



Copy Request Fax: 503-378-6520

Method of payment:

MasterCard VISA Discover

CREDIT CARD NUMBER:

American Express

CREDIT CARD NUMBER:

Expiration Date: _____

Please provide the following information, in case there are questions concerning your request.

Cardholder Name: _____

Billing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Business Name: _____

REQUESTER INFORMATION:

Name of Requester: _____

Mailing Address: (Street Address or PO Box) _____ (City, State) _____ (Zip Code) _____

Area Code and Phone Number: _____

DELIVERY: Choose Delivery Option(s) (Please note that there is a separate charge per delivery.)

Pick up in person. Mail to above address.

Fax: (USA Only - Area Code & Fax Number) *Certified copies cannot be faxed.* _____

For all overnight/express service delivery, a prepaid airbill must be provided.

DOCUMENT FILE REQUEST:

Choose appropriate document type and if you are ordering certified or plain copies.

Document File (The original filing and any supplemental filings.)
 Certified Copy (\$15 each) or Plain Copy (\$5 each)

Assumed Business Name File (The original application and any additional filings.)
 Certified Copy (\$15 each) or Plain Copy (\$5 each)

SPECIFIC DOCUMENT REQUEST:

Specific Document _____
 Certified Copy (\$15 each) or Plain Copy (\$5 each)

Specific documents are any document including annual reports (January 2003 forward) and registered agent changes.

If document is going out of the Country: (Additional \$10 for Authentication) **What Country?** _____

ENTITY NAME/REGISTRY NUMBER: Information is located at <http://sos.oregon.gov/bizsearch>

Entity Name: _____ Registry Number: _____