



## 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