

FRANCISCO V. AGUILAR Secretary of State 401 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

## Form to Accompany Miscellaneous Filings

### TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

### **INSTRUCTION:**

This form must be accompanied by the document required by the NRS for the specific type of filing indicated.

- 1. TYPE OF FILING: Check one box to indicate which type of filing is being attached to the form.
- 2. NAME OF ENTITY: NRS 318.258 Owner(s) of any real property; NRS 707.240 Person(s), president, managing agent, association or corporation; NRS 678 Credit Union; NRS 78.085 Railroad Company; Other Filing entity name.
  - 3. AMENDMENT: This section is to summarize what is being amended within the attached document.
  - 4. OTHER REQUIRED AMENDATORY LANGUAGE: This section is to indicate any other language that may be required.
- **5. SIGNATURE(S):** This is required. Must contain at least one signature, if more than 2 signatures an additional page may be attached.

1. Type of Filing:	☐ General Improvement Districts pursuant to NRS 318.258 ☐ Telephones & Telegraph pursuant to NRS 707.240 ☐ Credit Union pursuant to NRS 678 ☐ Railroads pursuant to NRS 78.085 ☐ Other Filing as Instructed By the Secretary of State:
2. Entity information:	Entity or Nevada Business Identification Number (NVID):
3. Amendment:	The articles have been amended as follows (provide article numbers, if available):
4. Other Required Amendatory Language:	Indicate any other required amendatory language:
<b>5. Signature:</b> (Required)	X



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### **Customer Order Instructions**

SUBMIT THIS COMPLETED FORM WITH YOUR FILING USE BLACK INK ONLY - DO NOT HIGHLIGHT

Proces Service Re	_	Regular	24-	lour Expedit	te (additional fee included)
Name of Entity:					Date:
Return to:					
Contact Name:			Phor	ne:	
Return Delivery	(email or fax options	do not receive a copy	via mail; mus	t be ordered sep	parately)
Email to:				Fax to:	
☐ Hold for Pick	Up Mail to A	ddress Above	FedEx	: Acct #	
Other: (explain	below)				
	On: (include items being				
stamped copy ordere	s office keeps the origina d at the time of filing is at le (plus <b>\$30.00</b> for each o	no charge. Each ad-		Total Amou	nt:
Method of Paym					
Check/Money	y Order	Card (attach ePaym	ent checklist)	Trust Ac	ccount:
Use balance	remaining in job #				



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# 1 or 2-Hour Expedite Customer Order Instructions

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Process Service Red	-	2-Hour Expedite additional <b>\$500.00</b> fe		1-Hour Expedite (additional \$1000.00 fee inc	luded)
Name of Entity:				Date:	
Return to:					
Contact Name:			Phone:		
Return Delivery	<b>/</b> :				
Email to:			☐Fa	x to:	
☐ Hold for Pick	Up Mail to Ad	ddress Above	FedEx: A	oct #	
Other: (explain	below)				
Order Description	n: (include items being o	ordered and fee brea	kdown)*		
stamped copy ordered	s office keeps the original d at the time of filing is at e (plus <b>\$30.00</b> for each c	no charge. Each ad		tal Amount:	
Method of Paym	ent:				
Check/Money	Order Credit	Card (attach ePaym	ent checklist)	Trust Account:	
Use balance	remaining in job#				



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## 24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.

### 24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

**Time Constraints:** Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

### 2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### 1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

Nevada Secretary of State Expedite Guidelines Revised: 12/15/2022



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## ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this

authorization form. Email is NOT a secure form of transmittal to protect yo	
Processing Requested:	
Regular 24-HOUR Expedite 4-HOUR Expe	dite (Apostille only)
2-HOUR Expedite 1-HOUR Expedite Same Day (Do	omestic Partnership only)
Order Information (required)	
Entity Name/Order Reference:	
Cardholder Name (as shown on credit card):	
Billing Street Address:	
City: State: Zip: _	
Contact Phone Number:	_
Last 4 Digits of Credit Card:Card Type: VISA Master	rCard Amex Discove
Authorized to Charge:	
By signing this form, I understand that there will be a non-refundable crefee of 2.5% added to the total amount of the transaction. I understand if I card processing fee, I can either mail a check, or pay in person by cas certify that I am the cardholder and responsible for this payment in acco cardholder agreement. I further understand that I am responsible for an incurred if the credit card company denies my credit card payment.	do not wish to pay the credingly the credingly the credingly or der.  It is not be a secure or the credingly the c
Authorized Signature	
X Date:	
CREDIT CARD INFO: Your payment cannot be processed unless a	all fields are completed!
	All 3 fields <b>MUST</b>
2 Expiration Date:	be completed!
	This section will be
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.	destroyed after the payment is processed.

Form: 230105 rev: 7/1/2023