

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

CERTIFIED COPIES OF DOCUMENTS FORM (GP)

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

General Partnership

Amendments

Conversion

Denial

Dissociation

Merger

Other

of Certified Copies

Certificates

Good Standing

Long Form Good Standing

Filing

Non-Filing

Other

of Certificates

of Plain Copies

GP Name 1

GP Name 2

GP Name 3

GP Name 4

GP Name 5

GP Name 6

GP Name 7

GP Name 8

GP Name 9

GP 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