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

COMPANY NAME (EXACT): \_\_\_\_\_  
 YEAR INCORPORATED/ORGANIZED: \_\_\_\_\_  
 STATE of FORMATION \_\_\_\_\_

**SERVICES ORDERED:**

[ ] CERTIFIED Copy of Articles Incorporation/Organization \$25+State fees (per copy)

**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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