

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

AMENDED ANNUAL REPORT

DOMESTIC BUSINESS CORPORATION SDCL 47-34A-211; 47-1A-122;

59-11-24, 24.1

FILING FEE: \$30

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 and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

| Shareholder/Governor | Actual Street Address | City | State | ZIP+4 |
|--------------------------------|--------------------------|------|------------------|-------|
| Shareholder/Governor | Actual Street Address | City | State | ZIP+4 |
| Shareholder/Governor | Actual Street Address | City | State | ZIP+4 |
| Beneficial Interest (optional) | | | | |
| Owner | Description of Ownership | | Percentage/Value | |
| | | | | |

Owner

Description of Ownership

Percentage/Value

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

(Optional)

Email

Signature of an authorized person

Printed Name

Title