

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

**CERTIFIED COPIES OF DOCUMENTS FORM (Corp)**

**Please provide the following contact information**

---

**Name**

**Firm Name**

**Street Address**

**City**

**State**

**Zip**

**Phone**

**Fax**

**E-Mail**

**Shipping Address:** Please enter a shipping address if different than above.

**Name**

**Firm Name**

**Street Address**

**City**

**State**

**Zip**

**Phone**

---

**Order is to be placed in the following state(s)** All 50 States  
(To select multiple states hold the "Control" key down  
as you make additional selections) Alaska  
Alabama  
Arkansas  
Arizona  
California  
Colorado  
Connecticut

---

**Copies**

Articles

Amendments

Restated on OK

Annual List

Last 2 Years

Other

# of Certified Copies

# of Plain Copies

**Certificates**

Good Standing

FTB Good Standing

Long Form Good Standing

Suspension

Other

# of Certificates

Status/Agent Online Printout

Name 1

Name 2

Name 3

Name 4

Name 5

Name 6

Name 7

Name 8

Name 9

Name 10

---

**Order to be sent by:**

Regular Mail

Federal Express

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

Expiration Date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Card

Billing Address

City

State

Zip

Special Instructions