



FEB 29 2016

DEC 29 2015

FILE NO.

L-1588822-7

FILE NO.

L-1588822-7

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**ARTICLES OF AMENDMENT***Read the Instructions L015i*

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

Korrupt Kustoms L.L.C.

2. **A.C.C. FILE NUMBER:** L15888227

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND  
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

3. ☐ **ENTITY NAME CHANGE** – type or print the exact NEW name of the LLC in the space below:

4. ☐ **MEMBERS CHANGE (CHANGE IN MEMBERS)** – *see Instructions L015i* – **Use one block per person** - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS – **in a separate block**, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form L044.

Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member	
<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member		<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member	
	<input type="checkbox"/> Remove member			<input type="checkbox"/> Remove member	
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member	
<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member		<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member	
	<input type="checkbox"/> Remove member			<input type="checkbox"/> Remove member	



5. ☒ **MANAGERS CHANGE (CHANGE IN MANAGERS) – Use one block per person – FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS** – list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. **FOR NEW MANAGERS – in a separate block**, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Managers form L043.

<b>Michael Williams</b>			<b>Kathy Williams</b>		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name 52744 E. U.S. Hwy. 60 Sp. 33			NEW Name 52774 E. U.S. Hwy. 60 Sp.33		
Address 1			Address 1		
Address 2 (optional) <b>Miami</b>		<b>Az</b>	<b>85539</b>		
City	<b>UNITED STATES</b>	State or Province	City	<b>UNITED STATES</b>	State or Province
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager	
<input type="checkbox"/> Name change	<input checked="" type="checkbox"/> Remove manager		<input type="checkbox"/> Name change	<input checked="" type="checkbox"/> Remove manager	

6. ☐ **MANAGEMENT STRUCTURE CHANGE – see Instructions L015i** – check only one box below and follow instructions:
- ☐ **CHANGING TO MANAGER-MANAGED LLC** – complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
  - ☐ **CHANGING TO MEMBER-MANAGED LLC** – complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*

7. ☐ **STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i:**

<b>7.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent:			<b>7.2 OPTIONAL</b> – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
<b>7.3 REQUIRED</b> – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment.					

8. ☒ **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT** – complete 8.1 and/or 8.2:

<b>8.1 NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent:			<b>8.2 NEW mailing address</b> in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Monty Williams		
Address 1			P.O. Box 1923		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	<b>Superior</b>	<b>Az</b>
					<b>85173</b>



9. ☐ **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:**

9.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

- ☐ Yes - go to number 10 and continue  
☐ No - go to number 9.2 and continue

9.2 If you answered "No" to number 9.1, give the **NEW physical or street address** (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

10. ☐ **DURATION CHANGE** - check one to indicate the **NEW** duration or life period of the LLC:

- ☐ Perpetual  
☐ The LLC's life period will end on this **date**: \_\_\_\_\_ (enter a date - mm/dd/yy)  
☐ The LLC's life period will end upon the occurrence of this **event**: \_\_\_\_\_ (describe an event)

11. ☐ **ENTITY TYPE CHANGE** - if changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC - number 12 must also be completed.  
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

12. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the **NEW** type of professional services the professional LLC will render:

13. ☐ **OTHER AMENDMENT** - if an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.

**SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

  
Signature

☒ I ACCEPT

Michael Williams  
Printed Name

02-16-16  
Date (mm/dd/yy)

**REQUIRED** - check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> This is a <b>manager-managed LLC</b> and I am signing individually as a <b>manager</b> or I am signing for an <b>entity manager</b> named: Michael Williams	<input type="checkbox"/> This is a <b>member-managed LLC</b> and I am signing individually as a <b>member</b> or I am signing for an <b>entity member</b> named: 
--	--

Filing Fee: \$25.00 (regular processing)  
Expedited processing - add \$35.00 to filing fee.  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



Hi,

WE ARE REMOVING 3 OF THE MANAGERS + LEAVING  
MONTY WILLIAMS AS MANAGER + AND STATORY AGENT.

On OUR PAPER WORK IT HAS THE FILE NUMBER  
AS L-158822-7 OR L 1588227 WITHOUT  
THE DASH.

THANK YOU AND HAVE A GREAT DAY

MIKE WILLIAMS

HOME: 928-473-8210

CELL: 928-701-3110

COMPANY MAILING ADDRESS:

P.O. Box 1923

SUPERIOR, AZ 85173





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**ARTICLES OF AMENDMENT***Read the Instructions L015i*

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

Korrupt-Kustoms L.L.C.

2. **A.C.C. FILE NUMBER:** L-1588227

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**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND  
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

3. ☐ **ENTITY NAME CHANGE** – type or print the exact NEW name of the LLC in the space below:

4. ☐ **MEMBERS CHANGE (CHANGE IN MEMBERS)** – *see Instructions L015i* – Use one block per person – FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS – list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS – in a separate block, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form L044.

Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member	
<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member		<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member	
	<input type="checkbox"/> Remove member			<input type="checkbox"/> Remove member	
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member	
<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member		<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member	
	<input type="checkbox"/> Remove member			<input type="checkbox"/> Remove member	



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<b>Mike Williams</b>			<b>Kathy Williams</b>		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
51344 N. Hutton Peak Rd.			51344 N. Hutton Peak Rd.		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Miami	Az	85539	Miami	Az	85539
City	State or Province	Zip	City	State or Province	Zip
UNITED STATES			UNITED STATES		
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove manager			<input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove manager		

6. ☐ **MANAGEMENT STRUCTURE CHANGE** – see *Instructions L015i* – check only one box below and follow instructions:
- ☐ CHANGING TO MANAGER-MANAGED LLC – complete and attach the Manager Structure Attachment form L040. The filing will be rejected if it is submitted without the attachment.
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7. ☐ **STATUTORY AGENT CHANGE – NEW AGENT APPOINTED** – see *Instructions L015i*:

<b>7.1 REQUIRED</b> – give the name (can be an individual or an entity) and <b>physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent:			<b>7.2 OPTIONAL</b> – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
<b>7.3 REQUIRED</b> – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment.					

8. ☐ **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT** – complete 8.1 and/or 8.2:

<b>8.1 NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent:			<b>8.2 NEW mailing address</b> in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip



9. ☐ **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:**

9.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

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9.2 If you answered "No" to number 9.1, give the **NEW physical or street address** (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

10. ☒ **DURATION CHANGE** - check one to indicate the **NEW** duration or life period of the LLC:

- ☒ Perpetual  
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☐ The LLC's life period will end upon the occurrence of this **event**: \_\_\_\_\_ (describe an event)

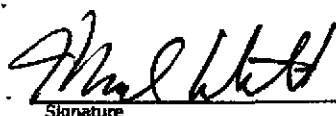
11. ☐ **ENTITY TYPE CHANGE** - if changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC - number 12 must also be completed.  
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

12. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the **NEW** type of professional services the professional LLC will render:

13. ☐ **OTHER AMENDMENT** - if an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.

**SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

  
Signature

☒ I ACCEPT

MICHAEL WILLIAMS  
Printed Name

12-24-15  
Date (mm/dd/yy)

**REQUIRED** - check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> This is a <b>manager-managed LLC</b> and I am signing individually as a <b>manager</b> or I am signing for an <b>entity manager</b> named: _____	<input type="checkbox"/> This is a <b>member-managed LLC</b> and I am signing individually as a <b>member</b> or I am signing for an <b>entity member</b> named: _____
--	---

Filing Fee: \$25.00 (regular processing)  
Expedited processing - add \$35.00 to filing fee.  
All fees are nonrefundable - see Instructions.

Mall: Arizona Corporation Commission - Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



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ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

## ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

**COVER SHEET****USE A SEPARATE COVER SHEET FOR EACH DOCUMENT****1. WHAT ARE YOU FILING?**☐ New Entity ☒ Change to existing entity ☐ Re-submission/Correction**2. ENTITY NAME:**

Korrupt Kustoms L.L.C.

**3. CALCULATE YOUR FEES** (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	\$25.00
Do you want EXPEDITED processing? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, add \$35.00	Subtotal:	\$35.00
<input type="checkbox"/> Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
<input checked="" type="checkbox"/> LLC certified copies \$10.00 each x 2 (enter number of copies requested)	Subtotal:	\$20.00
<input type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	<b>\$80.00</b>

**4. PAYMENT METHOD:**☐ MOD Account #**Cash** - do not mail cash. Cash may be used only for in-person submittals.**Checks or money orders** - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. **UNACCEPTABLE CHECKS** include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).**Credit cards** - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.**5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):**

<input type="checkbox"/> Email	Email address:		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input checked="" type="checkbox"/> Mail	Name: Michael Williams		
	Address: P.O. Box 1923		
	City: Superior	State: AZ	Zip: 85173
	Phone: 928-701-3110		

**DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)****FOR ARIZONA CORPORATION COMMISSION USE ONLY****PICK-UP BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_View current processing times at: [www.azcc.gov/Divisions/Corporations/document-processing-times.pdf](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)





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FEB 29 2016

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

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## ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

## COVER SHEET

## USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

## 1. WHAT ARE YOU FILING?

☐ New Entity ☒ Change to existing entity ☐ Re-submission/Correction

## 2. ENTITY NAME:

Korrupt -Kustoms L.L.C.

## 3. CALCULATE YOUR FEES (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	<del>25.00</del>
Do you want EXPEDITED processing? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, add \$35.00	Subtotal:	\$35.00
<input type="checkbox"/> Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
<input checked="" type="checkbox"/> LLC certified copies \$10.00 each x 2 (enter number of copies requested)	Subtotal:	\$20.00
<input type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	<b>\$55.00</b>

## 4. PAYMENT METHOD:

<input type="checkbox"/> MOD Account #
<p><b>Cash</b> - do not mail cash. Cash may be used only for in-person submittals.</p> <p><b>Checks or money orders</b> - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. <b>UNACCEPTABLE CHECKS</b> include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).</p> <p><b>Credit cards</b> - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.</p>

## 5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input type="checkbox"/> Email	Email address:		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input checked="" type="checkbox"/> Mail	Name: Michael Williams		
	Address: P.O. Box 592		
	City: Miami	State: AZ	Zip: 85539
	Phone: 928-473-8210		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

## FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: \_\_\_\_\_

DATE: \_\_\_\_\_

View current processing times at: [www.azcc.gov/Divisions/Corporations/document-processing-times.pdf](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)



**COMMISSIONERS**  
SUSAN BITTER SMITH - Chairman  
BOB STUMP  
BOB BURNS  
DOUG LITTLE  
TOM FORESE



JODI JERICH  
Executive Director

PATRICIA L. BARFIELD  
Director  
Corporations Division

**ARIZONA CORPORATION COMMISSION**

**RECEIVED**

KORRUPT-KUSTOMS L.L.C.  
52744 E US HWY 60  
SP 33

**FEB 29 2016**

**ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION**

MIAMI, AZ 85539

Effective Date: 01/05/2016  
File No: L-1588822-7

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is REJECTED and being returned for the following reasons:

The incorrect fee amount was enclosed. Please return with correct fee. The filing fee is \$25.00 and expedited service fee is available for an additional \$35.00. Please make checks payable to "Arizona Corporation Commission" and do not use the abbreviation "ACC" on the check.

The check # 5061 for \$55.00 is being returned/attached. The address of both managers listed in art. 5 is not consistent with our record. Please, remove wrong address or provide the correct address consistent with our record. Check off the "manager managed" box on page 3.

**IMPORTANT INFORMATION:**

Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Limited Liability Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

Return the following information to the Corporations Division:

1. A copy of this letter and all pages of the rejected document.
2. The corrected document, NEW Cover Sheet, plus any additional



paperwork or filing fees, as requested within this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment to [documentintake@azcc.gov](mailto:documentintake@azcc.gov).

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO <http://ecorp.azcc.gov>. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD, THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at [www.azcc.gov/divisions/Corporations](http://www.azcc.gov/divisions/Corporations).

