



Copy Request Fax: 503-378-6520

Print Form

Reset Form

REQUESTER INFORMATION:

Name of Requester:

Mailing Address: (Street Address or PO Box)

(City, State)

(Zip Code)

Area Code and Phone Number:

ENTITY NAME/REGISTRY NUMBER: Information is located at <http://sos.oregon.gov/bizsearch>

Entity Name: Registry Number:

DOCUMENT FILE REQUEST:

Choose appropriate document type and if you are ordering certified or plain copies.

Document File (The original filing and any supplemental filings.)

☐ Certified Copy (\$15 each) or ☐ Plain Copy (\$5 each)

Assumed Business Name File (The original application and any additional filings.)

☐ Certified Copy (\$15 each) or ☐ Plain Copy (\$5 each)

Specific documents are any document including annual reports (January 2003 forward) and registered agent changes.

SPECIFIC DOCUMENT REQUEST:

Specific Document

Certified Copy (\$15 each) or Plain Copy (\$5 each)

If document is going out of the Country: (Additional \$10 for Authentication) What Country?

DELIVERY: Choose Delivery Option(s) (Please note that there is a separate charge per delivery.)

Pick up in person. Mail to above address.

Fax: (USA Only - Area Code & Fax Number) *Certified copies cannot be faxed.*

For all overnight/express service delivery, a prepaid airbill must be provided.

METHOD OF PAYMENT:

☐ Check/Money order is included. (Make payable to Corporation Division.)

☐ MasterCard ☐ VISA ☐ Discover

CREDIT CARD NUMBER:

☐ American Express

CREDIT CARD NUMBER:

Expiration Date:

Cardholder Name:

Billing Address:

City, State, Zip Code:

Phone Number: