

CERTIFICATE OF DISCLOSURE BANKRUPTCY ATTACHMENT

Read the Instructions [C005i](#)

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

2. 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):

2.1 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:							
				Name of Individual 2			
State(s) of transaction of business:				Address 1			
		State	Zip	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	<input style="width: 100px;" type="text"/>	State	Zip	City	<input style="width: 100px;" type="text"/>	State	Zip
Country	<input style="width: 100px;" type="text"/>			Country	<input style="width: 100px;" type="text"/>		
State(s) of Incorporation:							
				Name of Individual 2			
State(s) of transaction of business:				Address 1			
Address 2 (optional)		State	Zip	Address 2 (optional)		State	Zip
Dates of corporation operation:				City	<input style="width: 100px;" type="text"/>	State	Zip
Country		<input style="width: 100px;" type="text"/>		Country		<input style="width: 100px;" type="text"/>	

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	<input style="width: 100px;" type="text"/>	State	Zip	City	<input style="width: 100px;" type="text"/>	State	Zip
Country	<input style="width: 100px;" type="text"/>			Country	<input style="width: 100px;" type="text"/>		
State(s) of Incorporation:							
				Name of Individual 2			
State(s) of transaction of business:				Address 1			
Address 2 (optional)		State	Zip	Address 2 (optional)		State	Zip
Dates of corporation operation:				City	<input style="width: 100px;" type="text"/>	State	Zip
Country		<input style="width: 100px;" type="text"/>		Country		<input style="width: 100px;" type="text"/>	