

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 Age	ent:	

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(Seal)	My Commission expires	3