

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

**APPLICATION FOR
RESERVATION OF NAME
NONPROFIT CORPORATION**
SDCL 47-22-9, 10

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:

4. Check one to indicate how the reserved name is to be used:

Incorporation of a domestic nonprofit corporation

Domestic nonprofit corporation intending to change its name

Foreign nonprofit corporation intending to make application for Certificate of Authority

Foreign nonprofit corporation authorized in this state intending to change its name

Any person intending to organize a foreign nonprofit corporation and to have such corporation make an application for a Certificate of Authority

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

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Title

Address

City

State

Zip