

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-3537

Athlete Agent Registration Form

Please Type or Print Clearly in Ink

Make Payment Payable to **SECRETARY OF STATE**

FILE DATE	<u>10-09-2025</u>
RECEIPT NO	<u>002732391</u>
	<u>CK# 1003 \$100.00</u>
RECEIVED	
OCT 09 2025	
SD Secretary of State	

Please check the applicable filing status.

- ☒ Initial Application **\$100 Fee**
- ☐ Application based on certification in another state per §59-10-5(b): **\$50 Fee**
- ☐ Application for Renewal **\$25 Fee**

1. Name: Matt Woolslayer

1-918-269-7231

Daytime Phone

Matt@csportsgroup.com

Email Address

2. The address for the applicant's principal place of business:

7040 Sunset Rd

Street Address

Brookings

City

SD

State

57006

ZIP

Mailing Address (Optional)

City

State

ZIP

3. The name of the applicant's business or employer:

Covenant Sports Group, LLC

4. List any business or occupation engaged in by the applicant for the five years next preceding the date of the application:

Law Practice for past three 3 years

5. Provide a brief description of your training as an athlete agent:

Law School Graduate, NFLPA Certified

6. Provide a brief description of your practical experience as an athlete agent:

Contract negotiation for NFL Clients

7. Provide a brief description of your educational background related to being an athlete agent:

Undergraduate Degree & Law Degree with Highest Honors

8. Provide names and addresses of three references not related to the applicant:

<u>Jim Huber</u>	<u>N/A</u>	<u>1-918-808-1627</u>	<u>Tulsa</u>	<u>OK</u>	<u>74120</u>
Name	Address		City	State	ZIP
<u>Dillon Jones</u>	<u>N/A</u>	<u>1-918-697-6838</u>	<u>Tulsa</u>	<u>OK</u>	<u>74135</u>
Name	Address		City	State	ZIP
<u>Luke Ketchum</u>	<u>N/A</u>		<u>Frisco</u>	<u>Texas</u>	
Name	Address		City	State	ZIP

9. For whom have you served as an athlete agent in the past 5 (five) years:

<u>Jayvian Farr</u>	<u>Football</u>	<u>Tampa Bay Buccaneers</u>
Name	Sport	Last Known Team
____	____	____
Name	Sport	Last Known Team
____	____	____
Name	Sport	Last Known Team
____	____	____
Name	Sport	Last Known Team
____	____	____

10. If the applicant's business is not a corporation, list the names and addresses of the partners, members, officers, managers, or profit-sharers of the business:

<u>Dave Squires</u>	<u>7040 Sunset Rd.</u>	<u>Brookings</u>	<u>SD</u>	<u>57006</u>
Name	Address	City	State	ZIP
<u>Derek Kjelden</u>	<u>46869 218th St.</u>	<u>Brookings</u>	<u>SD</u>	<u>57006</u>
Name	Address	City	State	ZIP

11. If the business employing the applicant is a corporation, list the names and addresses of the officers, directors, and any shareholder of the corporation having a five percent interest or greater.

____	____	____	____	____
Name	Address	City	State	ZIP
____	____	____	____	____
Name	Address	City	State	ZIP

12. Have you or anyone listed in questions 10 or 11 been convicted of a crime, that in South Dakota, would be considered a crime of moral turpitude or a felony? ☐ Yes ☒ No

If yes please identify the crime: _____

13. Have you or anyone listed in questions 10 or 11 been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representations? ☐ Yes ☒ No

14. Has your conduct or that of anyone listed in questions 10 or 11 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? ☐ Yes ☒ No

15. Have you or anyone listed in questions 10 or 11 had any sanction, suspension or disciplinary action taken against you / them because of occupational or professional conduct? ☐ Yes ☒ No

16. Have you or anyone listed in questions 10 or 11 ever been denied an application for, suspension or revocation of, or refusal to renew the athlete agents registration of licensure? ☐ Yes ☒ No

Attach additional pages as needed when there is insufficient room to fully complete a question.

I declare under penalty of perjury, under the laws of the State of South Dakota, that all statements contained in this application and any accompanying documents are true and correct.

Dated 10/2/2025

Matt Woolslayer
(Signature of Applicant)

Matt Woolslayer
(Printed Name)



South Dakota Secretary of State
500 E. Capitol Ave
Pierre, SD 57501-5070

COVENANT SPORTS GROUP
7040 SUNSET ROAD
BROOKINGS, SD 57006

RECEIPT INFORMATION

Receipt #: 002732391
Receipt Date: 10/09/2025

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
Athlete Agent Initial Registration		1	\$100.00	\$100.00

TOTAL CHARGES PAID \$100.00

Description of Payment	Reference	Amount
Payment-Check/MO	1003	\$100.00

TOTAL PAYMENT \$100.00



SOUTH DAKOTA
DEPT. OF **LABOR**
& **REGULATION**

RECEIVED

NOV 20 2025

SD Secretary of State

Matt Woolslayer
7040 Sunset Rd.
Brookings SD 57006

Attached is your South Dakota Athlete Agent certificate.

This certificate may not be transferred or used by any other person or business entity other than the person or business entity to whom the certificate was issued.

Services are subject to sales tax in South Dakota. If you are providing your service in South Dakota, you need to apply for a SD Sales Tax license. Please visit the South Dakota Department of Revenue website at dor.sd.gov.

State of South Dakota
Department of Labor and Regulation

Matt Woolslayer
Covenant Sports Group, LLC
7040 Sunset Rd.
Brookings SD 57006

Has been registered by the SD Department of Labor and Regulation as an

ATHLETE AGENT

Effective: 11/06/2025

EXPIRATION: 11/05/2027

Marcia Hultman,
Secretary of Labor & Regulation

This certificate is non-transferable to any other person or entity other than to whom the certificate was issued.

Filed this 20th day of

November 2025

SECRETARY OF STATE