



Certificate Request
 Secretary of State
 Corporation Division

REQUESTER INFORMATION:

 (Name) (Mailing Address)

ENTITY NAME AND FILE NUMBER:

Entity Name: _____ File Number: _____

CERTIFICATE ATTESTING TO:

- ²²³ Existence or Goodstanding – \$10 ²²² No Record – \$10 ²²² Merger – \$10 ²²² Name Change – \$10
- ^{242 & 240} Certified Copy – \$10 + .25 per page (includes the original filing and all amendments)

DELIVERY INFORMATION:

- Mail to requester address Pick Up Fax to: _____

If overnight or express delivery is required, you must provide a prepaid airbill.

PAYMENT INFORMATION: (make checks payable to Idaho Secretary of State)

SOS Prepaid Account: _____

- Visa Mastercard Discover American Express

Card number: Expiration Date: _____

Cardholder Name: _____

Billing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Note: In accordance with the contract between the State of Idaho and our service provider Access Idaho, a \$1.00 nonrefundable fee is added to each transaction. The Secretary of State's office does not keep any part of this fee.

Secretary of State use only

Submit to: Idaho Secretary of State
 P.O. Box 83720
 Boise, ID 83720-0080

Or: Idaho Secretary of State
 450 N. 4th Street
 Boise, ID 83702

Phone: (208) 334-2301 Fax: (208) 334-2080