

Do Not Write in This Box - For SD DLR Office Use Only

Transfer _____ Into _____ Effective _____ No Transfer

: cfa (- (rev. 7/14)

9AD@CM9FB'F9DCFH'CB'57EI -F-B; '5'6I G-B9GG'

Gci h '8 U cHJ8 YdUfha YbhcZ@Uvcf'UbX'FY[i 'U]cb

Unemployment Insurance Division

PO Box 4730, Aberdeen, SD 57402 • Phone 605.626.2312 • Fax 605.626.3347 • www.sdjobs.org

Successor's FEIN

Employer Account Number

1. Owner or Corporation

Phone

2. Business Name

3. Mailing Address

Address

City

State

Zip Code

(Note: Mailing address in #3 will receive all information including quarterly reports, debit/credit notices, rate notices, benefit charges, claim notices and appeals.)

4. Type of Organization: (Check One)

Individual

Partnership

Corporation

Association

LLC

LLP

Other Explain:

5. Work Locations (Include new acquisition)

City

6. Acquired business by: (Check One)

Purchase

Merger

Receivership

Other

7. Date Acquired

Predecessor's Account Number

8. Name of Predecessor

Address of Predecessor

Street

City

State

Zip Code

9. Did you acquire entire business, organization and assets?

Yes

No

If no, describe nature of assets and approximate percentage acquired

10. Number of employees on date of purchase

Number of employees as of this date

11. It was agreed between the Gi WYggcf and the DfXYWggcf that: 5`` BcbY Dcf]cb of the Employer's Experience Rating Account shall be acquired with assets and liabilities following the account, as provided in Section 61-5-42 SDCL.

12. This report must be signed by an owner, an elected officer of the organization, a principal administrative officer, or a responsible and duly authorized person having knowledge of the organization.