



Wyoming Secretary of State Update to Existing UCC Subscription

1. General Information			
a. Organization Name			
b. Address	c. City	d. State	e. Postal Code
f. Name of UCC Contact Person		g. UCC Contact Telephone Number	
h. UCC Contact Email Address:			
i. PAD Account Name <i>(If a NEW subscription, a PAD Account Name and Number will be assigned upon processing):</i>			j. PAD Account Number:

2. Subscription Type and Information	
a. This subscription is for:	<input type="checkbox"/> Internet Filing and Searching <input style="margin-left: 100px;" type="checkbox"/> Internet Download

3. User Information			
a. Please provide the following information for each user to be updated in this subscription. Be sure to indicate the reason for the change. NOTE: If you already have ten (10) active users associated to your subscription, you must <i>remove</i> a user(s) prior to adding new users.			
1) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			
2) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			
3) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			
4) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			
5) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			

4. Authorization	
The following individual is duly authorized by the Subscriber and is authorized to sign on behalf of the Subscriber.	
<i>Signature of Authorized Individual</i>	
<i>Printed Name of Signatory</i>	
<i>Signatory Title</i>	
<i>Date of Signature</i>	

IMPORTANT: If information related to the PAD account needs updating, please use the attached "Application for Prepaid Account / Amend Prepaid Account" form. Once completed, the form can be emailed to the email address appearing at the top.



Wyoming Secretary of State

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Ph. 307.777.5343
Fax 307.777.5339

Email: SOSAdminServices@wyo.gov

For Office Use Only

A PAD is a **Prepaid Account Deposit** with the Secretary of State used for payment of transaction fees. A PAD does not accrue interest. A PAD is identified by its numerical code which will be provided upon PAD formation.

Application for Prepaid Account / Amend Prepaid Account

New PAD

Amending Existing PAD; Account #:

Name of Firm:

Address:

City/State/Zip Code:

Contact Person:

Contact Phone:

Email Address:

Beginning Deposit Amount: \$

Monthly PAD statements and receipts evidencing payment deducted from a PAD will be sent to the contact person at the PAD address of record. Please notify the Secretary of State in writing (fax, email, or letter) if the PAD information changes.

The following person(s) is/are authorized personnel to sign on behalf of the PAD Subscriber. By signing this document, the Subscriber authorizes the Secretary of State to establish a prepaid account which may be used by the Subscriber to pay for transactions with the Secretary of State's Office. If additional authorized persons are to be listed, please attach a separate page. The Subscriber shall be responsible for ensuring that appropriate funds are available within the account. The account may be suspended and/or terminated by either party upon written notification.

Original Signature of Authorized Person

Date

Printed Name of Above Signer

Original Signature of Authorized Person

Date

Printed Name of Above Signer