAL: 74,480.00
					FUND 295 Rural Access Fund (Hwy)	TOTAL: 74,480.00

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DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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VENDOR SET: 01 Yankton County

ITEMS PRINTED: PAID, UNPAID

PACKET: 02429 KASI'S CLAIMS 11-19-2024

FUND : 402 DEBT SERVICE

DEPARTMENT: 000 MISC

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-03561	BOKF, NA	I-202411137347	402-5-000-00000	DEBT SERVICE - SAFETY CTR BLD		608,450.00
DEPARTMENT 000 MISC						TOTAL: 608,450.00
FUND 402 DEBT SERVICE						TOTAL: 608,450.00

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 DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER
 VENDOR SET: 01 Yankton County
 PACKET: 02429 KASI'S CLAIMS 11-19-2024
 FUND 759 CLEARING FUND
 DEPARTMENT: N/A NON-DEPARTMENTAL

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 ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-02291	SATELLITE TRACKING OF P	I-202411137334	759-4-34216	JAIL TRACKING MONITORS		471.25
01-18405	BYRON NOGELMEIER	I-202411137335	759-4-34217	CAM DAILY FEE		2,210.00
01-18405	BYRON NOGELMEIER	I-202411137336	759-4-34217	CAM DAILY FEE		1,097.00
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	3,778.25
FUND 759 CLEARING FUND					TOTAL:	3,778.25

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DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

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VENDOR SET: 01 Yankton County
PACKET: 02429 KASI'S CLAIMS 11-19-2024
FUND : 768 ST WIDE 24/7 SOBRIETY FUN
DEPARTMENT: N/A NON-DEPARTMENTAL

ITEMS PRINTED: PAID, UNPAID

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-18405	BYRON NOGELMEIER	I-202411137337	768-4-34230	STATE PARTICIPATION FEE		289.00
				DEPARTMENT 0000 NON-DEPARTMENTAL	TOTAL:	289.00
				FUND 768 ST WIDE 24/7 SOBRIETY	TOTAL:	289.00
						REPORT GRA TOTAL: 907,092.46

VENDOR SET: 01 Yankton County

ITEMS PRINTED: PAID, UNPAID

PACKET: 02430 WANDA FOX CLAIM - 11-19-2

FUND : 101 GENERAL FUND

DEPARTMENT: 130 COURT

BANK: ALL

VENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01-02896	HARMELINK & FOX LAW OFF I-202411157530		101-5-130-42200	PROF SERVICES - COURT		9,229.73
				DEPARTMENT 130 COURT	TOTAL:	9,229.73
				FUND 101 GENERAL FUND	TOTAL:	9,229.73
					REPORT GRA TOTAL:	9,229.73

YANKTON COUNTY
Mental Illness Hearings
Income by Customer Summary
JULY, 2024

Beadle County	110.50
Brookings County	173.75
Butte County	145.00
Clay County	145.00
Codington County	173.75
Gregory County	156.50
Hughes County	446.50
Lawrence County	145.00
Lincoln County	156.50
Lyman County	156.50
McCook County	110.50
Minnehaha County	1,415.50
Moody County	145.00
Pennington County	435.00
SDHSC	255.50
Spink County	173.75
TOTAL	\$4,344.25

YANKTON COUNTY
Mental Illness Hearings
Income by Customer Summary
AUGUST, 2024

Beadle County	614.50
Brookings County	173.75
Brown County	736.50
Charles Mix County	145.00
Clay County	110.50
Codington County	290.00
Davison County	110.50
Hanson County	173.75
Hughes County	568.50
Lawrence County	173.75
Lincoln County	168.00
Mead County	145.00
Minnehaha County	1,003.50
Pennington County	173.75
Tripp County	145.00
Turner County	168.00
Walworth	145.00
TOTAL	<u>5,045.00</u>

YANKTON COUNTY
Mental Illness Hearings
Income by Customer Summary
SEPTEMBER, 2024

Beadle County	290.00
Brown County	255.50
Brule County	145.00
Clay County	156.50
Codington County	469.50
Davison County	156.50
Deuel County	168.00
Edmunds County	145.00
Lawrence County	145.00
Lincoln County	122.00
Minnehaha County	1,224.50
Pennington County	313.00
SDHSC County	435.00
TOTAL	<u>\$4,025.50</u>