



# OFFICE OF THE SECRETARY OF STATE

## DIVISION OF BUSINESS SERVICES

### COPY REQUEST FORM

#### Contact Information

\_\_\_\_\_  
Name (Individual or Business)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

#### Copy Request Information

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business ID

Type of Copy (*check one*):

*Plain Copy (\$2 per page)*

*Certified Copy (Additional \$15 + \$2 per page)*

Documents Being Requested (*check one*):

*All Documents on File*

*Specific document (list below)*

\_\_\_\_\_  
Type of Document

\_\_\_\_\_  
Date Filed

\*If more than one "Specific Document" is being requested, each document must have a separate request form, and each will be charged a separate certification fee.

#### Payment Information

**PAD Account**

\_\_\_\_\_  
PAD Number

**Credit Card**

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CID

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email for Receipt

500 EAST CAPITOL AVENUE, PIERRE, SD 57501-5070 | TELEPHONE: (605) 773-3537 | FAX: (605) 773-6580

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