## Instructions for properly completing a Certification 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/

#### **Submitter's 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

### **Submitter's 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.

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.

## **Certification Request 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.

## **Type of Certificate Request**

Please mark the item(s) requested. If you need to specify additional information or instructions, please provide the information in the Comments/Filing Instructions section.

#### **Method of Return Information**

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 **CERTIFICATION SHEET**

Priority 1 Priority 2 Priority 3 Priority 4 (One Hr) (Two Hr) (Same Day) (24 Hour)	Priority 7 (Reg. Work)
SUBMITTER'S INFORMATION Company/Firm Or Individual's Name Attention: Return Address City-State-Zip Country Phone: Fax# Email Address: Account Number:	
CERTIFICATION REOUEST INFORMATION  Name of Company/Entity  File Number	
TYPE OF CERTIFICATE REOUEST  Certified Plain Copy  All Charter Documents  Restated forward  Specific document(s) filed on	METHOD OF RETURN (Fax or E-Mail is not available) Messenger/Pick up  Fed Ex UPS Acct#  Regular Mail  COMMENTS/FILING INSTRUCTIONS Check# Total \$ enclosed
If you wish to pay by Credit Card or ACH, please <u>DO NOT</u> 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.	INSTRUCTIONS  1. Visit <a href="http://corp.delaware.gov/cvrmemo.shtml">http://corp.delaware.gov/cvrmemo.shtml</a> for complete instructions on how to properly complete this memo  2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square.