

5. Does the Applicant have a parent organization (non-profit, corporate, or otherwise)? YES NO

If "YES", please indicate the following:

Community Colleges of Spokane
(Parent Organization Name)
501 N Riverpoint Blvd
(Street Address)
Spokane WA 99217
(City) (State) (ZIP Code)

6. Is the Applicant an instrumentality of the State under the jurisdiction of the South Dakota Board of Regents?

YES NO

If "NO", please indicate whether the Applicant is either (check one of the following):

An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)
State Washington Agency WA State Board for Community & Technical Colleges
Address PO Box 42495 1300 Quince Street SE
City Olympia State WA Zip Code 98504-2495
Contact Phone Number 360-704-4400
Contact Website http://www.sbctc.edu/

Legally established to operate in South Dakota as a private business entity

South Dakota Corporate ID _____
South Dakota Corporate Name _____

Legally established to operate in South Dakota as a not-for-profit corporation.

South Dakota Corporate ID _____
South Dakota Corporate Name _____

7. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

YES

Accrediting Agency: Northwest Commission on Colleges and Universities
8060 165th Avenue NE, Suite 100
(Street Address)
Redmond WA 98052
(City) (State) (ZIP Code)

Effective date of most recent grant of accreditation:

1-31-14

Term or expiration date of most recent accreditation:

(continuous)

NO

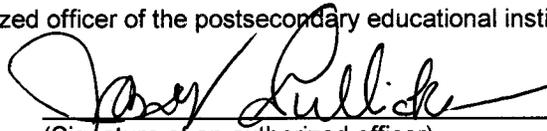
Application submission must include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution:

Dated

10-3-14



(Signature of an authorized officer)

JANET GULLICKSON

(Printed name)

PRESIDENT

(Title)

Submit Application to:
South Dakota Secretary of State
Corporations Division
500 East Capitol, Suite 204
Pierre, SD 57501

Or email us at:
SOS.EDU@state.sd.us

Exemptions

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

