

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

APPLICATION FOR CERTIFICATE OF WITHDRAWAL FOREIGN BUSINESS CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$10 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

1. The name of the corporation is _____

Note: This must be the exact corporate name.

2. It is incorporated under the laws of the state of _____

3. It is not transacting business in this state and it surrenders its authority to transact business in this state.

4. It revokes the authority of its registered agent to accept service on its behalf.

5. The address of its principal office (this is the address of the executive offices of the corporation),

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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The application must be signed by an authorized officer of the corporation.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)