

6. Any other terms and conditions of the transfer.

7. A copy of the resolution authorizing the transfer from the state of Wyoming to the new jurisdiction is attached.

Signature: _____
(May be executed by a member, manager, or other authorized individual as set forth in the operating agreement.)

Date:
(mm/dd/yyyy)

Print Name:

Title:

Contact Person:

Daytime Phone Number:

Email:

Checklist

Filing Fee: \$50.00 Make check or money order payable to Wyoming Secretary of State.

Please submit one **originally signed** document and one exact photocopy of the filing.

Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.