

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

ANNUAL FARM REPORT

Limited Liability Company

Please Type or Print Clearly in Ink

No Filing Fee

FILE DATE _____
RECEIPT NO _____

Telephone # _____
FAX # _____
FILING DATE: To be filed with the Annual Report.

1. L.L.C. Name and Address:

2. The name of the South Dakota Registered Agent _____

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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3. List only the changes since the last report of the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the Limited Liability Company.

County	Section	Township	Acres
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County	Section	Township	Acres
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County	Section	Township	Acres
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4. Please complete the appropriate section:

Family Farm Corporation	The NUMBER OF MEMBERSHIP INTERESTS owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity.	_____
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the company derived from rent, royalties, dividends, interest and annuities.	_____ %

5. List changes only of names, address and number of membership interests owned by shareholders.

Name	Address	City	State	Zip	Shares	Kindred
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Name	Address	City	State	Zip	Shares	Kindred
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Name	Address	City	State	Zip	Shares	Kindred
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Dated _____

 (Signature of an authorized officer)

 (Printed Name)

 (Title)