



**Copy Request Fax: 503-378-6520**

**REQUESTER INFORMATION:**

Name of Requester: \_\_\_\_\_

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

Area Code and Phone Number: \_\_\_\_\_

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

Entity Name: \_\_\_\_\_ Registry Number: \_\_\_\_\_

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

**SPECIFIC DOCUMENT REQUEST:**

- Specific Document** \_\_\_\_\_
  - Certified Copy (\$15 each) or  Plain Copy (\$5 each)
- If document is going out of the Country:** (Additional \$10 for Authentication) **What Country?** \_\_\_\_\_

**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.**

**METHOD OF PAYMENT:**

- Check/Money order is included. (Make payable to Corporation Division.)
- MasterCard  VISA  Discover

CREDIT CARD NUMBER:

- American Express

CREDIT CARD NUMBER:

Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_