



New Mexico
Secretary of State
 Corporations Bureau

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501
 (800) 477-3632 · www.sos.state.nm.us

Cooperative License Renewal Request

Cooperative Name: _____

Business ID#: _____

License Period: _____ **TO** _____
(Start date MM/DD/YYYY) (End date MM/DD/YYYY)

Address you want license mailed to: (street address **OR** Post Office Box **AND** city, state & zip code)

Transaction Fee: \$ _____

Number of Members Served (Rural Electric ONLY): _____

 Printed Name

 Title

 Signature

 Date Signed

Payment Information

Check/Money Order #: _____ **Date:** _____ **Amount:** _____

If using a prepaid account please fill out authorization below

Prepaid Account Holders Name: _____

Prepaid Account ID#: _____

Amount authorized from prepaid account for transaction: \$ _____