# SOUTH DAKOTA UCC/EFS-3 FINANCING STATEMENT APPROVED STANDARD FORM

***(to be used for documents filed as "both" prior to Nov 2015)***

Secretary of State

500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

NOTE: Type smaller than 8 point is not acceptable. This is an example of 8 point type.

Office use only:

A. Send Acknowledgment to (Name & Address):

B. Name & Phone of Contact (optional)

C. E-mail Contact (optional)

D. PAD Account Number

**1. THIS STATEMENT REFERS TO ORIGINAL EFFECTIVE FINANCING STATEMENT NUMBER:**

**2. ☐ TERMINATION**: The secured party no longer claims a security interest under the financing statement bearing the above file number. Must be signed by secured party for effective financing statements.

**3. ☐ ASSIGNMENT**: The secured party's rights to the property described below under the statement bearing the above file number have been assigned to the assignee whose name and address are listed above. Must be signed by secured party and debtor for Effective Financing Statement.

**4. ☐ CONTINUATION**: The financing statement bearing the above file number is still effective. Cannot be filed more than six months prior to the expiration date. Must be signed by secured party for effective financing statements.

**5. ☐ PARTY INFORMATION CHANGE**: Must be signed by both debtor and secured party

**Check one of these two boxes: This Change affects:**

☐ Debtor or ☐ Secured Party of record

**AND Check one of these three boxes to:**

☐ **CHANGE** name and/or address: Complete 6a or 6b; and item 7a or 7b and item 7c. 7d must be completed if changing debtor information.

☐ **ADD** name and/or address: Complete item 7a or 7b and item 7c. 7d must be completed if adding a debtor.

☐ **DELETE** name: Give record name to be deleted in item 6a or 6b

**6. CURRENT RECORD INFORMATION**: Complete for Party Information Change - provide only one name (6a or 6b)

| 6a. ORGANIZATION'S NAME | | | |
|---|---|---|---|
| 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

**7. CHANGED OR ADDED INFORMATION**: Complete for Party Information Change - provide only one name (7a or 7b)

| 7a. ORGANIZATION'S NAME | | | | |
|---|---|---|---|---|
| 7b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 7d. TAX ID # SSN OR EIN | | | | |

**8. CHANGED OR ADDED COLLATERAL INFORMATION**:

☐ **ADD COLLATERAL:** ☐ **DELETE COLLATERAL:** ☐ **RESTATE COLLATERAL:**

☐ **ADD OR DELETE EFS PRODUCTS:** enter the product information:

| ADD/DELELTE | FARM PRODUCT | YEAR | QUANTITY | COUNTY CODE | LOCATION |
|---|---|---|---|---|---|
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**9. SECURED PARTY INFORMATION**: *(REQUIRED)*

| 9a. SECURED PARTY NAME | | | | |
|---|---|---|---|---|
| 9b. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

*Signature(s) of Debtor(s)*

*Signature of Secured Party*