

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

QUALIFICATION FOR FARMING FOREIGN BUSINESS CORPORATION

SDCL 47-9A

Please Type or Print Clearly in Ink

NO FILING FEE

1. The Name and Business ID of the corporation is:

Name (Note: This must be the exact corporate name as registered.) _____ Business ID _____

2. The name of the state or other jurisdiction under whose laws it is organized: _____

3. The South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name _____

Actual Street Address in this State _____ City _____ State _____ ZIP+4 _____

Mailing Address in this State, if Different from Street Address _____ City _____ State _____ ZIP+4 _____

Email Address (Optional) _____

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name _____ CRA# _____

(c) Title of the office or other position with the corporation _____

Business Office's Actual Street Address in this State _____ City _____ State _____ ZIP+4 _____

Mailing Address in this State, if Different from Street Address _____ City _____ State _____ ZIP+4 _____

Email Address (Optional) _____

4. List the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation and used for the growing of crops or the keeping or feeding of poultry or livestock (*You may add additional pages if necessary*).

Acres _____ Section _____ Township _____ County _____

Acres _____ Section _____ Township _____ County _____

Acres _____ Section _____ Township _____ County _____

Acres _____ Section _____ Township _____ County _____

5. Is the majority of the voting stock held by members of a family, an estate of a family member, or a trust that benefits members of the family?

Yes No

6. Is at least one of the stockholders:

(a) a person residing on the farm? Yes No

(b) a person actively operating the farm? Yes No

(c) a person who has resided on the farm? Yes No

(d) a person who has actively operated the farm? Yes No

7. State the number of shares owned by persons residing on the farm or actively engaged in farming or their relatives within the third degree of kindred (You may add additional pages if necessary).

Name Address City State Zip Shares DOK

Name Address City State Zip Shares DOK

Name Address City State Zip Shares DOK

Name Address City State Zip Shares DOK

Name Address City State Zip Shares DOK

8. Are all the shareholders either natural persons, estates of a family member, or a trust that benefits members of the family?

Yes No

9. The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest, and annuities: _____%

10. State the number of shareholders. _____

11. Is there more than one class of stock? Yes No

12. As to each shareholder state the name, address, number of shares owned, and degree of kindred (DOK).

Name Address City State Zip Shares DOK

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Name Address City State Zip Shares DOK

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name