DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

APPLICATION TO REGISTER FOREIGN CORPORATION NAME

Please read Instructions C007i

Che	Check the box if you are RENEWING an existing name registration:						
1.	ENTITY TYPE - check one box to indicate the type of entity registering the name: □FOR-PROFIT CORPORATION □INSURER □NONPROFIT CORPORATION □CREDIT UNION □PROFESSIONAL CORPORATION □COOPERATIVE MARKETING ASSOCIATION □CLOSE CORPORATION □CORPORATE SOLE □BUSINESS TRUST						
2.	NAME OF CORPORATION IN THE STATE OR COUNTRY OF INCORPORATION – (FOREIGN NAME) – give the exact, true name of the foreign corporation:						
3. NAME TO BE REGISTERED – (ENTITY NAME) – give the name to be registered AND box to identify the name being registered (only one box should be checked):							
	 Name of corporation in its state or country of incorporation (foreign name), with no additions or changes. Name of corporation in its state or country of incorporation with a corporate identifier added to it. 						
4.	STATE OR COUNTRY OF INCORPORATION:						
5.	DATE OF INCORPORATION IN STATE OR COUNTRY OF INCORPORATION:						
6.	NATURE OF ACTIVITIES – briefly describe the nature of the foreign corporation's activities:						

- By the signature appearing below, the foreign corporation certifies that attached hereto is a Certificate of Existence or Good Standing or equivalent document, dated within 60 days of delivery of this Application to the Commission, and certified by the Secretary of State or the official having custody of corporate records in the state or country of incorporation.
- 8. By the signature appearing below, the foreign corporation hereby applies for registration or renewal of registration of the corporation name listed in number 3 above from the date on which the Arizona Corporation Commission received this application for a period of **ONE YEAR**.

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9.	Give the name of the	contact person	for the foreign	corporation that is re	egistering the name:

Name of Foreign Corporation (see number 3 above)							
Name							
Address 1							
Apt./Suite No.							
City	State or Province	Zip					
Country	State of Province	Σίμ					

SIGNATURE: By typing or entering my name and checking the box marked "I accept"

below, I acknowledge under penalty of law that this document is submitted in compliance with Arizona law.

☐ I ACCEPT

Printed Name

REQUIRED – check only one:

Expedited services are available for an additional fee - see Instructions or Cover sheet for prices.

Filing Fee: \$10.00 (regular processing) Mail: Arizona Corporation Commission - Records Section 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are public record and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.