State of Delaware - Division of Corporations

CERTIFICATION SHEET

Priority 1 (One Hr)	Priority 2 (Two Hr)	Priority 3 (Same Day)	Priority 4 (24 Hour)	Priority 7 (Reg. Work)
☐	☐	☐	☐	☐

SUBMITTER'S INFORMATION

Company/Firm or Individual's Name _____

Return Address _____

_____

Attention: _____

Phone# _____ Fax# _____

E-mail address _____

Account Number _____

DO NOT WRITE IN THIS SPACE

CERTIFICATION REQUEST INFORMATION

Name of Company/Entity _____

File Number _____

Type of Certificate Requested

_____ Certified Copy of All Charter Documents

_____ Certified Copy of Charter Documents, Restated Forward

_____ Certified Copy Filed on _____

_____ Short Form Good Standing (check if additional language req.)
- ☐ Tax reports filed
- ☐ Taxes paid to date
- ☐ No taxes assessed

_____ Long Form Good Standing (check if additional language req.)
- ☐ Tax reports filed
- ☐ Taxes paid to date
- ☐ No taxes assessed

_____ Certificate in RE: _____
Type of Cert.

_____ Apostille - Country _____

_____ Other _____

Check # _____ Total $ Enclosed _____

METHOD OF RETURN

- ☐ **Messenger/Pick up**
- ☐ **Express Service Delivery – Type** select one
  Acct# _____
- ☐ **Regular Mail**
- ☐ **Other** _____

COMMENTS/FILING INSTRUCTIONS

CREDIT CARD INFORMATION select one
(Visa, MasterCard or Discover Card Only Select one.)

_____-_____-_____-_____

Expiration Date - _____/_____

INSTRUCTIONS

1. Fully shade in the required Priority Square using all X's on both lines of the Priorty Square.