FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL								
OMB Number:	3235-0104							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ddress of Repor	•		Requiring Statement (Month/Day/Year)  BLACK HILLS CORP /SD/ [ BKH ]						
(Last) (First) (Middle) 1373 BOGGS DR					Relationship of Reporting Pers (Check all applicable)     X Director	son(s) to Issue	(Mc	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) MOUNT AIRY NC 27030		_		Officer (give title below)	Other (spe below)	App	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)								
			Table I - Non	-Derivati	ve Securities Beneficia	lly Owned				
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					100	D				
					Securities Beneficially		s)			
1. Title of Derivative Security (Instr. 4)			2. Date Exerc Expiration Da (Month/Day/)	ate	3. Title and Amount of Secu Underlying Derivative Secu		4. Conversion or Exercise	rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

By: Roxann R. Basham, by power of attorney

05/22/2007

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.