

Enter Filing Year

Secretary of State Office
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AMENDED ANNUAL REPORT

DOMESTIC COOPERATIVE

SDCL 47-20-7; 59-11-24 through 26

FILING FEE: \$25

Make check payable to SECRETARY OF STATE

1. Business ID and Name:

Business ID

Business Name

You may amend any of the information below. If you are not amending a section, please leave that section blank.

2. The address of the principal executive office (business address).

Actual Street Address City State ZIP+4

Mailing Address, if Different from Street Address City State ZIP+4

Email Address (Optional)

3. The names and business addresses of its principal officers or directors (governors) as per SDCL 47-17-14.

President Actual Street Address City State ZIP+4

Vice President Actual Street Address City State ZIP+4

Secretary Actual Street Address City State ZIP+4

Treasurer Actual Street Address City State ZIP+4

Other Principal Officer Actual Street Address City State ZIP+4

Other Principal Officer Actual Street Address City State ZIP+4

Other Principal Officer Actual Street Address City State ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 47-15-51; 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Title