

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

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

**FILING FEE: \$25**

Make check 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 must contain Limited Liability Company, Limited Company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

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

Any person intending to organize a domestic limited liability company and adopt that name

Any domestic or foreign LLC registered in this state, which intends to adopt that name

Any foreign LLC intending to register in this state and adopt that name

Any person intending to organize a foreign LLC, 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