

FORM 13

CERTIFICATE

I, Melissa Magstadt, hereby certify that I am the Secretary for the South Dakota Department of Health, and that the attached instruments are full, true, and correct copies of the following rules adopted by the Department on September 23, 2026:

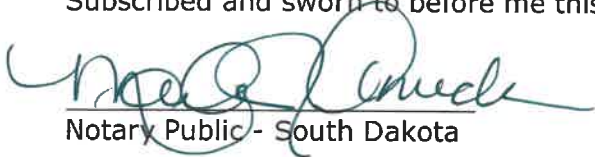
44:90:01:01, 44:90:02:07, 44:90:02:10, 44:90:02:11, 44:90:02:12,
44:90:02:13, 44:90:02:17, 44:90:03:02, 44:90:03:05, 44:90:03:07,
44:90:04:08, 44:90:04:09, 44:90:04:10, 44:90:04:13, 44:90:04:14,
44:90:04:15, 44:90:04:16, 44:90:04:19, 44:90:04:20, 44:90:04:26,
44:90:06:01, 44:90:06:04, 44:90:06:05, 44:90:06:07, 44:90:07:04,
44:90:08:03, 44:90:09:02, 44:90:09:06, 44:90:09:07, 44:90:09:11,
44:90:10:01.01, 44:90:10:04, 44:90:11:06, 44:90:12:03, and
44:90:12:11.

I further certify that the Department of Health complied with SDCL 1-26-4 and 1-26-6 in the adoption of the attached rules. The rules will become effective twenty days after filing with the Office of the Secretary of State.



Melissa Magstadt
Secretary of Health

Subscribed and sworn to before me this 7 day of October, 2026.



Notary Public - South Dakota

[Seal]

My Commission expires 8/8, 2026