

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

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

**Please provide the following contact information**

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**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**

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**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

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**Copies**

Limited Partnership

Amendments

Other

# of Certified Copies

# of Plain Copies

**Certificates**

Good Standing

Long Form Good Standing

Filing

Non-Filing

Other

# of Certificates

Status/Agent Online Printout

LP Name 1

LP Name 2

LP Name 3

LP Name 4

LP Name 5

LP Name 6

LP Name 7

LP Name 8

LP Name 9

LP Name 10

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**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