

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# APPLICATION FOR CERTIFICATE OF TRUST DOMESTIC BUSINESS TRUST

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

**FILING FEE: \$125** payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

Pursuant to the provisions of SDCL 47-14A, the undersigned business trust hereby submits a certificate of trust:

1. The name of the Business Trust is \_\_\_\_\_

2. The name and the business address of at least one of the trustees meeting the requirements set forth in SDCL 47-14A

Trustee	Business Address	City	State	ZIP+4
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3. The future effective date or time of effectiveness of the certificate if it is not to be effective upon the filing of the certificate is \_\_\_\_\_, 20 \_\_\_\_\_.

4. Any other information the trustees determine to set forth:

A Certificate of Trust must be signed by all of the trustees. The execution of a certificate constitutes an oath or affirmation, under the penalties of perjury, that, to the best of the trustee's knowledge and belief, the facts stated therein are true (SDCL 47-14A-51).

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a trustee)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a trustee)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)