



ORGANIZATION REPORT

COMPANY

Name of company, organization or individual : _____

Address : _____

Telephone number: _____ Fax Number: _____

ORGANIZATION

If re-organization, list previous name: _____

Type of organization: _____ State of incorporation: _____

Date of registration with Secretary of State to do business in South Dakota: _____

Name/Address of Registered South Dakota Agent: _____

OFFICERS/PARTNERS/DIRECTORS (Use extra sheet if necessary)

| Name | Title | Address |
|------|-------|---------|
| | | |

SIGNATURE

Signature _____ Title _____ Date _____

State of _____)

County of _____)

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

Notary Public _____ My Commission expires _____

DO NOT WRITE BELOW THIS LINE

Approved: _____
Signature Title Date