

Instructions for properly completing a Certification Memo

Submitter's Information

Mark the appropriate priority box. (additional Expedited Cost)

| | | |
|-------|-------------------------|------------------------------------|
| Fees: | Priority 1 (One hr) - | \$1000.00 |
| | Priority 2 (Two hr) - | \$ 500.00 |
| | Priority 3 (Same Day) - | Varies – Please contact our Office |
| | Priority 4 (24 hour) - | Varies – Please contact our Office |

Submitter's Information

1. Completely fill out your individual or business/firm name and complete address. The attention line needs to be completed if a business or firm name is listed.
2. The account number is only to be completed by entities that have an existing Depository account with the Division of Corporations. Please ignore this field if you do not have a Depository account.

Certification Request Information

Complete the name of the entity and the entity File number. If you do not have the file number, you may leave it blank.

Method of Return Information

All documents are returned Regular Mail or you can provide a Fed-X or UPS account number for express mail. Please mark the appropriate method of return.

Credit Card Information

All credit card information must be completed. If the credit card information is not the same as it is listed with the submitter's information, then please specify the correct information in the comments/filings instruction area on the bottom right hand side of the memo. You must also include your 3-4 digit security code on the back of the card.

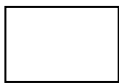
Please contact our office at 302-739-3073 with any questions or for verification of fees.

Return forms and memos to:

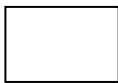
Delaware Division of Corporations
401 Federal Street - Suite 4
Dover, DE 19901

State of Delaware - Division of Corporations

CERTIFICATION SHEET - Fax# 302-739-3812



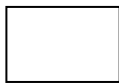
Priority 1
(One Hr)



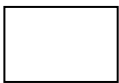
Priority 2
(Two Hr)



Priority 3
(Same Day)



Priority 4
(24 Hour)



Priority 7
(Reg. Work)

SUBMITTER'S INFORMATION

Company/Firm or Individual's Name _____
Return Address _____
City - State - Zip _____
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 Mail
_____ Acct# _____
_____ Regular Mail
_____ Other _____
Fax or E-mail is not available

COMMENTS/FILING INSTRUCTIONS

CREDIT CARD INFORMATION

(Visa, MasterCard, American Express or Discover Card Only)

CC# _____ - _____ - _____ - _____

Expiration Date - _____ / _____

Security Code _____

INSTRUCTIONS

1. Visit corp.delaware.gov/cvrmemo.shtml for complete instructions on how to properly complete this memo.
2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square.