

State of South Dakota

Office of the Secretary of State

RENEWAL CERTIFICATE OF AUTHORIZATION Postsecondary Education

I, **Monae L. Johnson**, Secretary of State of the State of South Dakota, hereby certify that

California Intercontinental University, Inc.

continues to meet the requirements to provide postsecondary education in the State of South Dakota pursuant to South Dakota Codified Law 13-48. This registration has an effective date of **July 1, 2026** and will be valid through **June 30, 2027**.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, July 1, 2026.

Monae L. Johnson

Monae L. Johnson
Secretary of State

7. Is the Applicant an instrumentality of the State of South Dakota under the jurisdiction of the South Dakota Board of Regents?

YES NO

If "NO", please indicate whether the Applicant is either (check one of the following):

An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State		Agency	
Street Address	City	State	ZIP+4
Contact Phone Number		Fax Number	

Legally established to operate in South Dakota as a business entity

FB253037

South Dakota Business ID

California Intercontinental University, Inc.

South Dakota Business Name

8. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

YES - Please include a COPY of your Accreditation.

If "YES", please indicate the following:

Distance Education Accrediting Commission

Accrediting Agency

1101 17th Street NW, Suite 808 Washington D.C 20036

Street Address

City

State

ZIP+4

Effective date of most recent grant of accreditation: June 2023

Term or expiration date of most recent accreditation: June 2028

NO

If "NO", Application submission MUST include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

9. Has the Applicant ever been ordered to cease operations?

YES

If "YES", please indicate the following:

Jurisdiction

Agency that made the order

The date ordered to cease operations: _____

Dates the cease operation was in effect: _____

Is the cease operations order still in effect?

YES

NO

NO

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution. 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 05/13/2026



Signature of an authorized person

Richard Madrigal

Printed name

President

Title

Submit Application to:
South Dakota Secretary of State
500 East Capitol, Suite 204
Pierre, SD 57501

Or email us at:
SOS.EDU@state.sd.us

B0414-5674 05/18/2025 1:57PM Rec'd by SD SOS

ATTACHMENT A

ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education or Amendment thereof.)

1.	California Intercontinental University			
	Name			
	2601 Main Street, Suite 250	Irvine	CA	92614
	Street Address	City	State	ZIP+4
2.				
	Name			
	Street Address	City	State	ZIP+4
3.				
	Name			
	Street Address	City	State	ZIP+4
4.				
	Name			
	Street Address	City	State	ZIP+4
5.				
	Name			
	Street Address	City	State	ZIP+4
6.				
	Name			
	Street Address	City	State	ZIP+4

(Make additional copies of this Attachment as may be necessary and submit with Application)

SD Secretary of State Office
500 E. Capitol Ave.
Pierre, SD 57501
(605) 773-2797
sos.edu@state.sd.us

**AMENDMENT
APPLICATION FOR CERTIFICATE OF
AUTHORIZATION TO PROVIDE
POSTSECONDARY EDUCATION**

SDCL 13-48

NO FILING FEE

1. Name of Institution (the institutional name under which postsecondary educational programs are provided):

California Intercontinental University

2. The date of filing the Application for Certificate of Authorization or Renewal: 05/13/2026

3. Indicate the type of change being made:

CHANGE OF NAME

CHANGE OF PRIMARY ADDRESS

CHANGE IN ACCREDITATION

CHANGE IN ADDITIONAL SITES (ATTACHMENT A)

OTHER CHANGE(S)

4. The amendment to the Application for Certificate of Authorization to Provide Postsecondary Education is:

The amendment to the Application for Certificate of Authorization to Provide Postsecondary Education is to notify that California Intercontinental University has established an administrative site located in Irvine, California. This administrative site has been reviewed and approved by our accreditor, Distance Education Accrediting Commission (DEAC). The administrative site will support the university's operations and administrative functions in accordance with accreditor and regulatory requirements.

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 05/13/2026

Email _____
(Optional)



Signature of an authorized person

Richard Madrigal

Printed Name

President

Title

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