

OGLALA SIOUX TRIBE  
BUSINESS CODE

FORM 1 – APPOINTMENT OF REGISTERED AGENT

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Document processing fee is \$100.00  
Fees & forms/cover sheets are subject to change.  
Documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

**Statement Appointing an Agent**

Filed pursuant to Section 44-2-1.19 of the OST Business Code and Subpart 2.6 of Chapter 44 of the Oglala Sioux Tribe Law and Order Code:

1. True name of Registrant: \_\_\_\_\_

2. Principal office street address: \_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country – if not US)*

3. Principal office mailing address: (if different)

\_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country – if not US)*

4. Registered agent: (if an individual): \_\_\_\_\_  
*(Suffix) (Last) (First) (Middle)*

**OR** (if a business organization): \_\_\_\_\_

5. The person appointed as registered agent in the document has consented to being so appointed.

6. Registered agent street address:

\_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_  
PINE RIDGE INDIAN RESERVATION \_\_\_\_\_  
*(Postal/Zip Code)*

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7. Registered agent mailing address: (if different from above)

\_\_\_\_\_  
(Street name and number)

\_\_\_\_\_  
PINE RIDGE INDIAN RESERVATION \_\_\_\_\_  
(Postal/Zip Code)

8. Additional information may be included. If applicable, mark with an “X” and include an attachment stating the additional information. \_\_\_\_\_ (“X”)

9. (Optional) Delayed effective date: \_\_\_\_\_  
(mm/dd/yyyy)

**Notice:** Causing this document to be delivered for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of subpart 2.4 of Chapter 44 of the Oglala Sioux Tribe Law and Order Code, the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that subpart, the constituent documents, and the organic statutes. This perjury notice applies to each individual who causes this document to be delivered to the Oglala Sioux Tribe, whether or not such individual is named in the document as one who has caused it to be delivered.

10. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

\_\_\_\_\_  
(Street name and number or Post Office Box information)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable) (Country)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark below with an “X” and include an attachment stating the name and address of each such individuals.) \_\_\_\_\_

“X”

**Disclaimer:** This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable

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law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

OGLALA SIOUX TRIBE  
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FORM 1A – APPOINTMENT OF REGISTERED AGENT (NONPROFIT  
ASSOCIATION)

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**Statement Appointing an Agent (Nonprofit Association)**

filed pursuant to Section 44-2-1.19 of the OST Business Code, and Subparts 2.4 and 2.6 of Chapter 44 of the OST Law and Order Code:

1. True name of the nonprofit association:

\_\_\_\_\_

2. Principal office street address: \_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country – if not US)*

3. Principal office mailing address: (if different)

\_\_\_\_\_

\_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country – if not US)*

4. Registered agent: (if an individual): \_\_\_\_\_  
*(Last) (First) (Middle)*  
*(Suffix)*

**OR** (if a business organization): \_\_\_\_\_

5. The person appointed as registered agent in the document has consented to being so appointed.

6. Registered agent street address: \_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_  
PINE RIDGE INDIAN RESERVATION \_\_\_\_\_  
*(Postal/Zip Code)*

7. Registered agent mailing address: (if different from above)

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FORM 1A – APPOINTMENT OF REGISTERED AGENT (NONPROFIT  
ASSOCIATION)

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\_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_  
PINE RIDGE INDIAN RESERVATION \_\_\_\_\_  
*(Postal/Zip Code)*

8. Additional information may be included. If applicable, mark with an “X” and include an attachment stating the additional information. \_\_\_\_\_ (“X”)

9. *(Optional)* Delayed effective date: \_\_\_\_\_  
*(mm/dd/yyyy)*

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10. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

\_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country)*

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark below with an “X” and include an attachment stating the name and address of each such individuals.)*

\_\_\_\_\_  
“X”

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