

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

QUALIFICATION FOR FARMING

FOREIGN LIMITED LIABILITY COMPANY

SDCL 47-9A

Please Type or Print Clearly in Ink

NO FILING FEE

1. The Name and Business ID of the company is:

Name (Note: This must be the exact limited liability company name as registered.) Business ID

2. The name of the state or other jurisdiction under whose laws it is organized: _____

3. The South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** noncommercial registered agent (this may be an individual) or **B)** a commercial registered agent. **Complete only one below, either (a) or (b).**

(a) The South Dakota Noncommercial Registered Agent's name _____

Actual Street Address in this State City State ZIP+4

Mailing Address in this State, if Different from Street Address City State ZIP+4

Email Address (Optional)

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name CRA#

4. List the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the Limited Liability Company and used for the growing of crops or the keeping or feeding of poultry or livestock (*You may add additional pages if necessary*).

Acres Section Township County

Acres Section Township County

Acres Section Township County

Acres Section Township County

5. Is the majority of the voting stock held by members of a family, an estate of a family member, or a trust that benefits members of the family?

Yes No

6. Is at least one of the stockholders:
- | | | |
|--|-----|----|
| (a) a person residing on the farm? | Yes | No |
| (b) a person actively operating the farm? | Yes | No |
| (c) a person who has resided on the farm? | Yes | No |
| (d) a person who has actively operated the farm? | Yes | No |

7. State the number of shares owned by persons residing on the farm or actively engaged in farming or their relatives within the third degree of kindred (You may add additional pages if necessary).

Name	Address	City	State	Zip	Shares	DOK
Name	Address	City	State	Zip	Shares	DOK
Name	Address	City	State	Zip	Shares	DOK
Name	Address	City	State	Zip	Shares	DOK
Name	Address	City	State	Zip	Shares	DOK

8. Are all the shareholders either natural persons, estates of a family member, or a trust that benefits members of the family?
 Yes No

9. The percentage of gross receipts of the Limited Liability Company derived from rent, royalties, dividends, interest, and annuities:
 _____%

10. State the number of shareholders. _____

11. Is there more than one class of stock? Yes No

12. As to each shareholder state the name, address, number of shares owned, and degree of kindred (DOK).

Name	Address	City	State	Zip	Shares	DOK
Name	Address	City	State	Zip	Shares	DOK
Name	Address	City	State	Zip	Shares	DOK

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