

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

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	on is located at http://sos.oregon.gov/bizsearc	h	
Entity Name:	Registry	Registry Number:	
CERTIFICATE ATTESTING TO:			
STATUS/EXISTENCE - \$10 MER	GER - \$10 NAME CHANGE - \$10	NO RECORD - \$10	
or more information about the certificates th	nat we provide, visit http://sos.oregon.gov/busi	ness/Pages/business-registry-certificates.aspx	
☐ If document is going out of the Country	: (Additional \$10 for Authentication) What Coun	try?	
DELIVERY : Choose Delivery Option(s) (Plea	ase note: There is a separate charge per delivery.	.)	
Pick up in person. Mail to ab	ove address.		
Fax: (USA Only - Area Code & Fax Number	er)		
For all overnight/express service de	livery, a prepaid airbill must be provide	ed.	
METHOD OF PAYMENT:			
Check/Money order is included. (Make	e 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:			