

# State of South Dakota

Office of the Secretary of State

## CERTIFICATE OF AUTHORIZATION Postsecondary Education

I, **Steve Barnett**, Secretary of State of the State of South Dakota, do hereby certify that

### **HEADLINES ACADEMY**

has changed its name to

### **PAUL MITCHELL THE SCHOOL RAPID CITY**

effective **July 31, 2015**. This institution is authorized to provide postsecondary education in the State of South Dakota under South Dakota Codified Law 13-48-36.



**IN TESTIMONY WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, at Pierre, the Capital City, this day, February 9, 2022.

*Steve Barnett*

Steve Barnett  
Secretary of State



SD Secretary of State Office  
500 E. Capitol Ave.  
Pierre, SD 57501  
(605) 773-2797  
sos.edu@state.sd.us

**AMENDMENT**  
**APPLICATION FOR CERTIFICATE OF**  
**AUTHORIZATION TO PROVIDE**  
**POSTSECONDARY EDUCATION**

SDCL 13-48

**RECEIVED**  
**FEB 09 2022**  
**S.D. SEC. OF STATE**

**NO FILING FEE**

1. Name of Institution (the institutional name under which postsecondary educational programs are provided):  
Headlines Academy, INC.

2. The date of filing the Application for Certificate of Authorization or Renewal: July 31, 2015

3. Indicate the type of change being made:

CHANGE OF NAME

CHANGE OF PRIMARY ADDRESS

CHANGE IN ACCREDITATION

CHANGE IN ADDITIONAL SITES (ATTACHMENT A)

OTHER CHANGE(S)

4. The amendment to the Application for Certificate of Authorization to Provide Postsecondary Education is:


We need to add a d.b.a to our name  
We are now known as Paul Mitchell the School Rapid City effective 12/1/2019

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 02/03/2022

Email peggys@rapidcity.paulmitchell.edu  
*(Optional)*

605-718-8723

  
Signature of an authorized person

Peggy Sproat  
Printed Name

Owner / President

Title

**ATTACHMENT A**

**ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS**

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education or Amendment thereof.)

1. Paul Mitchell +Le School Rapid City  
Name

333 Omaha Street Rapid City SD 57701  
Street Address City State ZIP+4

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City State ZIP+4

3. \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City State ZIP+4

4. \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City State ZIP+4

5. \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City State ZIP+4

6. \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City State ZIP+4

(Make additional copies of this Attachment as may be necessary and submit with Application)