



IDAHO
SECRETARY OF STATE
LAWRENCE DENNEY

SUBSCRIPTION APPLICATION/RENEWAL

Company Name _____

Name of Contact _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Username _____

(Note: You must establish a Username on our website sosbiz.idaho.gov)

Please mark whether this is a new application or a renewal.

- New Application Renewal

Select which Subscription you are applying/renewing. Please refer to our website for the descriptions and pricing of each subscription.

- EFS Master List - \$60.00
 Tax Liens - \$120.00
 State Liens - \$30.00
 Medical Liens - \$30.00

Payment is due with your application. Please select your preferred payment method.

- Check – Make payable to 'Idaho Secretary of State'
 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.

Email _____ Phone _____