

OGLALA SIOUX TRIBE  
BUSINESS CODE

FORM 23 – STATEMENT OF UNINCORPORATED ASSOCIATION AUTHORITY

Document processing fee is \$50.00

Fees & forms/cover sheets are subject to change.

Documents must be typewritten or machine printed.

**ABOVE SPACE FOR OFFICE USE ONLY**

**Statement of Unincorporated Association Authority**

filed pursuant to Section 44-4-3.06 of the OST Business Code and Subpart 2.4 of Chapter 44 of the OST Law and Order Code:

1. The true name of the unincorporated association is:

\_\_\_\_\_

*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

Use of Restricted Words *(if any of these terms are contained in an entity name, true name or assumed name, mark the applicable with an "X")*:

- \_\_\_ "bank" or "trust" or any derivative thereof
- \_\_\_ "credit union"
- \_\_\_ "savings and loan"
- \_\_\_ "insurance", "casualty", "mutual", or "surety"

2. The principal office address of the initial principal office is

Street address:

\_\_\_\_\_

*(Street number and name)*

\_\_\_\_\_

*(City)*

\_\_\_\_\_

*(State) (Postal/Zip Code)*

\_\_\_\_\_

*(Province/Country – if not US)*

Mailing address **(leave blank if same as street address)**

\_\_\_\_\_

*(Street number and name)*

\_\_\_\_\_

*(City)*

\_\_\_\_\_

*(State) (Postal/Zip Code)*

\_\_\_\_\_

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BUSINESS CODE

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3. The addresses of the unincorporated association on the Reservation are

Name (if an individual) \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

The person appointed as registered agent above has consented to being so appointed.

Street address

\_\_\_\_\_

*(Street number and name)*

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

Mailing address (**leave blank** if same as street address)

\_\_\_\_\_

*(Street number and name)*

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

4. The true name(s) or a description of the officer(s) or other person(s) as to which this document relates and the authority or limitations on authority of the person(s) identified:

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

**OR** *(if an entity)*: Name: \_\_\_\_\_

Street address:

\_\_\_\_\_

*(Street number and name)*

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

Mailing address (**leave blank** if same as street address)

\_\_\_\_\_

*(Street number and name)*

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

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Authority and/or Limitations on Authority:

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*(If the following statement applies, adopt the statement by marking with an "X" and include an attachment.)* \_\_\_\_\_ ("X"): This document contains an attachment stating the true names or descriptions of the person(s) and the authority or limitations on authority of the person(s).

5. *(If the following statement applies, adopt the statement by marking with an "X" and include an attachment.)*

\_\_\_\_\_ ("X"): This document contains additional information as provided by law.

6. **(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 is/are

\_\_\_\_\_  
*(mm/dd/yyyy hour:minute am/pm)*

**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.

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BUSINESS CODE

**FORM 23 – STATEMENT OF UNINCORPORATED ASSOCIATION AUTHORITY**

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7. 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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