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 who whom the Secretary of State car | is responsible for maintenance of the account and with a correspond is: |
|--|--|
| Telephone number is: | Fax number is: |
| The complete mailing address to the account may be sent is: | o which all statements and correspondence pertaining to |
| | |
| The email address to which all smay be sent is: | statements and correspondence pertaining to the accour |
| may be sent is: This form will be returned to you printed in the block at the lower | statements and correspondence pertaining to the account a statement and correspondence pertaining to the account a statement and correspondence pertaining to the account a statement and correspondence pertaining to the account number account a statement and correspondence pertaining to the account number account a statement account acco |
| This form will be returned to you printed in the block at the lower transmittals of documents or pay | after processing. Your customer account number will be right with the caption "Cust #". Enter that number on all |

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