STATE OF IDAHO

OFFICE OF THE SECRETARY OF STATE

Application for Establishment of Pre-Paid Customer Accounts With the Office of the Secretary of State

Submit this form, along with the initial deposit to fund the pre-paid account. Deposit can be made by cash, check, money order or credit card.

Date

TO: Secretary of State
Attn: Fiscal Division
PO Box 83720
Boise ID 83720-0080

The undersigned is a user of the services of the Secretary of State and desires to establish a pre-paid account from which payment for services may be made. The information required for establishment of the account is as follows:

The name of the individual whe whom the Secretary of State of the secretary of t	no is responsible for maintenance of the account and with can correspond is:
Telephone number is:	Fax number is:
The complete mailing address the account may be sent is:	s to which all statements and correspondence pertaining to
	Il statements and correspondence pertaining to the account
may be sent is: This form will be returned to yprinted in the block at the low	Il statements and correspondence pertaining to the account ou after processing. Your customer account number will be er right with the caption "Cust #". Enter that number on all payments submitted by the account owner.
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