Enter Year Reporting	
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## LOBBYIST WITHDRAWAL

No FILING FEE

This form may be used to withdraw an individual lobbyist registration that HAS NOT been utilized for any lobbying activities during the current legislative session and WILL NOT be utilized for any lobbying activities during the current legislative session.

Lobby	vist Information
Lobby	ist Name:
Emplo	yer Name:
Effecti	ive Date of Withdrawal:
By sig	ning below, I certify:
	No lobbying activities have taken place by myself, as a lobbyist, for the above listed employer during the current legislative session.
	I understand, no lobbying activities shall take place by myself, as a lobbyist, for the above listed employer during the current legislative session.
	My lobbyist badge for the above listed employer has been surrendered to the Secretary of State's office.
Date:	Signature:
S S Or a	se forward the completed form to: South Dakota Secretary of State 500 E. Capitol Ave., Suite 204 Pierre, SD 57501 scanned copy of the completed form can be emailed to: Lobbyist@state.sd.us