UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA
LIMITED FILING USER REGISTRATION FORM
FOR ATTORNEY FILER

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Firm/Creditor Name (if any):	**Telephone Number:**
Mailing Address:	**Fax Number:**
E-mail Address:	

I have read and agree to abide by the terms of the Court's Electronic Case Filing Administrative Procedures for a Limited Filing User, as amended from time to time.

I consent to service by electronic means when permitted under applicable rules and the Court's Electronic Case Filing Administrative Procedures.

Date:_____ **Signature:** s/_____

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