

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

**APPLICATION FOR
RESERVATION OF NAME
LIMITED LIABILITY COMPANY**
SDCL 47-34A-106

Please Type or Print Clearly in Ink
Please submit one **Original** and one **Photocopy**
FILING FEE: \$25 payable to SECRETARY OF STATE

Pursuant to the provisions of the South Dakota Law, the undersigned hereby applies for reservation of the following name for a period of **one hundred twenty (120) days**. The same applicant may not again reserve the same name until more than sixty days after the expiration date.

1. Name of Applicant: _____

2. The address of the principal office:

Actual Street Address City State ZIP+4

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

3. The name to be reserved is:

Note: The name shall contain without abbreviation the words "limited partnership".

4. Check one to indicate how the reserved name is to be used

- Any person intending to organize a domestic limited partnership and adopt that name
- Any domestic or foreign limited partnership registered in this state, which intends to adopt that name
- Any foreign limited partnership intending to register in this state and adopt that name
- Any person intending to organize a foreign limited partnership, intending to have it registered in this state, and adopt that name

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

Title

Address

City State Zip