STATE OF SOUTH DAKOTA LIVESTOCK FINANCING STATEMENT – UCC 3
APPROVED STANDARD FORM
Secretary of State
500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

Fee $_____

Account # _____

Clear Form

PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC 3 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. **ASSIGNEE OF LIVESTOCK OWNER NAME AND ADDRESS** insert only one assignee 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. JURISDICTION 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. JURISDICTION OF ORGANIZATION	4G. ORGANIZATIONAL ID#, if any ☐ NONE

THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NO._____(limited to one transaction per UCC 3)

DATE_____ **FILED WITH**_____

☐ **CONTINUATION**	☐ **TERMINATION**	☐ **ASSIGNMENT**	☐ **AMENDMENT**
The financing statement bearing the above file number is still effective. *Cannot be filed more than six months prior to the expiration date.* Fee: $20 and $2 for each additional caretaker name	The livestock owner no longer claims a security interest under the financing statement bearing the above file **number. Must be signed by** livestock owner for effective financing statements. Fee: None	The livestock owner'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 abovet. **Must be signed by livestock** owner and caretaker for Effective Financing Statement. Fee: $20 and $2 for each additional caretaker name	The financing statement bearing the above file number is amended as set forth below. **Must be signed by** both caretaker and livestock owner for Effective Financing Statement. Fee: $20 and $2 for each additional caretaker name

This area is for the description of collateral, release, collateral if assigned, or description of real estate, if necessary:

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 PRODUCT	CODE	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

Filed with the Secretary of State as ☐ UCC ☐ EFS ☐ BOTH

Number of Additional Sheets, if any_____

_____ _____

Signature(s) of Caretaker(s) *Signature of Livestock Owner*