

OGLALA SIOUX TRIBE  
BUSINESS CODE

FORM 9/10 – STATEMENT OF MERGER (DOMESTIC OR FOREIGN SURVIVOR)  
INSTRUCTIONS

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**Instructions for completing a  
Statement of Merger (Domestic or Foreign Survivor)**

Use these instructions when completing a Statement of Merger (Domestic Survivor) or Statement of Merger (Foreign Survivor) pursuant Section 44-2-1.34 of the OST Business Code contained in subpart 2.4 of Chapter 44 of the OST Law and Order Code.

Provide only information required or permitted to be included in the document by OST law. Information included in the document must be typewritten, in English and must state the name(s) and address(es) of at least one individual causing the document to be delivered for filing. The required form/coversheet must be used when filing the document.

You may include additional information in an attachment to the form/coversheet. Any attachment becomes part of the document. If there is a conflict between information in the attachment and the form/coversheet, the information in the form/coversheet controls. Information provided in a case-sensitive format will be retrieved and displayed in the same format.

Include a self-addressed stamped envelope and extra copy of the document for return mailing of the file stamped copy.

**Line-by-line Instructions:**

**Entity Name or True Name of Each Merging Entity** (other than the surviving entity).

Merging entity means any entity that merges into a surviving entity. List the entity names or true names of only the nonsurviving entities involved in the merger, and complete all information in this section.

The true name, with respect to a foreign entity, is the name as used in the entity's jurisdiction of formation. The true name, with respect to a partnership, is the name of the partnership prior to registration with the Tribe. The true name, with respect to a domestic entity, is the entity name. If there are more than three entities involved in the merger, mark the box and include an attachment stating the additional information.

*Form of Entity.* Indicate the form of the entity. (examples include

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“corporation”, “limited liability company”, “partnership”).

*Jurisdiction of Formation.* Indicate under which state’s or country’s laws the business entity is governed (where the entity was formed).

*ID Number.* The number assigned to the initial document that began the record in the Tribal Records of the Oglala Sioux Tribe. This ID number is specific to the OST. It is not a state or federal tax number. The ID number is noted in the Tribal Records indexed by name. This ID number must be indicated on all documents related to an existing record in the Tribal Records.

*Principal Office Street Address.* List the complete street address of the entity’s principal office.

*Principal Office Mailing Address.* If mail cannot be delivered to the street address, provide an address where mail may be delivered.

**Entity Name of Surviving Entity.** If the surviving entity is already on file, list the name of the surviving entity and complete all information in this section. The name must be listed exactly as shown in the Tribal Records.

*Form of Entity.* Indicate the form of the entity. (examples include “corporation”, “limited liability company”, “partnership”).

*Jurisdiction of Formation.* Indicate under which state’s or country’s laws the business entity is governed (where the entity was formed).

*ID Number.* The number assigned to the initial document that began the record in the Tribal Records of the Oglala Sioux Tribe. This ID number is specific to the OST. It is not a state or federal tax number. The ID number is noted in the Tribal Records indexed by name. This ID number must be indicated on all documents related to an existing record in the Tribal Records.

*Principal Office Street Address.* List the complete street address of the entity’s principal office.

*Principal Office Mailing Address.* If mail cannot be delivered to the street address, provide an address where mail may be delivered.

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**New Entity Name of Surviving Entity.** If the name of the surviving entity is changing, indicate the new entity name. If the entity is a cooperative or a cooperative association, the name of *may*, but need not, contain the term or abbreviation “cooperative”, “association”, “incorporated”, “company”, “limited”, “coop”, “ass’n”, “assn”, “assoc.”, “inc.”, “co.” or “ltd.”; if the entity is a corporation, the name *must* contain the term or abbreviation “corporation”, “incorporated”, “company”, “limited”, “corp.”, “inc.”, “co.” or “ltd” (if the corporation is a nonprofit the name *may*, but need not contain these terms); if the corporation is a professional corporation, it *must* contain the term or abbreviation “professional corporation”, “p.c.”, or “pc”; if the entity is a limited liability company, the name *must* contain the term or abbreviation “limited liability company”, “ltd. liability company”, “limited liability co.”, “ltd. liability co.”, “limited”, “llc”, “l.l.c.”, or “ltd.”; if the entity is a partnership, the entity name, whether or not it is a limited liability limited partnership, *shall* contain the term or abbreviation “limited partnership”, “limited”, “company”, “l.p.”, “lp”, “ltd.”, or “co.” and, if it is a limited liability limited partnership, *may* contain the term or abbreviation “limited liability limited partnership”, “registered limited liability limited partnership”, “limited”, “l.l.l.p.”, “lllp”, “r.l.l.l.p.”, “rlllp”, or “ltd.” and the entity name of a limited liability partnership *shall* contain the term or abbreviation “limited liability partnership”, “registered limited liability partnership”, “limited”, “llp”, “l.l.p.”, “rllp”, “r.l.l.p.”, or “ltd.”.

**Restricted Words.** Inclusion of any of these terms: “bank” or “trust” or any derivative thereof, “credit union”, “savings and loan”, “insurance”, “casualty”, “mutual”, or “surety” may be prohibited or restricted by law, and may be regulated by other agencies. Mark only one. If more than one term appears in the name, choose the term that best describes the organizational structure of the entity.

**Statement Regarding Merger.** A statement is required that the merging entities are merged into the surviving entity.

**Duration.** If the length of existence of the entity is being changed to perpetual, mark where indicated with an “X”. Otherwise, state the date the entity will cease to exist.

**Trademarks.** If one or more of the merging entities is a registrant of a

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trademark described in a filed document in the Tribal Records, mark where indicated with an “X” and state the document numbers of each such filed document in the space provided. If there are more than two trademarks, mark where indicated with an “X” and include an attachment stating the additional document numbers.

*Document Number.* The number assigned to a document filed in a record in the Tribal Records. This document number is specific to the OST. It is not a state or federal tax number.

**Amendments.** If amendments other than change of name or period of duration are being made, an attachment stating the other amendments must be included.

**Additional Information.** If additional information is to be included, mark where indicated with an “X” and include an attachment stating the additional information.

**Delayed Effective Date.** The effective date of this document may be delayed up to 90 days after filing. The delayed effective date may also specify a particular time of day Mountain Time. If no time of day is specified, it defaults to close of business on that date. Close of business is 11:59:59 PM MountainTime.

Section 44-2-1.34(b)(3) provides that the delayed effective date may not be more than 90 days after the date of filing.

**Notice.** Causing this document to be delivered to the Tribe 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 OST 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 Tribe, whether or not such individual is named in the document as one who has caused it to be

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delivered.

**Filing Information.** State the name(s) and address(es) of the individual(s) causing this document to be delivered for filing. This information is required for the Tribe to deliver notice if the filing of the document is refused. The individual(s) listed will be held responsible for complying with the above notice. 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 an “X” where indicated and include an attachment stating the name and address of such individuals

**Section 44-2-1.34(a) provides that the Statement of Merger must be signed on behalf of each merging entity including the surviving entity.**

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

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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 of Merger (Domestic Survivor)**

filed pursuant to Section 44-2-1.34 of the OST Business Code, and Subpart 2.4 of Chapter 44 of the OST Law and Order Code:

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are:

**(a) First Merging Entity**

ID Number \_\_\_\_\_  
(OST ID Number)

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_\_\_

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

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

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

Mailing address \_\_\_\_\_  
(leave blank if same as street address)  
(Street number and name or Post Office Box information)

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

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

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**(b) Second Merging Entity**

ID Number \_\_\_\_\_  
(OST ID Number)

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

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Jurisdiction \_\_\_\_\_

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

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

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

Mailing address \_\_\_\_\_  
**(leave blank if same as street address)** *(Street number and name or Post Office Box information)*

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

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

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**(c) Third Merging Entity**

ID Number \_\_\_\_\_  
*(OST ID Number)*

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_\_\_

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

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

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

Mailing address \_\_\_\_\_  
**(leave blank if same as street address)** *(Street number and name or Post Office Box information)*

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

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

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*(If the following statement applies, adopt the statement by marking an “X” and include an attachment.)*

\_\_\_\_\_  
“X”

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There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

**2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are:**

ID Number \_\_\_\_\_  
*(OST ID Number)*

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_ OST \_\_\_\_\_

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

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

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

Mailing address \_\_\_\_\_  
**(leave blank if same as street address)** *(Street number and name or Post Office Box information)*

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

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

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3. The merger was approved by each domestic merging entity, if any, in accordance with this Article and by each foreign merging entity, if any, in accordance with the law of its jurisdiction of organization. Each merging entity has been merged into the surviving entity.

4. *(If the following statement applies, adopt the statement by marking an "X".)* \_\_\_\_\_ ("X"): The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Tribe for filing pursuant to subpart 2.4 of Chapter 44 of the OST Law and Order Code.

5. *(If the following statement applies, adopt the statement by marking an "X" and state the appropriate document number(s).)* One or more of the merging entities is a registrant of a trademark described in a filed document in the Tribal Records and the document number of each filed document is Document number \_\_\_\_\_ Document number \_\_\_\_\_ Document number \_\_\_\_\_ *(If the following statement applies, adopt the statement by marking an "X" and include an attachment.)* \_\_\_\_\_ ("X"): There are more than three trademarks and the document number of each additional trademark is stated in an attachment.



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6. (If applicable, adopt the following statement by marking an “X” and include an attachment.) \_\_\_\_\_  
 (“X”): This document contains additional information as provided by law.

7. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.) (If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_.  
 (mm/dd/yyyy hour:minute  
 am/pm

(**Caution:** Delayed effective date may not be more than 90 days after the date of filing.)

**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.

8. 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 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.