



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

Instructions for Formation

-

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:

Please select the entity type at the top of the form that is being created and follow the Instructions below applicable to the filing.

1. NAME BEING REGISTERED IN NEVADA: The name of a business trust formed pursuant to the provisions of NRS 88A must contain the words "Business Trust" or the abbreviation "B.T." or "BT".

Foreign entities: Enter the name under which the business trust is to be registered and will be transacting business in Nevada.

The name must be distinguishable from the names of all other artificial persons formed, organized, registered or qualified pursuant to the provisions of this title that are on file in the Office of the Secretary of State. If it appears from the name and/or purpose of the entity being formed that it is to be regulated by the Financial Institutions Division, Insurance Division, State Board of Professional Engineers and Land Surveyors, State Board of Accountancy or Real Estate Division, the application will need to be approved by the regulating agency before it is filed with the Office of the Secretary of State.

2. FOREIGN ENTITY NAME: The name entered in item one should agree with the name of the business trust as it appears on the trust agreement, or as later amended and of record in the home state.

3. REGISTERED AGENT: Persons wishing to incorporate in the State of Nevada must designate a registered agent who resides or is located in this state. Every registered agent must have a street address in this state for service of process, and may have a separate Nevada mailing address such as a post office box, which may be different from the street address. Registered agent must sign certificate of acceptance within section 2. If the registered agent is unable to sign the Articles of Formation, submit a separate signed Registered Agent Acceptance form.

4. TRUSTEES: NRS 88A: name and address of at least one trustee. NRS 88A.710: name and address of each trustee. If there are more than two managing partners use 8 1/2" x 11" white paper to list all remaining managing partners and attach it to the filing.

5. JURISDICTION OF FORMATION: NRS 88A.710: The name and date of the jurisdiction of its formation or the governmental acts or other instrument of authority by which the trust was created.

6. PRINCIPAL OFFICE: The street address of the entity's principal office.

7. SIGNATURE OF TRUSTEE: NRS 88A: Must be signed by each person forming the business trust NRS 88A.71D: Name and signature of a trustee.

Filing may be submitted Online at 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
Book an appointment here:





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ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Business Trust

NRS 88A - Certificate of Business Trust

NRS 88A.710 - Registration of Foreign Business Trust

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

<p>1. Name Being Registered in Nevada: (See instructions)</p>	
<p>2. Foreign Entity Name: (Name in home jurisdiction)</p>	
<p>3. Registered Agent for Service of Process: (check only one box)</p>	<p><input type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title and address below)</p> <p>_____</p> <p>Name of Registered Agent OR Title of Office or Position with Entity</p> <p>_____ Nevada _____</p> <p>Street Address _____ City _____ Zip Code _____</p> <p>_____ Nevada _____</p> <p>Mailing Address (if different from street address) _____ City _____ Zip Code _____</p> <p><i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i></p> <p>X _____ Date _____</p> <p>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</p>
<p>3a. Certificate of Acceptance of Appointment of Registered Agent:</p>	
<p>4. Name and Address of Trustees:</p> <p>NRS 88A: Name and address of at least one trustee.</p> <p>NRS 88A.710: Name and address of one trustee. (See instructions)</p>	<p>1) _____ Country _____</p> <p>_____ State _____ Zip/Postal Code _____</p> <p>Address _____ City _____</p> <p>2) _____ Country _____</p> <p>_____ State _____ Zip/Postal Code _____</p> <p>Address _____ City _____</p>
<p>5. Jurisdiction of Formation: (Foreign only)</p>	<p>5a) Jurisdiction of formation: _____ 5b) Date formed: _____</p> <p>_____</p>
<p>6. Street Address of Principal Office: (Foreign entities only)</p>	<p>_____ State _____ Zip/Postal Code _____</p> <p>Address _____ City _____</p> <p>Country _____</p>
<p>7. Name, Address and Signature of Each Person Forming the Business Trust:</p> <p>NRS 88A: Must be signed by each person forming the business trust.</p> <p>NRS 88A.710: Name and Signature of Trustee.</p> <p>(Attach an additional page if more than 2)</p>	<p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <p>_____ Country _____</p> <p>_____ State _____ Zip/Postal Code _____</p> <p>Name _____ City _____</p> <p>X _____ Signature</p> <p>_____ Country _____</p> <p>_____ State _____ Zip/Postal Code _____</p> <p>Name _____ City _____</p> <p>X _____ Signature (attach additional page if necessary)</p>



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Initial List and State Business License Application

Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

NAME OF ENTITY

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

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
 - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)
- Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS Chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- No – no additional form is required
- Yes – the “Charitable Solicitation Registration Statement” is required.
- The Organization claims exemption pursuant to NRS 82A.210 - the “Exemption From Charitable Solicitation Registration Statement” is required

**** Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



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Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE <u>PRESIDENT</u> , OR EQUIVALENT OF:		Title: <input style="width: 150px;" type="text"/>	
<input style="width: 600px;" type="text"/>		<input style="width: 150px;" type="text"/>	
Name		Country	
<input style="width: 400px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>SECRETARY</u> , OR EQUIVALENT OF:		Title: <input style="width: 150px;" type="text"/>	
<input style="width: 600px;" type="text"/>		<input style="width: 150px;" type="text"/>	
Name		Country	
<input style="width: 400px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>TREASURER</u> , OR EQUIVALENT OF:		Title: <input style="width: 150px;" type="text"/>	
<input style="width: 600px;" type="text"/>		<input style="width: 150px;" type="text"/>	
Name		Country	
<input style="width: 400px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<input style="width: 600px;" type="text"/>		<input style="width: 150px;" type="text"/>	
Name		Country	
<input style="width: 400px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address	City	State	Zip/Postal Code

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer FORM WILL BE RETURNED IF UNSIGNED.

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	Date



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Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

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

1. Entity information:	Name of represented entity: <input style="width: 100%;" type="text"/> Entity or Nevada Business Identification Number (NVID): (for entities currently on file) <input style="width: 80%;" type="text"/>
2. Registered Agent Acceptance:	<input type="checkbox"/> Registered Agent Acceptance
3. Information Being Changed:	Statement of Change takes the following effect: (select only one) <input type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)
4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)	<input style="width: 100%;" type="text"/> Name of Registered Agent OR Title of Office or Position with Entity <input style="width: 40%;" type="text"/> <input style="width: 20%;" type="text"/> Nevada <input style="width: 20%;" type="text"/> Street Address City Zip Code <input style="width: 40%;" type="text"/> <input style="width: 20%;" type="text"/> Nevada <input style="width: 20%;" type="text"/> Mailing Address (if different from street address) City Zip Code
5. Newly Appointed Registered Agent or Registered Agent Information After the Change:	<input type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below) <input style="width: 100%;" type="text"/> Name of Registered Agent OR Title of Office or Position within Entity <input style="width: 40%;" type="text"/> <input style="width: 20%;" type="text"/> Nevada <input style="width: 20%;" type="text"/> Street Address City Zip Code <input style="width: 40%;" type="text"/> <input style="width: 20%;" type="text"/> Nevada <input style="width: 20%;" type="text"/> Mailing Address (if different from street address) City Zip Code
6. Electronic Notification: (Optional)	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only: <input style="width: 100%;" type="text"/>
7. Certificate of Acceptance of Appointment of Registered Agent: (Required)	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X _____ <input style="width: 80px;" type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
8. Signature of Represented Entity: (Required)	X _____ <input style="width: 80px;" type="text"/> Authorized Signature On Behalf of the Entity Date

FEE: \$60.00

This form must be accompanied by appropriate fees.



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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: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<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 MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>



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<h2>Commercial Recordings Copies and Certification Services Fee Schedule</h2>

The following is a list of copies and certification services and the associated fees for Commercial Recording and apostille/certification services. Fees are per document unless otherwise noted.

SERVICE REQUESTED:

Copies	\$2.00 per page
Certification of Document	\$30.00
Search	\$50.00
Certificate of Existence (evidence of good standing – short form)	\$50.00
Certificate of Existence (listing amendments – long form)	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Certificate Evidencing Name Change	\$50.00
Certificate of Fact of Merger	\$50.00
Certificate of Default	\$50.00
Certificate of Revocation	\$50.00
Certificate of Dissolution	\$50.00
Certificate of Withdrawal	\$50.00
Certificate of Cancellation	\$50.00
Certificate of Non-Existence	\$50.00
Miscellaneous Certificates	\$50.00
Apostille (Hague Treaty Nations)/Certification (Non-Hague Treaty Nations)	\$20.00
Corporate Charter	\$50.00
Ceremonial Charter	\$100.00

EXPEDITE SERVICE:

Expedite service is available for copies, certificate and certification services. Fees for expedite service are in addition to the fees as listed above.

24 Hour Expedite Service: Order may be picked up or mailed out within 24-hours.

Apostille	\$75.00
Copies: Per entity name	\$125.00
Certificates: Per entity name and certificate type	\$125.00
Search: Expedite fee on search only; additional expedite fee required for copies	\$125.00

2-Hour Expedite Service: Order may be picked up or mailed within 2-hours.

1 or more certificates (per entity name and certificate type)	\$500.00
1 or more copies (per entity name)	\$500.00

1-Hour Expedite Service: Order may be picked up or mailed within 1-hour.

1 or more certificates (per entity name and certificate type)	\$1000.00
1 or more copies (per entity name)	\$1000.00

BASIC INSTRUCTIONS:

1. All orders may be submitted via mail to the above address with all fees enclosed. Payment by VISA, Mastercard, Discover or American Express are accepted.
2. Orders can be emailed back on most occasions. All orders not specified as a pick-up are mailed out via first-class mail, unless a Federal Express number is provided, or other major courier pickup arrangement is made.
3. Fax back service is only available for certificates or copies of 50 pages or less. This service must be requested at time of order with complete fax information provided.
4. Each order will be returned to one address only.
5. Our office can no longer accept credit card payment via Email.



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Business Trust Fee Schedule Effective 7-1-08

BUSINESS TRUST FEES: Pursuant to NRS 88A for both Domestic and Foreign Business Trusts.

Certificate of Business Trust	\$75.00
Registration of Foreign Business Trust	\$75.00
Reinstatement Fee	\$300.00
Certificate of Amendment	\$175.00
Restated Articles	\$175.00
Certificate of Correction	\$175.00
Merger	\$350.00
Termination Pursuant to NRS 92A	\$350.00
Cancellation of Certificate of Trust	\$100.00
Cancellation of Foreign Registration	\$100.00
Preclearance of any Document	\$125.00
Articles of Conversion – contact office for fee information	
Articles of Domestication – contact office for fee information	
Ceremonial Charter	\$100.00
Certificate of Good Standing	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Initial List of Trustees	\$150.00
Annual or Amended List of Trustees	\$150.00
24-Hour Expedite fee for above filings	\$125.00
Apostille	\$20.00
24-Hour Expedite fee for above filing	\$75.00
Name Reservation	\$25.00
24-Hour Expedite fee for above filing	\$50.00
Change of Noncommercial Registered Agent	\$60.00
Change of Registered Agent by Represented Entity	\$60.00
Resignation of Trustee	\$75.00
Resignation of Registered Agent (plus \$1.00 for each additional entity listed)	\$100.00
24-Hour Expedite fee for above filings	\$25.00
Certification of Documents – per certification	\$30.00
Copies – per page	\$2.00
Late Fee for List of Trustees	\$75.00
Business License Fee	\$200.00

2-Hour Expedite is available on all of the above filings at the fee of \$500.00 per item.

1-Hour Expedite is available on all of the above filings at the fee of \$1000.00 per item.

PLEASE NOTE: the expedite fee is in addition to the standard filing fee charged on each filing and/or order.

24-HOUR EXPEDITE 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. 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.