

**CERTIFICATE OF BUSINESS OF A TRADE, ASSUMED, OR FICTITIOUS NAME
PURSUANT TO SDCL 37-11-1**

The undersigned hereby certifies that I/WE will engage in, operate a business for profit in the State of South Dakota under the trade, assumed, or fictitious name of:

_____;

That the address with zip code where the main office of such business is to be maintained is:

PHYSICAL ADDRESS: _____
(NO PO BOXES)

MAILING ADDRESS: _____

PHONE #: _____ EMAIL: _____

OWNER INFORMATION:

NAME: _____

PHYSICAL ADDRESS: _____
(NO PO BOXES)

MAILING ADDRESS: _____

NAME: _____

PHYSICAL ADDRESS: _____
(NO PO BOXES)

MAILING ADDRESS: _____

SIGNATURES

STATE OF SOUTH DAKOTA)
)
County of _____)

Subscribe and sworn to before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

COST OF FILING: \$10.00 WHICH IS GOOD FOR 5 YEARS FROM THE DATE OF FILING AND THEN THIS FILING MUST BE RENEWED. (SDCL 37-11-1 & 7-9-15(3))