SOUTH DAKOTA SEARCH REQUEST – UCC II APPROVED STANDARD FORM Secretary of State

500 E. Capitol • Pierre, SD 57501-5070 605-773-4422 • FAX 605-773-4550 sos.ucc@state.sd.us

PAD Account #	

A. NAME OF REQUESTOR:		A1. PHONE NUMBER	
D DETUDNITO (D D M.			
B. RETURN TO: (Requesting Party Name an	a Address)		
C. DEBTOR NAME to be searched – Must in	clude the debtor's complete name and ad	Idress. Only ONE debtor name is	
allowed per request.	☐ Organization Name ☐ Individu	ual Name	
			For Filing Officer Use.
D1 SEADOU DEOUEST ONLY (CEDTIE	TED) Soloct one of the following entions:	ACTIVE (includes terminations)	-
D1. SEARCH REQUEST ONLY (CERTIF		ACTIVE (Includes terminations)	☐ ALL
D2. BOTH SEARCH AND COPIES Selections		ov undata from (data)	
☐ ACTIVE (includes terminations D3. COPY REQUEST ONLY for exact co	•	py update from (date)	
☐ ACTIVE (includes terminations	· -	py update from (date)	
D4. SPECIFIED COPY REQUEST – Che			
UCC-1 UCC-3 Date Filed	Document Number	Original Filing	
Delivery Instructions :			

UCC II – INSTRUCTIONS:

- 1. Please Type or Print Clearly in Ink.
- 2. Check the appropriate box to designate whether this form is being used as an Search Request, Both for a Search Request and copy's or Copy Request.
- 3. Search Request fee is \$20.00 per debtor name. Copy fee is \$1.00 per page. Payment is required at the time of processing.

Mailing Address: SD Secretary of State, 500 E. Capitol Avenue, Pierre, SD 57501 (605) 773-4845 / sos.ucc@state.sd.us

Include this form with your documents. Please print or type, illegible forms may be returned. All payment information will remain confidential.

('omnany (It annlicable):				
Company (ii applicable).				
Email:	Teleph	none:		
Number of Documents associated	with payment:			
Form of Payment authorized:				
Prepaid PAD Account – A	Account Number:			
Credit/Debit Card: enter in	nformation below. MasterCard	cover	can Express	
Name as it appears on card: _				
Billing Address:	City:	State:	Zip:	
Card Number:	Expira	tion date:	CID:	
If the name on the credit card name of a company, please pr	or debit card is in the int the int the signer's name:			
•	ze the South Dakota Secretary of amount due for services provided			
Signature of Cardholder or PAD Account Authorizer:		Date:		