SD ECONOMIC DEV FINANCE AUTHORI	-	FOR OFFICE USE ONLY Project No Application Received:
711 East Wells Ave Pierre SD 57501 (605) 773-4633	nue	
	Agri Business Bond Program	Livestock Nutrient Management Bond

Part A - GENERAL BORROWER INFORMATION (To be completed by Borrower)

1. Name	/Partnership/Corpo	oration:						
Addre	ss	· · · · · · · · · · · · · · · · · · ·			County			
City/S	tate/Zip							
2. Conta	ct Person/Title							
Phone	e		Fax			Email		
3. If Borro	ower is a partnershi	p or limited	partnership	, list partners	or general p	oartners:		
4. If Borro	ower is a corporatio	n, please list	the state o	f incorporatio	n:			
5. If Corp	oration is a not-for-	profit corpo	ration, prov	vide purpose o	of the not-fo	or-profit cor	poration and d	ate of IRS
detern	nination letter or d	ate determir	ation letter	applied for:				
6. Is the I	Borrower currently	qualified to	transact bus	siness with th	e State of So	outh Dakota	Yes	🗌 No
Part B - PR	OJECT INFORM	IATION (T	o be com	pleted by	Borrower	·)		
1. This pr	oject qualified for f	inancing pu	rsuant to th	e Agri Busine	ss Bonding	program (ch	eck one):	
	🗖 The p		sts of anima	Iltural manufa Il solid waste (c) (3)]				
2. Amoui	nt of Bond Reques	: \$						
3. Genera	al Project descriptio	on for use of	the Bond Pr	oceeds. Anin	nal solid wa	ste manage	ment projects r	nust provide a

3. General Project description for use of the Bond Proceeds. Animal solid waste management projects must provide a list of all project costs and general description of project costs as related to solid waste management functions (if more space is needed please attach as Exht. A):

4. Please provide a description of the borrower - such as the borowers general business or purpose of the borrower and how the project will be used for that business or purpose, include products produced.

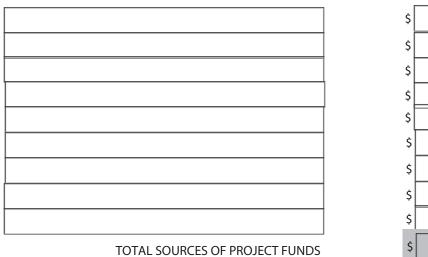
5.	Location of Proje	ct, if different than Applicant:		
	City/State/Zip		County	

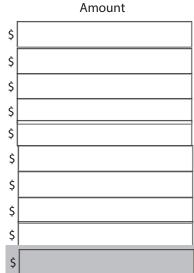
6. Sources and Uses of Project Funds:

USES OF FUNDS:		Amount
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	<u></u> \$	
	\$	
	\$	
TOTAL USES OF PROJECT FUNDS	\$	

Please provide uses for entire project in general amounts and specific uses and amounts of project financed with tax-exempt bonds.

SOURCES OF FUNDS:





Please provide sources for entire project including financing with and without tax-exempt bond, other financial institutions, economic development agencies, etc., and owner equity.

7. Hav	e any capital	costs to be repaid from	Bond Proceeds been ex	pended and if so, how much?
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Yes In the amount of \$

Date(s) of Expenditure

(There are certain IRS Limitations for costs eligible for reimbursement.)

8. Has the Applicant previously received tax-exempt bond financing from the Value Added Finance Authority, or a political subdivision of the State of South Dakota, and, if so, describe the previous financing and any remaining tax-exempt financing amounts outstanding:

9. Approximately how many permanent or part-time jobs, if any, will be provided as a result of the Project:

10. Provide an explanation of any benefits the Project will have on the community:

Part C - INFORMATION REGARDING SALE OF THE BONDS (To be completed by the applicant and bond purchaser, to the extent known.)

1. Type of Bo	nd Issue, please o	heck one:					
🗌 Bank	Bank Loan 🗌 Individual Investor				Contract Sale		Public Sale
2. Bond Purcl Bank/Cor	haser: ntract Seller/Indiv	vidual Investor					
Contact I	Person/Title						
Address				City/State/Zi	p		
Phone				Fax		Email	
3. Provide th	3. Provide the interest rate (actual or estimate) for financing of the Project:						
Fixed F	Rate		Variable R	ate	Index		
4. Proposed Terms of Loan							
Years		Repayment					

PART D - COUNSEL/ADVISORS TO THE FINANCING (To the extent presently known)

1. Counsel to the	e Borrower:		
Firm Nam	ne		
Contact I	Person/Title		
Address		City/State/Zip	
Phone		Fax Email	
2. Other (please	e specify):		
Firm Nan	ne		
Contact I	Person/Title		
Address		City/State/Zip	
Phone		Fax Email	

Name (Prin	ted or Typed)					
Title						
Date			Signature			
Name (Prin	ited or Typed)					
Title						
Date			Signature			

NOTE: IN ORDER FOR THIS APPLICATION TO BE CONSIDERED BY THE BOARD OF THE ECONOMIC DEVELOPMENT FINANCE AUTHORITY, AN EXECUTED COPY OF THIS FORM MUST BE SUBMITTED TO THE ECONOMIC DEVELOPMENT FINANCE AUTHORITY 711 EAST WELLS AVENUE, PIERRE, SD 57501.