

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

APPLICATION FOR RESERVATION OF NAME LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**
FILING FEE: \$25 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

Pursuant to the provisions of the South Dakota Law, the undersigned hereby applies for reservation of the following name for a period of one hundred twenty (120) days, which period shall not be extended.

1. The name to be reserved is _____

_____The name shall contain without abbreviation the words "limited partnership".

2. Check one to indicate how the reserved name is to be used:

- Any person intending to organize a domestic limited partnership
- Any domestic limited partnership or any foreign limited partnership registered in this state which, in either case, intends to adopt that name
- Any foreign limited partnership intending to register in this state and adopt that name
- Any person intending to organize a foreign limited partnership and intending to have it registered in this state and adopt that name

Dated _____

(Signature of the applicant)

(Printed Name)

(Title)

(Address)

(City) (State) (ZIP+4)