

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

CERTIFIED COPIES OF DOCUMENTS FORM (BT)

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: Nevada

Copies

General Partnership

Amendments

Conversion

Denial

Dissociation

Merger

Other

of Certified Copies

of Plain Copies

Certificates

Good Standing

Long Form Good Standing

Filing

Non-Filing

Other

of Certificates

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