

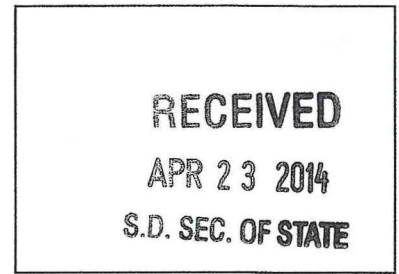
Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

**FILING FEE: \$750** payable to SECRETARY OF STATE



Telephone # (605) 477-2222  
FAX # \_\_\_\_\_

Filed this 23rd day of April 2014  
*Jason Jant*  
SECRETARY OF STATE

Application must be accompanied by a one page original certificate of existence issued by the Secretary of State or other official having custody of the organizational records in the state or country under whose law it is organized.

1. The name of the company is Native American Telecom, LLC

The name must include limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

2. The name of the state or country under whose laws it is organized is Crow Creek Sioux Tribe

3. The period of its duration perpetual

4. The address of its principal office (this is the address of the executive offices of the corporation).

253 Ree Circle	Ft. Thompson	SD	57339
Street Address	City	State	ZIP+4
P.O. Box 2316	Sioux Falls	SD	57101
Mailing Address (Optional)	City	State	ZIP+4

5. The South Dakota Registered Agent name Scott Swler, Swier Law Firm, Professional LLC

202 N Main Street	Avon	SD	57315
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
P.O. Box 256	Avon	SD	57315
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.  
This number can be obtained from the Commercial Registered Agent.

6. Please check one:

- The company is member managed.
- The company is manager managed.

If this company is manager managed, please state the name and address of each manager.

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

7. Whether one or more of the members of the company are to be liable for its debts and obligations under a provision similar to SDCL 47-34A-303 (c)

The application must be signed by a Manager so stated in question number 6 or a Member if the company is member managed.

Dated 4-15-14

  
(Signature of an authorized member or manager)

Jeff Holoubeck  
(Printed Name)

General Manager  
(Title)

**By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.**