



REQUESTER INFORMATION:

(Name)				
(Mailing Address Line1)				
(City)	(State)	(Zipcode)	(Country)	
ENTITY NAME AND FILE NUMB	ER:			
Entity Name:		File Number:		
CERTIFICATE ATTESTING TO:				
Existence or Goodstanding – \$10	No Red	cord – \$10	Cert Merger – \$10 Name Change – \$10	
Certificate of Filing ABN – \$10 Certified Copy – \$10 + .25 per page (includes the original filing and all amendments)				
Expedite Service - \$40.00				
DELIVERY INFORMATION:				
Mail to requester address	O Pick Up	E	mail	
If overnight or express delivery	is required, <u>yc</u>	ou must provide a	prepaid airbill.	
Check – Make payable to 'Idaho S	ecretary of Sta	ate'		
Credit Card – Please enter your email OR phone number (must be able to receive text) below. Once we receive your application, we will send you a link for you to enter your credit card information and submit back to us.			Submit to: Office of the Secretary of State 450 N 4th Street PO Box 83720 Boise, ID 83720-0080	
Email			If you have questions or need help, call the	
Phone			Secretary of State's office at (208) 334-2301.	