



6. Please check one:

This is a Family Farm Corporation.

This is an Authorized Farm Corporation.

7. Please complete the appropriate section:

<b>Family Farm Corporation</b>	The <b>NUMBER OF SHARES</b> owned by person(s) who are members of a family as defined in SDCL 47-9A-2, one of such shareholders being a family member who is residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm. (See SDCL 47-9A-14)	_____
<b>Authorized Farm Corporation</b>	The <b>PERCENTAGE</b> of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities. Note: Percentage amount cannot exceed 20% of its gross receipts.	_____ %

8. The name, address and number of shares owned by each shareholder

Name	Address	City	State	Zip	Shares
Name	Address	City	State	Zip	Shares
Name	Address	City	State	Zip	Shares
Name	Address	City	State	Zip	Shares
Name	Address	City	State	Zip	Shares

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

**By signing this form, you agree to have the form be processed electronically.**