SOUTH DAKOTA EFS-1 ADDITIONAL INFORMATION PAGE
APPROVED STANDARD FORM

Secretary of State
500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

NOTE: Type smaller than 8 point is not acceptable. This is an example of 8 point type.

Office use only:

5. DEBTOR'S NAME: Provide only one Debtor name (5a or 5b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

or	5a. ORGANIZATION'S NAME				
	5b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
5c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
5d. TAX ID # SSN OR EIN					

6. DEBTOR'S NAME: Provide only one Debtor name (6a or 6b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

or	6a. ORGANIZATION'S NAME				
	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
6c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
6d. TAX ID # SSN OR EIN					

7. DEBTOR'S NAME: Provide only one Debtor name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

or	7a. ORGANIZATION'S NAME				
	7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
7d. TAX ID # SSN OR EIN					

8. EFFECTIVE FINANCING STATEMENT: enter the product information:

FARM PRODUCT	YEAR	QUANTITY	COUNTY CODE	LOCATION

_____ _____

_____ _____

Signature(s) of Debtor(s) *Signature of Secured Party*