

OGLALA SIOUX TRIBE
BUSINESS CODE

FORM 30 – CHARTER FOR DISTRICT ENTITY

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Documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Charter for District Entity

filed pursuant to Section 44-3-1.08 of the OST Business Code and subpart 2.4 of Chapter 44 of the OST Law and Order Code:

[requires authorizing resolution of District governing body]

1. The entity name is _____

(The name of a corporation may but need not contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "ltd.")

(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)

(Province/Country – if not US)

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3. The registered agent name and registered agent address of the initial registered agent are

Name (if an individual) _____
(Last) (First) (Middle) (Suffix)

OR (if an entity) _____

(Caution: Do not provide both an individual and an entity name.)

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

POB 340

(Street number and name)

_____ PINE RIDGE INDIAN RESERVATION 577 _____
(City) (Postal/Zip Code)

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

SAME _____

(Street number and name)

_____ PINE RIDGE INDIAN RESERVATION _____
(City) (Postal/Zip Code)

4. The true name and mailing address of the incorporator are

Name: _____
(Last) (First) (Middle) (Suffix)

Mailing address:

(Street number and name)

_____ SD 577 _____ PINE RIDGE INDIAN RESERVATION
(City) (State) (Postal/Zip Code) (Province/Country – if not US)

(If the following statement applies, adopt the statement by marking with an "X" and include an attachment.) _____ ("X"): This document contains the name and address of one or more additional incorporators.

5. The district entity is a [corporation] and is formed under Part 3 of Chapter 44 of the Oglala Sioux Tribe Law and Order Code.

6. The purpose or purposes for which the corporation is organized are (mark "X"):

_____ ("X"): set forth below.

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OR

_____ (“X”): set forth on an attachment hereto.

7. The powers for which the District entity is formed are (mark “X”):

_____ (“X”): set forth below.

OR

_____ (“X”): set forth on an attachment hereto.

8. The provisions for establishing the governing body of the district entity and determining the membership thereof are (mark “X”):

_____ (“X”): set forth below.

OR

_____ (“X”): set forth on an attachment hereto.

9. Section 44-3-1.06 is hereby incorporated by reference.

10. A copy of the resolution of the governing body of the district is attached. The District is:
_____ District, Pine Ridge Indian Reservation.

11. The number of directors constituting the initial board of directors is: _____

1- The true name and mailing address of each initial director is:

Name: _____
(Last) (First) (Middle) (Suffix)

Street address:

(Street number and name)

(City) (State) (Postal/Zip Code)

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

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SAME

(Street number and name)

(City)

(State)

(Postal/Zip Code)

(If the following statement applies, adopt the statement by marking with an "X" and include an attachment.) X ("X"): This document contains the name and address of one or more additional initial directors.

12. *(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.

13. **(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.

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

(Last)

(First)

(Middle)

(Suffix)

(Street number and name)

(City)

(State) (Postal/Zip Code)

(Province/Country – if not US)

(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.) _____

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“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.

**** Pursuant to Section 44-3-1.08(b), a true, correct and complete copy of this charter shall be delivered to the Tribal Secretary.**

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ITEM 11 – ADDITIONAL INITIAL DIRECTORS -

2 - The true name and mailing address of each initial director is:

Name: _____
(Last) (First) (Middle) (Suffix)

Street address:

(Street number and name)

(City) (State) (Postal/Zip Code)

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

SAME

(Street number and name)

(City) (State) (Postal/Zip Code)

3 - The true name and mailing address of each initial director is:

Name: _____
(Last) (First) (Middle) (Suffix)

Street address:

(Street number and name)

(City) (State) (Postal/Zip Code)

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

SAME

(Street number and name)

(City) (State) (Postal/Zip Code)

4 - The true name and mailing address of each initial director is:

Name: _____
(Last) (First) (Middle) (Suffix)

Street address:

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(Street number and name)

(City)

(State)

(Postal/Zip Code)

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

SAME

(Street number and name)

(City)

(State)

(Postal/Zip Code)

5 - The true name and mailing address of each initial director is:

Name: _____

(Last)

(First)

(Middle)

(Suffix)

Street address:

(Street number and name)

(City)

(State)

(Postal/Zip Code)

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

SAME

(Street number and name)

(City)

(State)

(Postal/Zip Code)

6 - The true name and mailing address of each initial director is:

Name: _____

(Last)

(First)

(Middle)

(Suffix)

Street address:

(Street number and name)

(City)

(State)

(Postal/Zip Code)

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

SAME

(Street number and name)

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(City)

(State)

(Postal/Zip Code)