



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: \$ _____



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Business Services Division

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DOCUMENT DELIVERY INSTRUCTIONS

(You MUST have one Document Delivery Instruction form for **each** filing being submitted)

Entity Name on filing: _____

Mail to (Business or Personal Name): _____

Attention (if applicable): _____

Document Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please check to indicate how the documents are to be delivered

WILL PICKUP

MAIL TO ADDRESS ABOVE

Please complete the information below if different from above.

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND READY FOR PICK UP. DOCUMENTS WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. PLEASE CONTACT OUR OFFICE AT 800-477-3632 AND NOTIFY US IF YOU ARE NOT ABLE TO PICK UP WITHIN THAT TIME FRAME.

-- Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY