

PREPARED BY:

Name of person preparing document

Address of person preparing document

Phone No. (xxx)xxx-xxxx of person preparing document.

**CERTIFICATE AS TO USE IN A BUSINESS OF TRADE, ASSUMED
OR FICTITIOUS NAME**

The undersigned hereby certify(ies) that __he __she __they will engage in, conduct, or operate a business for profit in the State of South Dakota under the trade, assumed, or fictitious name of :

Fill in the name of the business on the line above.

That the name, post office address, and residence address of each person owning or having interest in said business are as follows:

Name	P.O. Address	Residence Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

That the address where the main office of such business is to be maintained is:

Fill in the main office address on above line.

The above lines are for the business owners to sign their signatures on the first time.

STATE OF SOUTH DAKOTA,
SS
COUNTY OF _____

On the above line, print or type the names of the people who signed this document.

Being first duly sworn, each for himself or herself says that he or she has read the foregoing certificate and knows the contents thereof and that the same is true.

Names of owners must sign again here in front of Notary Public.

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____
SEAL

FILL THIS FORM OUT AND FILE AT THE COUNTY OR COUNTIES WHERE YOUR BUSINESS IS MAINTAINED IN THE REGISTER OF DEEDS OFFICE.

COST OF FILING: \$10.00 WHICH IS GOOD FOR 5 YEARS FROM THE DATE OF FILING AND THEN THIS FILING MUST BE RENEWED. (SDCL 37-11-1 & 7-9-15(3))