| repared by: | | | |
|---|----------|---------------------------|-----------------------------------|
| Name | | | |
| Address: | | | |
| Phone #: | | | |
| Date: | | | |
| | | | |
| | | | umed or Fictitious Name |
| The undersigned hereby certify | that | hewill engage in, | conduct or operate a business for |
| | 1 .5 | d | us name at |
| profit in the State of South Dakota unce each person owning or having interest | in said | business are as follows: | |
| | | Office Address | Residence Address |
| Name I | | Office Address | Residence Address |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| That the address where the main of | fice of | such business is to be m | aintained is: |
| | | | |
| | | | |
| (Nature of business - optional) | | Print | |
| \$200 miles | | | |
| | | | |
| | | | |
| | | Sign | |
| em i me oe couru biliom | | | |
| STATE OF SOUTH DAKOT | A | 8.0 | |
| County of | | | |
| County of | _ | | |
| Being first duly sworn, each for himse | elf says | that he has read the forg | going certificate and knows that |
| contents thereof and the same is true | | | |
| Subscribed and sworn to before me th | nis) | | |
| day of, | | | |
| day or, | | | |
| | | | |
| Notary Public | | | |
| My Commission Expires: | | (Seal) | |