State of South Dakota

Office of the Secretary of State

CERTIFICATE OF AUTHORIZATION

Postsecondary Education

I, Monae L. Johnson, Secretary of State of the State of South Dakota, hereby certify that

Rio Grande Bible Institute, Inc.

meets the requirements to provide postsecondary education in the State of South Dakota pursuant to South Dakota Codified Law 13-48. This registration has an effective date of **November 3, 2026** and will be valid through **June 30, 2027**.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, November 3, 2026

Monae L. Johnson

Monae L. Johnson
Secretary of State

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

APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

SDCL 13-48

RECEIVED
NOV 03 2026
SD Secretary of State

FILING FEE: $500

FILING FEES ARE NONREFUNDABLE AND NOT PRO-RATED

Make Check Payable to SECRETARY OF STATE

1. Name of Applicant (the institutional name under which postsecondary educational programs are provided):

   Rio Grande Bible Institute, Inc.

2. Applicant's Main Address (Additional sites listed on Attachment A):

4300 S. Bus. Hwy 281	Edinburg	TX	78539
Actual Street Address	City	State	ZIP+4
4300 S. Bus. Hwy 281	Edinburg	TX	78539
Mailing Address, if Different from Street Address	City	State	ZIP+4

   https://riogrande.edu
   Website

3. Contact Person:

Lawrence Windle	President
Name	Title
Telephone Number	Fax Number

   956 380 8100
   Email Address

4. Applicant's PHYSICAL South Dakota Address:

27317 Wind Cave Rd	Hot Springs	SD	57747
Actual Street Address	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4

5. Does the Applicant operate at sites other than the addresses stated above? ☑ YES ☐ NO

   If "**YES**", please be advised that Attachment A to this application must be completed, which shall comprise part of this application, and any subsequent changes to the information provided in Attachment A must be submitted with an amendment application to the Secretary of State Office, within thirty (30) days of such change.

6. Does the Applicant have a parent organization (non-profit, corporate, or otherwise)? ☐ YES ☑ NO

   If "**YES**", please indicate the following:

   Parent Organization Name

Street Address	City	State	ZIP+4

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SD Secretary of State

7. Is the Applicant an instrumentality of the State of South Dakota under the jurisdiction of the South Dakota Board of Regents?

☐ YES ☑ NO

If "**NO**", please indicate whether the Applicant is either (*check one of the following*):

☐ An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State _____ Agency _____

Street Address _____ City _____ State _____ ZIP+4 _____

Contact Phone Number _____ Fax Number _____

☑ Legally established to operate in South Dakota as a business entity

FN278685
South Dakota Business ID

Rio Grande Bible Institute, Inc.
South Dakota Business Name

8. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

☑ YES - **Please include a COPY of your Accreditation.**

If "**YES**", please indicate the following:

Association for Biblical Higher Education
Accrediting Agency

5850 T.G. Lee Blvd., Suite 130 | Orlando | FL | 32822
Street Address | City | State | ZIP+4

Effective date of most recent grant of accreditation: February 27, 2024

Term or expiration date of most recent accreditation: February 27, 2034

☐ NO

If "**NO**", Application submission MUST include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

9. Has the Applicant ever been ordered to cease operations?

☐ YES

If "**YES**", please indicate the following:

Jurisdiction _____ Agency that made the order _____

The date ordered to cease operations: _____

Dates the cease operation was in effect: _____

Is the cease operations order still in effect? ☐ YES ☐ NO

☑ NO

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution. 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 October 28, 2026

Lawrence B. Windle

Signature of an authorized person

Lawrence Windle

Printed name

President

Title

Submit Application to:

South Dakota Secretary of State
500 East Capitol, Suite 204
Pierre, SD 57501

Or email us at:
SOS.EDU@state.sd.us

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. Rio Grande Bible Institute
   Name
   4300 S. Bus. Hwy 281 | Edinburg | TX 78539
   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)