# Instructions for properly completing a Filing Memo

Only use this form if sending to our office by mail or courier service. If you wish to pay by Credit Card or ACH **DO NOT** complete this form. Please use our Document Upload Service located at https://corp.delaware.gov/document-upload-service-information/

### **Submitters Information**

Mark the appropriate priority box. (Additional Expedited Cost)

Fees: Priority 1 (One hr) - \$1000.00

Priority 2 (Two hr) - \$500.00

Priority 3 (Same Day) - Varies – Please see fee schedule Priority 4 (24 hour) - Varies – Please see fee schedule

#### **Submitters Information**

Completely fill out your individual or business/firm name and complete address. The attention line needs to be completed if a business or firm name is listed. Please include a phone number and/or email address in case our office needs to contact you.

Note: The account number is only to be completed by submitters that have an existing Depository account with the Division of Corporations. Please ignore this field if you do not have a Depository account.

## **Filing Information**

Complete the name of the entity and the entity file number. If you do not have the file number, you may leave it blank.

# **Other Document Filing Information**

Complete this section if requesting additional items, such as certified copies, good standing, certificate of fact (i.e., re: merger, re: change of name), and if an apostille/gold seal is needed on such certificate for use in a foreign jurisdiction.

#### Method of Return

All documents are returned Regular Mail or you can provide a Fed-X or UPS account number for express mail. Please mark the appropriate method of return.

Please contact our office at 302-739-3073 with any questions or for verification of fees.

Return forms and memos to:

Delaware Division of Corporations 401 Federal Street - Suite 4 Dover, DE 19901

# State of Delaware - Division of Corporations DOCUMENT FILING SHEET

Priority 1 (One Hr)	Priority 2 (Two Hr)	Priority 3 (Same Day)	Priority 4 (24 Hour)		L	Priority 7 (Reg. Work)	
SUBMITTE Company/Fin Or Individua Attention: Return Addre City-State-Zi Phone: Email Addre Account Nur	crys INFORMA cm l's Name ess p ss: mber:	ATION  Fax#	Country		DO NOT WRITE		Ē
File Nur	nber	y	Reservation	n Number			
OTHER DOCUMENT FILING INFORMATION  # OF Certified Copies returned Other  Good Standing Long Form Good Standing Apostille/Gold Seal Country Re: Check#Total \$ enclosed				METHOD OF RETURN (Fax or E-Mail is not available) Messenger/Pickup Fed ExUPS  Account #Regular Mail			
If you wish to pay by Credit Card or ACH, please <b>DO NOT</b> complete this form. Please submit your request using our new Document Upload Service located at <a href="https://corp.delaware.gov/document-upload-service-information/">https://corp.delaware.gov/document-upload-service-information/</a> The system will create the cover memo using the information entered at the time of the upload.				COMMENTS/FILING INSTRUCTIONS			
INSTRUC  1. Visit Instruc  2. Fully	ETIONS http://corp.delaware. ctions on how to pre	gov/cvrmemo.shtml for operly complete this self-briority Square using exquare.	memo	SEPARATE ITE	ST MUST BE SUBM IM WITH THIS FILI GE OF EACH SUBM	NG SHEET AS	