

**Please Print and FAX the completed form to: (775) 841-2065**

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

**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: Nevada**

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**Copies**

**Certificates**

Articles

Good Standing

Amendments

FTB Good Standing

Restated on OK

Long Form Good Standing

Annual List

Suspension

Last 2 Years

Other

Other

# of Certificates

# of Certified Copies

# of Plain Copies

Status/Agent Online Printout

Name 2

Name 3

Name 4

Name 5

Name 6

Name 7

Name 8

Name 9

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