Pursuant to SDCL 36-21A-52 and SDCL 36-21A-56, a licensee transferring from one firm to another or a broker, including a restricted broker, changing business locations must notify the Commission on this form and submit a fee of $15 per license, payable to the South Dakota Real Estate Commission, 221 West Capitol, Suite 101, Pierre, SD 57501.

The license is not returned to the Real Estate Commission. This form is not to be used for requesting a new or inactive license. This form must be furnished to the Real Estate Commission within 10 days after transfer of the license to the new address.

This form consists of two parts. Complete Part A if a licensee is transferring from one firm to another. The steps are to be completed in the order they appear. Complete Part B if a responsible broker is moving his/her entire office to a new location.

PART A: CHANGE OF ASSOCIATION

Step 1: To be completed by new responsible or designated broker

Name of transferring licensee_______________________________________________________________________

Type of license_________________________________________ License Number____________________________

Business name___________________________________________________________________________________

Business phone number________________________________ Business fax number__________________________

Business address______________________________________________________________________________

Mailing address, if different from above___________________________________________________________

Name and license number of responsible broker____________________________________________________

I certify that the above information is true and correct. _________________________________________________

Signature of new responsible or designated broker     Date

Step 2: To be completed by releasing responsible or designated broker

Name and license number of releasing broker___________________________________________________________

Business name____________________________________________________________________________________

Business address______________________________________________________________________________

Date license was released to transferring licensee ___________________

I certify that the above information is true and correct. __________________________________________________

Signature of releasing responsible or designated broker           Date

Step 3: To be completed by transferring licensee

E-Mail address______________________________________       ______

Signature of transferring licensee          Date
PART B: CHANGE OF BUSINESS LOCATION

Name and license number of responsible broker_____________________________________________________

Name of firm, if different from above________________________________________________________________

Firm license number, if applicable______________________________________________________________

Old address
  Street                                       Suite No       City                State    Zip Code

New address
  Street                                       Suite No       City                State    Zip Code

Mailing address, if different from above___________________________________________________________

Effective date of move________________ Phone number______________________ Fax number_________________

The associates, if any, and their license numbers have also changed as of the above date and are listed below.

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<thead>
<tr>
<th>Name of Licensee</th>
<th>Type of License</th>
<th>License Number</th>
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(For additional licensees, attach a separate sheet.)