SOUTH DAKOTA UCC/EFS-3 FINANCING STATEMENT
APPROVED STANDARD FORM

(to be used for documents filed as "both" prior to Nov 2015)

Secretary of State

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

Office use only:

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

A. Send Acknowledgment to (Name & Address):

B. Name & Phone of Contact (optional)

C. E-mail Contact (optional)

D. PAD Account Number

1. THIS STATEMENT REFERS TO ORIGINAL EFFECTIVE FINANCING STATEMENT NUMBER:

2. ☐ **TERMINATION:** The secured party no longer claims a security interest under the financing statement bearing the above file number. Must be signed by secured party for effective financing statements.

3. ☐ **ASSIGNMENT**: The secured party's rights to the property described below under the statement bearing the above file number have been assigned to the assignee whose name and address are listed above. Must be signed by secured party and debtor for Effective Financing Statement.

4. ☐ **CONTINUATION**: The financing statement bearing the above file number is still effective. Cannot be filed more than six months prior to the expiration date. Must be signed by secured party for effective financing statements.

5. ☐ **PARTY INFORMATION CHANGE**: Must be signed by both debtor and secured party

Check one of these two boxes:

This Change affects:
☐ Debtor or ☐ Secured Party of record

AND Check one of these three boxes to:

☐ **CHANGE** name and/or address: Complete 6a or 6b; and item 7a or 7b and item 7c. 7d must be completed if changing debtor information.

☐ **ADD** name and/or address: Complete item 7a or 7b and item 7c. 7d must be completed if adding a debtor.

☐ **DELETE** name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Party Information Change - provide only one name (7a or 7b)

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. CHANGED OR ADDED COLLATERAL INFORMATION:

☐ **ADD COLLATERAL:** ☐ **DELETE COLLATERAL:** ☐ **RESTATE COLLATERAL:**

☐ **ADD OR DELETE EFS PRODUCTS:** enter the product information ☐ **CANCEL EFS:** (This terminates ONLY the EFS portion and makes the filing a UCC ONLY filing)

ADD/DELELTE	FARM PRODUCT	YEAR	QUANTITY	COUNTY CODE	LOCATION

Pay proceeds to Debtor and Secured Party unless otherwise checked: ☐ Secured Party only ☐ Debtor only

9. SECURED PARTY INFORMATION: *(REQUIRED)*

9a. SECURED PARTY NAME				
9b. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

Signature(s) of Debtor(s)

Signature of Secured Party