



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)		