SOUTH DAKOTA EFS 1 FINANCING STATEMENT
APPROVED STANDARD FORM

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

Office use only:

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

A. Name & Phone of Contact (optional)

B. E-mail Contact (optional)

C. PAD Account Number

D. Send Acknowledgment to (Name & Address):

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

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

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

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

3. SECURED PARTY NAME: Provide only one secured party name (3a or3 b) (use exact, full name; do not omit, modify, or abbreviate any part of the secured party name)

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

4. EFFECTIVE FINANCING STATEMENT: enter the product information: Pay proceeds to Debtor and Secured Party Unless otherwise checked ☐ Debtor ☐ Secured Party

FARM PRODUCT	YEAR	QUANTITY	COUNTY CODE	LOCATION

Signature(s) of Debtor(s)

Signature of Secured Party