

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

**ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION**

**COVER SHEET**

**USE A SEPARATE COVER SHEET FOR EACH DOCUMENT**  
**\*\* ORDER COPIES USING A [RECORDS REQUEST FORM](#) \*\***

**WHAT ARE YOU FILING?**

New Entity     Change to existing entity     Re-submission of rejected filing

**ENTITY NAME** - give the exact name of the corporation as currently shown in A.C.C. records:

**EXPEDITED PROCESSING?**

YES - add \$35 to the filing fee                       NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

**PAYMENT:**

MOD Account #: \_\_\_\_\_ Total amount to deduct: \_\_\_\_\_

**Cash** - do not mail cash. Cash may be used only for in-person submittals.

**Checks or money orders** - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

**Credit cards** - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

**REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):**

|                                  |                      |                         |
|----------------------------------|----------------------|-------------------------|
| <input type="checkbox"/> Email   | Email address: _____ |                         |
| <input type="checkbox"/> Pick up | Name: _____          | Phone: _____            |
| <input type="checkbox"/> Mail    | Name: _____          |                         |
|                                  | Address: _____       |                         |
|                                  | City: _____          | State: _____ Zip: _____ |
|                                  | Phone: _____         |                         |

**DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)**

**FOR ARIZONA CORPORATION COMMISSION USE ONLY**

**PICK-UP BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

View current processing times at: [www.azcc.gov/Divisions/Corporations/document-processing-times.pdf](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)