

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
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AMENDED ANNUAL REPORT

DOMESTIC LIMITED LIABILITY COMPANY

SDCL 47-34A-211; 47-1A-122;
59-11-24, 24.1

FILING FEE: \$30

Make check payable to SECRETARY OF STATE

Enter Filing Year

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 and directors (governors): see SDCL 59-11-24.

Manager/Governor	Actual Street Address	City	State	ZIP+4
Manager/Governor	Actual Street Address	City	State	ZIP+4
Manager/Governor	Actual Street Address	City	State	ZIP+4

4. Beneficial Interest (*optional*)

Owner	Description of Ownership	Percentage/Value
Owner	Description of Ownership	Percentage/Value

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