

Reset Form



Certificate Request

Idaho Secretary of State
Corporation Division

REQUESTER INFORMATION:

 (Name)

 (Mailing Address Line 1)

 (City)

(State)

(Zipcode)

(Country)

ENTITY NAME AND FILE NUMBER:

Entity Name: _____ File Number: _____

CERTIFICATE ATTESTING TO:

- ²²³ Existence or Goodstanding – \$10
 ²²² No Record – \$10
 ²²² Merger – \$10
 ²²² Name Change – \$10
- ^{242 & 240} Certified Copy – \$10 + .25 per page (includes the original filing and all amendments)

DELIVERY INFORMATION:

- Mail to requester address
 Pick Up

If overnight or express delivery is required, you must provide a prepaid airbill.

- Check – Make payable to 'Idaho Secretary of State'
- Credit Card – Please enter your email **OR** phone number (must be able to receive text) below. Once we receive your application, we will send you a link for you to enter your credit card information and submit back to us.

Email _____

Phone _____

Submit to:

Office of the Secretary of State
 450 N 4th Street
 PO Box 83720
 Boise, ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.