

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

COMMERCIAL REGISTERED AGENT REGISTRATION

Please Type or Print Clearly in Ink
Please submit one **Original** and one **Photocopy**
FILING FEE: \$100 payable to SECRETARY OF STATE

RECEIPT NO _____

CRA NUMBER _____

The Commercial Registered Agent
Number will be issued by the
Secretary of State.

The undersigned submits the following statement for the purpose of being listed as a
Commercial Registered Agent in the State of South Dakota.

1. The name of the individual or entity _____
2. If an entity the jurisdiction of organization _____
3. If an entity the type of entity _____
4. The street address in South Dakota of the place of business to which service of process may be delivered

Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

5. Optional statement regarding alternate means of accepting service of process

The following information is not required. Any information provided will be available to the public on the Secretary of State's website at <http://www.sdsos.gov/>.

6. Phone number _____
7. Fax number _____
8. E-mail address _____
9. Web address _____

The above referenced individual or entity intends to be in the business of serving as a Commercial Registered Agent in the State of South Dakota.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.