

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

**APPLICATION FOR
RESERVATION OF NAME
BUSINESS CORPORATION**
SDCL 47-1A-402

FILING FEE: \$25

Make check payable to **SECRETARY OF STATE**

Pursuant to the provisions of the South Dakota Law, the undersigned hereby applies for reservation of the following name for a period of **one hundred twenty (120) days**. The same applicant may not again reserve the same name until more than sixty days after the expiration date.

1. Name of Applicant: _____

2. The address of the principal office:

Actual Street Address City State ZIP+4

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

3. The name to be reserved is:

Note: The name must include the term corporation, incorporated, company, limited or the applicable abbreviation.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Title

Address

City State Zip