



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 _____
(Seal)