

Enter Filing Year

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

ANNUAL REPORT

DOMESTIC COOPERATIVE

SDCL 47-20-7, 59-11-24

FILING FEE: \$70

Additional Fee for Delinquent Reports: \$55

1. Business ID and Name:

Enter Business ID

Enter Business Name

43-2A-1. "Agricultural land" defined. For purposes of this chapter, the term "agricultural land" means land capable of use in the production of agricultural crops, timber, livestock or livestock products, poultry or poultry products, milk or dairy products, or fruit and other horticultural products but does not include any royalty interest, any oil, gas, or other mineral interest, or any lease, right-of-way, option, or easement relating thereto, or any land zoned by a local governmental unit for a use other than and nonconforming with agricultural use.

2. Does the entity own any agricultural land? (Required)

Yes No

If the answer is yes, please answer below. "Foreign Beneficial Owner" "Foreign entity" is registered outside of the United States or its territories or has more than ten percent ownership by a foreign government, foreign person, or any combination thereof. "Foreign Government" A Government or state- controlled enterprise of a government, other than the United States, its states, its territories, or its federally recognized Indian Tribes. "Foreign Person" A natural Person who is not a United States Citizen or a resident."

2a. Does the entity have any foreign beneficial owners/interests?

Yes No

***** If the answer to Question 2 and 2A are yes you must file this report on line or web prepare it at**
<https://sosenterprise.sd.gov/BusinessServices/Business/AnnualReportInstr.aspx>

3. The jurisdiction under whose law it is formed. _____

4. 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 (Optional) _____

5. The South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name _____

Actual Street Address in this State	City	State	ZIP+4
-------------------------------------	------	-------	-------

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

Email Address (Optional) _____

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name	CRA#
----------------------------------	------

(c) Title of the office or other position with the business _____

Business Office's Actual Street Address in this State	City	State	ZIP+4
---	------	-------	-------

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

Email Address (Optional) _____

6. The names and 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