

Enter Filing Year

ANNUAL FARM REPORT

DOMESTIC LIMITED LIABILITY COMPANY

SDCL 47-9A-16, 19

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605) 773-4845
corpinfo@state.sd.us

Please Type or Print Clearly in Ink

NO FILING FEE

An Annual Report form must also be filed with this report

1. Business ID and Name:

Business ID

Business Name

2. List the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the Limited Liability Company and used for the growing of crops or the keeping or feeding of poultry or livestock (*You may attach additional pages if necessary*).

Acres	Section	Township	County

3. Is the majority of the voting stock held by members of a family, an estate of a family member, or a trust that benefits members of the family?

Yes No

4. Is at least one of the stockholders:

- (a) a person residing on the farm? Yes No
- (b) a person actively operating the farm? Yes No
- (c) a person who has resided on the farm? Yes No
- (d) a person who has actively operated the farm? Yes No

5. State the number of shares owned by persons residing on the farm or actively engaged in farming or their relatives within the third degree of kindred (*You may attach additional pages if necessary*).

Name	Address	City	State	Zip	Shares	DOK

6. Are all the shareholders either natural persons, estates of a family member, or a trust that benefits members of the family?

Yes No

7. The percentage of gross receipts of the Limited Liability Company derived from rent, royalties, dividends, interest, and annuities:

_____ %

8. State the number of shareholders. _____

9. Is there more than one class of stock? Yes No

10. As to each shareholder state the name, address, number of shares owned, and degree of kindred (DOK).

Name Address City State Zip Shares DOK

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No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name