Please Print and FAX the completed form to: (916) 442-1797

CERTIFIED COPIES OF DOCUMENTS FORM (LLC)

Please provide the following contact information		
Name		
Firm Name		
Street Address		
City	State Zip	
Phone		
Fax		
E-Mail		
Shipping Addres	s: Please enter a shipping address if different than above.	
Name		
Firm Name		
Street Address		
City	State Zip	
Phone		
(To select multiple	laced in the following state(s) le states hold the "Control" key down make additional selections) All 50 States Alaska Alabama Arkansas Arizona California Colorado Connecticut	
Copies Limited Lia Amendmen Annual List All Lists		
Other	Other	
# of Certific	ed Copies # of Certificates	
# of Plain C	Copies	

☐ Status/Agent Online Printout		
LLCN-m-1		
LLC Name 1		
LLC Name 2 LLC Name 3		
LLC Name 3 LLC Name 4		
LLC Name 5 LLC Name 6		
LLC Name 7		
LLC Name 8		
LLC Name 9		
LLC Name 10		
Order to be sent by: O Regular Mail Federal Express O Other Overnight Courier Recipient Account Number Third Party Account Number Please fax me a copy of the order in addition to sending by above method. Billing: Bill My Customer Number Order to be filled by credit card Credit Card # Credit Card Type Visa		
Expiration Date (01) January 2014		
Signature: Date:		
Name on Card		
Billing Address		
City		

State	
Zip	
Special Instructions	