FORM **BCA 15.15**CORPORATE FAX TRANSMITTAL REQUEST FORM FOR CERTIFICATES OF GOOD STANDING AND/OR COPIES OF DOCUMENT

Illinois Business Corporation Act Secretary of State Department of Business Services Corporations Division 501 S. Second St., Rm. 350 Springfield, IL 62756 www.cyberdriveillinois.com

FAX: 217-524-8281

File #:				Date:	Approved:
1.	Corporation Name:				
2.	Secretary of State File Num	ıber:			
	Request for:		8 digir	ts	
	•	e of Good Stand	ing		\$4
	☐ Expedited Certified Copy of Articles of Incorporation and all amendments (mini				
	☐ Expedited Certified (Copy of Other D	ocument (set forth below) (I	minimum)	\$75
		Name of Do	ocument		Date Filed
In :	addition to the above fees,	. an additional S	\$2 processor fee is charge	ed when pavir	ng by credit card.
	Credit Card (select one):				
-	□ Visa				
	☐ Mastercard				
	□ Discover				
	☐ American Express	xpress Account Number			Expiration Date
			7.0000111.70011001		
4.	Name and Daytime Phone Number of Contact Person:				
		Name	e		Telephone Number
5.	Shipment method (select or	ne):			
	☐ Regular Mail	· · ·			
	☐ United Parcel Service	,			
	☐ Fax	(Complete	e item 6c.)		
6a.	. Send to:	First Name			Last Name
		Number			Apt./Ste. #
		City			ZIP Code
6b.	. UPS Account Number:				Account ZID Code
_			Account Number		Account ZIP Code
6C.	. Fax to:				

Expedited requests will be sent out within 24 hours via the above selected method.