Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF PARTNERSHIP AUTHORITY

Please Type or Print Clearly in Ink Please submit one Original and one Photocopy FILING FEE: \$125 payable to SECRETARY OF STATE

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Telephone	#	 	
FAX # _			

The undersigned hereby files under SDCL 48-7A-303 as a partnership.

1. The name of the partnership is _____

2. The address of its chief executive office is

Street Address	City	State	ZIP+4	
Mailing Address (Optional)	City	State	ZIP+4	

3. The address of one office in South Dakota if there is one

Street Address	City	State	ZIP+4	
Mailing Address (Optional)	City	State	ZIP+4	

4. The names and mailing addresses of all of the partners (list of names may be attached)

Partner Name	Mailing Address	City	State	ZIP+4
Partner Name	Mailing Address	City	State	ZIP+4
Partner Name	Mailing Address	City	State	ZIP+4
Partner Name	Mailing Address	City	State	ZIP+4

OR the name and street address of the agent appointed by the partnership to maintain a list of the names/addresses of all partners.

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

6. The partnership may state the authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership and any other matters.

I declare under penalty of perjury that the contents of the above statement are accurate. A statement filed by a partnership must be executed by at least two partners.

Dated _____

(Signature of a Partner)

(Printed Name)

Dated _____

(Signature of a Partner)

(Printed Name)

Unless earlier canceled, a filed Statement of Partnership Authority is canceled by operation of law five years after the date on which the statement, or the most recent amendment, was filed with the Secretary of State.