

**South Dakota Secretary of State**

**UCC1- LIVESTOCK OWNER/  
CARETAKER FINANCING STATEMENT**

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-left: 1px solid black; border-top: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-right: 1px solid black; border-top: 1px solid black; width: 20px; height: 20px;"></div> </div>   <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-left: 1px solid black; border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-right: 1px solid black; border-bottom: 1px solid black; width: 20px; height: 20px;"></div> </div>

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

**1. LIVESTOCK CARETAKER'S/DEBTOR'S EXACT FULL LEGAL NAME:** Provide only one caretaker/debtor name (1b or 1c) - do not abbreviate or combine names

1a. TAX IDENTIFICATION NUMBER				
1b. ORGANIZATION'S NAME				
OR	1c. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1d. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

**2. ADDITIONAL LIVESTOCK CARETAKER'S/DEBTOR'S EXACT FULL LEGAL NAME:** Provide only one caretaker/debtor name (2b or 2c) - do not abbreviate or combine names

2a. TAX IDENTIFICATION NUMBER				
2b. ORGANIZATION'S NAME				
OR	2c. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2d. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

**3. LIVESTOCK OWNER/SECURED PARTY NAME:** Provide only one livestock owner name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

**4. ADDITIONAL LIVESTOCK OWNER/SECURED PARTY NAME or ASSIGNEE / SECURED CREDITOR OF LIVESTOCK OWNER NAME:** Provide only 4a or 4b

4a. ORGANIZATION'S NAME				
OR	4b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
4c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

**5. COLLATERAL:** This financing statement covers the following collateral:

Check only if applicable:    PROCEEDS of collateral are also covered.    PRODUCTS of collateral are also covered.

**8. OPTIONAL FILER REFERENCE DATA:**