SOUTH DAKOTA FINANCING STATEMENT – UCC 1
APPROVED LIVESTOCK FORM
Secretary of State
500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

Fees

Fee $ _____

Account #_____

Clear Form

HELP

PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC 1 FORM
NOTE: Type smaller than 8 point is not acceptable. This is an example of 8 point type.

1. LIVESTOCK OWNER NAME AND ADDRESS insert only one livestock owner name (1a or 1b)

or	1a. ORGANIZATION'S NAME			
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

2. ☐ ADDITIONAL LIVESTOCK OWNER or ☐ ASSIGNEE OF LIVESTOCK OWNER NAME AND ADDRESS insert only one name (2a or 2b)

or	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. CARETAKER'S EXACT FULL LEGAL NAME – insert only one caretaker (3a or 3b) – do not abbreviate or combine names.

or	3a. ORGANIZATION'S NAME			
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION CARETAKER	3e. TYPE OF ORGANIZATION	3f. JURSIDICTION OF ORGANIZATION	3G. ORGANIZATIONAL ID#, if any ☐ NONE

4. ADDITIONAL CARETAKER'S EXACT FULL LEGAL NAME – insert only one caretaker name (4a or 4b) – do not abbreviate or combine names.

or	4a. ORGANIZATION'S NAME			
	4b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
4c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

4d. TAX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION CARETAKER	4e. TYPE OF ORGANIZATION	4f. JURSIDICTION OF ORGANIZATION	4G. ORGANIZATIONAL ID#, if any ☐ NONE

5. This Financing Statement covers the following types (or items) of property: If collateral is goods which are or are to become fixtures, the below goods are affixed or to be affixed to:

Check (X) if covered: ☐ *PROCEEDS of collateral are also covered.* ☐ *PRODUCTS of collateral are also covered.*

Use the following spaces only for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS)

FARM CODE (s) and PRODUCT(s)	YEAR	QUANTITY	COUNTY CODE	LOCATION IN COUNTY OR FURTHER DESCRIPTION

Pay proceeds to Caretaker and Livestock Owner unless otherwise checked: ☐ Livestock Owner only ☐ Caretaker only

Signature(s) of Caretaker(s)

Signature of Livestock Owner

Check to REQUEST SEARCH REPORT(S) on Caretaker(s) ☐ All Caretakers ☐ Caretaker 1 ☐ Caretaker 2

Number of Additional Sheets, if any: