

CO**KANSAS SECRETARY OF STATE
Copy Order
Request Form**

FAX OR MAIL ONLY

DO NOT EMAIL FORM

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THIS SPACE FOR OFFICE USE ONLY.

1. Contact name:**2. Contact daytime phone number:** Extension **3. Business entity name and Kansas ID number:**

Not FEIN

Entity Name ID Number **4. Document type:**

Plain copies = \$1 per page.

Certified copies = \$15 for certification + \$1 per page.

Credit card = \$5 minimum for all credit card orders.

\$1 per page to fax pages back.

Document cannot be emailed.

* Includes original articles and all subsequent amendments filed to the date of copy request. If articles have been restated, includes latest restated articles and subsequent amendments from date of restated articles unless otherwise indicated.

<input type="checkbox"/> Plain Copy Articles & Amendments *	<input type="checkbox"/> Certified Copy Articles & Amendments *
<input type="checkbox"/> Plain Copy Amendment	<input type="checkbox"/> Certified Copy Amendment
<input type="checkbox"/> Plain Copy Annual Report	<input type="checkbox"/> Certified Copy Annual Report
<input type="checkbox"/> Letter of Status/Registration (\$15)	<input type="checkbox"/> Certificate of No Business Entity on File (\$20)
<input type="checkbox"/> No Business Entity on File Letter (FREE)	<input type="checkbox"/> Certificate of Fact of Forfeiture (\$20)
<input type="checkbox"/> Certificate of Good Standing (\$15)	<input type="checkbox"/> Certificate of Fact (\$20)

Date Filed Type of Amendment Fiscal Month/Year

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Date of Fact

Fact to be stated (clerk may call to clarify)

 I need multiple copies of this order:Number of copies I need these copies apostilled/authenticated for:
(include an additional \$7.50 for each document)Country **Payment Method (choose one)****5. Prepaid account:**Prepaid Account Number Name of Company **Credit card:**

(\$5 minimum for all credit card orders)

Credit Card Number Expiration Date (MM/YY) Billing Zip Code

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Attention Name		
Company/Firm Name		
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Will pick up in the Secretary of State's Office