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

CERTIFIED COPIES OF DOCUMENTS FORM (LLC)

Please provide the following contact information

Name				
Firm Name				
Street Address				
City	State	Zip		
Phone				
Fax				
E-Mail				
Shipping Address: Please enter a s Name Firm Name	hipping address if	different than above.		
Street Address				
City	State	Zip		
Phone	State	Zip		
Phone				
Order is to be placed in the follow	ving state: Nevad	а		
Copies Ce	Certificates			
Limited Liability Company	Good Standing			
Amendments	Long Form Good Standing			
Annual List	Filing			
All Lists	Non-Filing			
Other	Other			
# of Certified Copies	# of Certificates	S		
# of Plain Copies				
Status/Agent Online Printout				
LLC Name 1				
LLC Name 2				
LLC Name 3				

LLC Name 4						
LLC Name 5						
LLC Name 6						
LLC Name 7						
LLC Name 8						
LLC Name 9						
LLC 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						
Name on Card						
Name on Card Billing Address						
Name on Card Billing Address City State						
Name on Card Billing Address City						

Special Instructions		