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Fax/Email completed form to 415-276-4174.

COMPANY NAME (EXACT): _____
YEAR INCORPORATED/ORGANIZED: _____

SERVICES ORDERED:

- CERTIFIED Copy of Articles Incorporation/Organization \$41 per copy
- CERTIFIED Copy of last complete Statement of Information \$41 per copy
- CERTIFIED Copy of Amendments on file \$41 per copy
- CERTIFIED Copy of _____

CONTACT & SHIPPING ADDRESS

Name: _____ T. () _____
 Address 1: _____ F. () _____
 Address 2: _____
 City, State: _____ Zip Code: _____
 County: _____
 Email: _____

CREDIT CARD INFORMATION

(MC or Visa ONLY)
 Cardholder's Name: _____
 Credit Card No.: _____ - _____ - _____ - _____
 Exp.: ____/____

(If billing address for this Credit Card is different then your shipping, please note the billing address below)

I authorize Pacific Corporate Filings, Inc. to provide typing and filing services for the above company. I understand that Pacific Corporate Filings, Inc. is not licensed to practice law, and does not practice law, in California or in any other jurisdiction. No one at Pacific Corporate Filings, Inc. has provided me with any legal or financial advice.

X _____
 (Name) _____

 Date

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