

**PREPARED BY:**

\_\_\_\_\_  
Name of person preparing document

\_\_\_\_\_  
Address of person preparing document

\_\_\_\_\_  
Phone No. of person preparing document

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

The undersigned hereby certif\_\_\_\_ that \_\_\_he\_\_\_ 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 above line.

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

\_\_\_\_\_  
Fill in main office address on above line.

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

Name	PO Box/Physical Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The below lines are for the business owners to sign their signatures for the first time:

_____	_____
_____	_____
_____	_____

Please provide an email address for future notifications: \_\_\_\_\_

STATE OF SOUTH DAKOTA,  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
On the above line(s) print or type the names of the people who signed this document.

being first duly sworn, each for himself or herslef says that he or she has read the forgoing certificate and know the contents thereof and that the same is true.

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Name of owners must sign here in front of Notary Public

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Commision Expires:

*\*COST OF FILING: \$10.00 WHICH IS GOOD FOR 5 YEARS FROM THE DATE OF FILING AND WILL THEN NEED TO BE RENEWED.  
(SDCL 37-11-1 7.9-15(3))*