

Enter Filing Year

Secretary of State Office
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AMENDED ANNUAL REPORT

DOMESTIC COOPERATIVE

SDCL 47-20-7; 59-11-24 through 26

FILING FEE: \$30

Make check payable to SECRETARY OF STATE

1. Business ID and Name:

Business ID

Business Name

You may amend any of the information below. If you are not amending a section, please leave that section blank.

2. The address of the principal executive office (business address).

Actual Street Address	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4
Email Address (<i>Optional</i>)			

3. The names and business addresses of its principal officers or directors (governors) as per SDCL 47-17-14.

President	Actual Street Address	City	State	ZIP+4
Vice President	Actual Street Address	City	State	ZIP+4
Secretary	Actual Street Address	City	State	ZIP+4
Treasurer	Actual Street Address	City	State	ZIP+4
Other Principal Officer	Actual Street Address	City	State	ZIP+4
Other Principal Officer	Actual Street Address	City	State	ZIP+4
Other Principal Officer	Actual Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 47-15-51; 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(*Optional*)

Printed Name

Title