

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

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN COOPERATIVE

Please Type or Print Clearly in Ink

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

FILING FEE: \$750 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

Application must be accompanied by a one page original certificate of existence issued by the Secretary of State or other official having custody of the corporate records in the state or country under whose law it is incorporated.

1. The name of the cooperative is _____

Note: This must be the exact cooperative name.

2. State where incorporated _____

3. Date of its incorporation is _____

4. The period of its duration _____

5. The address of its principal office in the state where incorporated

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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6. The South Dakota Registered Agent name _____

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.	
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7. The purposes which it proposes to pursue in the State of South Dakota

8. The names and usual business addresses of its current directors and officers. Please place a check mark next to the name if the principal officer serves as a director.

<input type="checkbox"/>	_____ President	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Vice President	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Secretary	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Treasurer	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Director	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Director	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Director	_____ Street Address	_____ City	_____ State	_____ ZIP+4

9. The aggregate number of members and class of those members, if any:

Number of Members	Class
_____	_____
_____	_____
_____	_____

10. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class.

Number of Shares	Class	Series	Par value per share or statement that shares are without par value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. The aggregate number of issued shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class is:

Number of Shares	Class	Series	Par value per share or statement that shares are without par value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The application must be signed by an authorized officer of the cooperative in front of a notary public.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20 ____ before me personally appeared

_____ known to me or satisfactorily proven to be the person who is described in, and who executed the within instrument and acknowledged to me that she/he/they executed the same.

My Commission Expires

Notary Public

Notarial Seal