



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

# Instructions for Cancellation

## - Business Trust

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.**

TYPE or PRINT the following information and submit the filing with Customer Order Instruction Form and payment:

**1. NAME OF ENTITY:** Enter the current name as on file with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).

**2. EFFECTIVE DATE AND TIME:** This section is optional. If an effective date and time is indicated the date must not be more than 90 days after the date on which the certificate is filed.

**3. ADDITIONAL INFORMATION:** This section may be used for any information determined necessary by the trustee(s).

**4. TYPE OF CANCELLATION FILING BEING COMPLETED:** Indicate what type of cancellation is being completed by selecting one box:

Certificate of Cancellation for a Nevada Business Trust (NRS 88A.420)  
 The certificate must be signed by trustee(s)

**Or**

Certificate of Cancellation for a Foreign Business Trust (NRS 88A.740)  
 In the field provide, enter the name under which the foreign business trust conducts business in Nevada.

**5. SIGNATURE(S):** Must be signed by a Trustee, if more than 2 signatures an additional page may be attached. Form will be returned if unsigned.

**Filing may be submitted Online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov), or to the Office of the Secretary of State, by mail to the following addresses:**

**Carson City – Main Office**  
 (In person, by Appointment or Walk In)

**Mail:**  
 Secretary of State  
 Commercial Recordings Division  
 401 North Carson Street  
 Carson City NV 89701-4201

**Las Vegas**  
 (In person, By appointment only)

**Mail:**  
 Secretary of State  
 1 State of Nevada Way  
 Las Vegas, NV 89119

**General Contact:**  
**Phone:** 775-684-5708  
**Fax:** 775-684-5725  
**Email:** [sosmail@sos.nv.gov](mailto:sosmail@sos.nv.gov)  
**Book an appointment here:**





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# Certificate of Cancellation Business Trust

**NRS 88A**

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

<b>1. Entity Information:</b>	Name of entity as on file with the Nevada Secretary of State: <input style="width: 100%;" type="text"/>  Entity or Nevada Business Identification Number (NVID): <input style="width: 80%;" type="text"/>												
<b>2. Effective Date and Time:</b> (Optional)	Date: <input style="width: 150px;" type="text"/> Time: <input style="width: 100px;" type="text"/> (must not be later than 90 days after the certificate is filed)												
<b>3. Additional Information:</b>	Any other information as determined necessary by the trustee:  <input style="width: 100%; height: 40px;" type="text"/>												
<b>4. Type of Cancellation Filing Being Completed:</b> (select only one box)	<input type="checkbox"/> NRS 88A.420: Certificate of Cancellation For Nevada Business Trust <p style="text-align: center;">The certificate must be signed by trustee.</p> <input type="checkbox"/> NRS 88A.740: Cancellation for a Foreign Business Trust  Name under which this foreign business trust conducts business in Nevada: <input style="width: 100%;" type="text"/>												
<b>5. Signature*:</b> (Required)	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><b>X</b></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> <td style="width: 50%;"><input style="width: 90%;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Signature of Trustee</td> <td style="text-align: center;">Title</td> </tr> <tr> <td><b>X</b></td> <td style="border-bottom: 1px solid black;"></td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Signature of Trustee</td> <td style="text-align: center;">Title</td> </tr> </table>	<b>X</b>		<input style="width: 90%;" type="text"/>		Signature of Trustee	Title	<b>X</b>		<input style="width: 90%;" type="text"/>		Signature of Trustee	Title
<b>X</b>		<input style="width: 90%;" type="text"/>											
	Signature of Trustee	Title											
<b>X</b>		<input style="width: 90%;" type="text"/>											
	Signature of Trustee	Title											

\*attach a plain 8 1/2" x 11" sheet to list additional signatures.

FILING FEE: \$100.00



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# Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**Processing Service Requested:**     Regular     24-Hour Expedite (additional fee included)

Name of Entity:       Date:

Return to:

Contact Name:       Phone:

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

Email to:        Fax to:

Hold for Pick Up     Mail to Address Above     FedEx: Acct #

Other: (explain below)

**Order Description:** (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order     Credit Card (attach ePayment checklist)     Trust Account:

Use balance remaining in job #



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# 1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**Processing Service Requested:**     2-Hour Expedite (additional \$500.00 fee included)     1-Hour Expedite (additional \$1000.00 fee included)

Name of Entity:       Date:

Return to:

Contact Name:       Phone:

**Return Delivery:**

Email to:        Fax to:

Hold for Pick Up     Mail to Address Above     FedEx: Acct #

Other: (explain below)

**Order Description:** (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is \$2.00 per page (plus \$30.00 for each certification).

Total Amount:

**Method of Payment:**

Check/Money Order     Credit Card (attach ePayment 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 acknowledgment (e-mail) or to provide a correct 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 complete filing condition.

**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.**



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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 your card information.

**Processing Requested:**

- Regular     
  24-HOUR Expedite     
  4-HOUR Expedite (Apostille only)  
 2-HOUR Expedite     
  1-HOUR Expedite     
  Same Day (Domestic 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  MasterCard  Amex  Discover

Authorized to Charge: \_\_\_\_\_

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

**Authorized Signature**

X \_\_\_\_\_ Date: \_\_\_\_\_

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<p>1. Credit Card Number:      _____</p> <p>2. Expiration Date:      _____</p> <p>3. Security Code*      _____</p> <p><small>*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.</small></p>	<p>All 3 fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>