

### DEPARTMENT of AGRICULTURE and NATURAL RESOURCES Minerals, Mining, and Superfund Program 221 Mall Drive, Suite #201, Rapid City, SD 57701 Telephone: 605-773-4201, FAX: 605-394-5317

**SUPPLEMENT TO FORM 3** 

## ACKNOWLEDGMENT OF PRINCIPAL

State of			
) ss <b>BOND NO</b> County of)			
(COMPLETE APPLICABLE SECTION)			
(Individual)  On this day of 20 hefere me personally emposed			
On this day of, 20, before me personally appeared			
, known to me to be the individual described in and who executed the foregoing instrument	and		
acknowledged to me that he/she executed the same.			
(Partnership—use additional supplement sheet(s) for acknowledgment of each partner)			
On this day of, 20, before me personally appeared			
, who acknowledged himself/herself to be one of the partners of			
, a partnership, and that he/she, as such partner, being authorized so to do, executed the fore	going		
instrument for the purposes therein contained, by signing the name of the partnership by himself/herself as a partner	•		
(Corporation)			
On this day of, 20, before me personally appeared			
, who acknowledged himself/herself to be the of			
, a corporation, and that he/she, as such being authorized	so to		
do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by			
himself/herself as			
(LLC)			
On this day of, 20, before me personally appeared			
, who acknowledged himself/herself to be the of			
, a limited liability company, and that he/she in such capacity, being authorized to			
do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the limited liabi			
company by himself/herself as	•		
IN WITNESS WHEREOF, I hereunto subscribed my name and affixed my official so the day and year last above written.	eal at		
Notary Public			
rotary I done			
My commission expires the day of, 20			



#### DEPARTMENT of AGRICULTURE and NATURAL RESOURCES Minerals, Mining, and Superfund Program 221 Mall Drive, Suite #201, Rapid City, SD 57701 Telephone: 605-773-4201, FAX: 605-394-5317

# **SUPPLEMENT TO FORM 3**

## ACKNOWLEDGMENT OF SURETY

State of	_)	
County of	)ss BOND NO	
County of	.)	
(	COMPLETE APPLICABLE SECTION)	
	(Corporate Officer)	
	, 20, before me, a Notar	
personally appeared	, personally known to me, who be	eing by me duly sworn, did say that
he/she, aforesaid officer of		, a corporation
duly organized and existing under the la	ws of the State of	_, that the seal affixed to the
foregoing instrument is the corporate sea	al of said corporation, that the said instrumen	t was signed, sealed and executed on
behalf of said corporation by authority o	f its Board of Directors, and further acknowle	edges that the said instrument and the
execution thereof to be the voluntary act	and deed of said corporation.	
	(Attorney-In-Fact)	
On thisday of	, 20, before me persona	lly appeared
, known to me o	or satisfactorily proven to be the person whose	e name is subscribed as attorney-in-
fact for	and acknowledged that he/s	she executed the same as the act of
his/her principal for the purpose therein	contained.	
	I hereunto subscribed my name ar _, the day and year last above written.	nd affixed my official seal at
	Notary Public	
My commission expires the	_day of	, 20