

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

LETTER OF CONSENT TO USE SIMILAR NAME

Please Type or Print Clearly in Ink
Please submit one **Original** and one **Photocopy**
NO FILING FEE

Telephone # _____
FAX # _____

The undersigned corporate officers, general partner of a limited partnership, or holder of reserved or registered name, or a general manager/member of a limited liability company grant consent to use a similar entity name.

1. The following entity _____

2. Grants consent to use of this name _____

3. Please check the appropriate option.

- Business Corporation consent must be signed by the President or Vice President **and** the corporate secretary or assistant secretary.
- Limited Partnership consent must be signed by a general partner.
- Limited Liability Company consent must be signed by a manager or member.

Application may be signed by an authorized officer. No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____

(Signature of an Authorized Officer)

(Printed Name)

(Title)

Dated _____

(Signature of an Authorized Officer)

(Printed Name)

(Title)

**By signing this form, you agree to have
the form be processed electronically.**