



Phone: (503) 986-2212
Fax: (503) 373-1166

Request for Lists - New UCC Filings

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com>

CUSTOMER INFORMATION

NAME OF CUSTOMER: _____

AREA CODE & PHONE NUMBER: _____

BUSINESS NAME: _____

MAILING ADDRESS (Street Address, City, State, Zip): _____

TYPE OF BUSINESS: _____

BUSINESS WEBSITE ADDRESS: _____

BUSINESS E-MAIL ADDRESS: _____

DESCRIBE HOW THIS INFORMATION WILL BE USED: _____

FORMAT

Tab delimited text format Excel Format

UCC (Uniform Commercial Code) Information includes: Lien number, effective date, expiration date, lien type, debtor name and address, and secured party name and address.

FREQUENCY

MONTHLY (\$15.00 per month) AMOUNT ENCLOSED: _____ (maximum 12 months or \$180)
 WEEKLY (\$15.00 per week) AMOUNT ENCLOSED: _____ (maximum 52 weeks or \$780)

IF YOU WISH TO RECEIVE A CERTAIN FILING TYPE, PLEASE LIST THE FILING TYPE HERE _____
Filing types are: APL, ASL, EFS, EW, GL, HAZ, IRS, MH, PF, RW, TU, and UCC

MEDIA TYPE

CD-ROM E-Mail

DELIVERY — If list are not emailed, please choose delivery option:

Pick-up in person Mail to above address

E-Mail to following address _____

PAYMENT - PREPAYMENT REQUIRED.

Make check payable to "Corporation Division", or you may fax this request with payment by VISA or MasterCard to 503-373-1166

Please charge \$ _____ to my Visa/MasterCard. Expiration Date: _____

VISA OR MASTERCARD #: _____ SIGNATURE: _____