

**SOUTH DAKOTA FINANCING STATEMENT – UCC 1  
APPROVED LIVESTOCK FORM**

Secretary of State  
500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

Fee \$ \_\_\_\_\_

Account # \_\_\_\_\_

PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC 1 FORM

NOTE: Type smaller than 8 point is not acceptable. This is an example of 8 point type.

<b>1. LIVESTOCK OWNER NAME AND ADDRESS</b> insert only one livestock owner name (1a or 1b)				
or	1a. ORGANIZATION'S NAME			
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
<b>2. <input type="checkbox"/> ADDITIONAL LIVESTOCK OWNER or <input type="checkbox"/> ASSIGNEE OF LIVESTOCK OWNER NAME AND ADDRESS</b> insert only one name (2a or 2b)				
or	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
<b>3. CARETAKER'S EXACT FULL LEGAL NAME</b> – insert only one caretaker (3a or 3b) – do not abbreviate or combine names.				
or	3a. ORGANIZATION'S NAME			
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
3d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION CARETAKER	3e. TYPE OF ORGANIZATION	3f. JURSDICTION OF ORGANIZATION	3G. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE
<b>4. ADDITIONAL CARETAKER'S EXACT FULL LEGAL NAME</b> – insert only one caretaker name (4a or 4b) – do not abbreviate or combine names.				
or	4a. ORGANIZATION'S NAME			
	4b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
4c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
4d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION CARETAKER	4e. TYPE OF ORGANIZATION	4f. JURSDICTION OF ORGANIZATION	4G. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE
5. This Financing Statement covers the following types (or items) of property: If collateral is goods which are or are to become fixtures, the below goods are affixed or to be affixed to:				
Check (X) if covered: <input type="checkbox"/> PROCEEDS of collateral are also covered. <input type="checkbox"/> PRODUCTS of collateral are also covered.				
Use the following spaces only for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS)				
FARM CODE (s) and PRODUCT(s)	YEAR	QUANTITY	COUNTY CODE	LOCATION IN COUNTY OR FURTHER DESCRIPTION
Pay proceeds to Caretaker and Livestock Owner unless otherwise checked: <input type="checkbox"/> Livestock Owner only <input type="checkbox"/> Caretaker only				

\_\_\_\_\_  
Signature(s) of Caretaker(s)

\_\_\_\_\_  
Signature of Livestock Owner

Check to REQUEST SEARCH REPORT(S) on Caretaker(s)  All Caretakers  Caretaker 1  Caretaker 2

Number of Additional Sheets, if any: \_\_\_\_\_