AMENDMENT TO TRUST

	THIS Amendr	nent, is being	made on	this the		day of		,
20	, by	_			of	(County, S	tate of
	, a	s the Trustor	of THE			REVOCABLE	TRUST	dated
	Trustor(s) do h	ereby amend t	he trust m	entioned a	above as	follows:		
	1.							
	2.							
	3.							
	4.							

Except as amended, all other terms and provisions of the trust are to remain in full force and effect.

DATED this the _____ day of _____, 20____.

Trustor Signature Print Name _____

Trustor Signature	
Print Name	

STATE OF SOUTH DAKOTA

COUNTY OF _____

On this	day of	, in the year	, before me						
personally appeared			, known to me (or proved						
to me on the oath of) to	be the person who is described						
in, and who executed the within instrument and acknowledged to me that									
he/she/they executed	d the same.								

Notary Public

Printed Name: _____

My Commission Expires: