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ANNUAL REPORT
FOREIGN LLP
SDCL 48-7A-1003

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1. LLP ID and Name:

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2. The jurisdiction under whose law it is formed _____

3. The address of the principal or chief executive office.

Actual Street Address or Rural Route Box Number | City | State | ZIP+4

Mailing Address, if Different from Street Address | City | State | ZIP+4

Email Address (Optional)

IF ADDRESS IN #3 IS NOT A SOUTH DAKOTA ADDRESS QUESTION #4 IS REQUIRED.

4. The name of the South Dakota Registered Agent _____

Actual Street Address or Rural Route Box Number in this State | City | State | ZIP+4

Mailing Address in this State, if Different from Street Address | City | State | ZIP+4

Email Address (Optional)

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

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(Signature of an Authorized Person)

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*By signing this form you agree to have both the fee and the form processed electronically.