

FAX FILING SERVICE REQUEST
SECRETARY OF THE STATE
FAX BUSINESS FILINGS TO: (860) 509-6069
UCC/COPIES/LEGAL EXISTENCES TO: (860) 509-6057

We do not confirm receipt of fax via telephone. Please set your fax machine to confirm successful transmissions.

Number of Pages including transmittal sheet: _____

OFFICE USE ONLY	
AMT. REC'D \$	CA CR
TRANS. ID	_____
BATCH DATE	_____
EXP/REG	RETURN TO: _____

REQUESTING PARTY'S INFORMATION:

Name: _____ Company/Firm: _____

Address: _____

Contact Person Telephone # (Required): () _____

Type of Service Request: **Business Filing** **UCC Filing** (cannot be expedited) **Copy or Certificate Request**

Business Name / UCC Name _____

SELECT EXPEDITED *or* ROUTINE SERVICE

EXPEDITED SERVICE (\$50.00 each item)
 _____Pick-Up _____Mail

ROUTINE SERVICE

-Additional \$50.00 fee must be included for each expedited item requested. Add this amount to each service/filing fee.
 -Completed within 24 hours of receipt
 -Mailed next business day at 4:00PM if not picked up

-Completed within 3 to 5 business days
 -Mailed when completed
 -Pick-up is not available

REQUEST FOR COP(IES) OR CERTIFICATE(S) OF LEGAL EXISTENCE

Certified Copy (\$55.00)
*****EXPEDITED-ADD \$50 PER ITEM*****

Plain Copy (\$40.00)
*****EXPEDITED-ADD \$50 PER ITEM*****

Please specify the name of the document copy being requested:

Certificate of Legal Existence
 (Fees for Limited Liability Companies / LP's)
 _____Express \$50.00
 _____Short \$50.00 (reflects all name changes)
 _____Long \$100.00 (cannot be expedited)
*****EXPEDITED-ADD \$50 PER ITEM*****

Certificate of Legal Existence
 (Fees for Corporations / LLP's / Statutory Trusts)
 _____Express \$50.00
 _____Short \$80.00 (reflects all name changes)
 _____Long \$120.00 (cannot be expedited)
*****EXPEDITED-ADD \$50 PER ITEM*****

METHOD OF PAYMENT:

By indicating a Customer ID or credit card #, you are hereby authorizing debit of the account/charge of credit card.

Total Charge: _____ Note: Expedited service requires an additional fee. If the fee(s) are not included, the request(s) will be completed on a routine basis.

Payment by an established Customer Account: Customer ID#: _____

Payment by: VISA *or* MASTERCARD (*only Visa or MasterCard accepted*)

Name on Credit Card: _____

16 Digit Credit Card #: _____ Expiration Date: _____/_____/_____
 Month Year

Security Code: _____ (the last 3 digits on back of card) Zip Code: (must match this credit card billing address) _____