

CERTIFICATE OF DISCLOSURE BANKRUPTCY ATTACHMENT

Read the Instructions [C005i](#)

1. ENTITY NAME – give the exact name of the corporation in Arizona:

2. A.C.C. FILE NUMBER (if already incorporated or registered in AZ): _____

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. Check one box only to indicate the document the Attachment goes with:

- Attachment to Certificate of Disclosure signed on this date: _____.
- Attachment to Annual Report due on this date: _____.

4. If you answered YES to the Bankruptcy question on the Certificate of Disclosure form or to question 15 on the Annual Report, you MUST provide the following information for each "other corporation" (complete a new Attachment for additional corporations):

4.1 Name and address of each "other corporation," state or states in which each "other corporation" (a) was incorporated and (b) transacted business, dates of corporate operation, and name and address of each individual involved:

First "other corporation"

Name of other corporation 1				Name of Individual 1			
Address 1				Address 1			
Address 2 (optional)		State	Zip	Address 2 (optional)		State	Zip
City		State	Zip	City		State	Zip
Country				Country			
State(s) of Incorporation:							
State(s) of transaction of business:				Name of Individual 2			
				Address 1			
				Address 2 (optional)		State	Zip
Dates of corporation operation:				City		State	Zip
				Country			

Second "other corporation"

Name of other corporation 2				Name of Individual 1			
Address 1				Address 1			
Address 2 (optional)		State	Zip	Address 2 (optional)		State	Zip
City		State	Zip	City		State	Zip
Country				Country			
State(s) of Incorporation:							
				Name of Individual 2			
State(s) of transaction of business:				Address 1			
				Address 2 (optional)			
Dates of corporation operation:				City		State	Zip
				Country			

Third "other corporation"

Name of other corporation 3				Name of Individual 1			
Address 1				Address 1			
Address 2 (optional)		State	Zip	Address 2 (optional)		State	Zip
City		State	Zip	City		State	Zip
Country				Country			
State(s) of Incorporation:							
				Name of Individual 2			
State(s) of transaction of business:				Address 1			
				Address 2 (optional)			
Dates of corporation operation:				City		State	Zip
				Country			