APPLICATION FOR RESERVATION OF NAME

Filing Fee: $10.00

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

PLEASE NOTE:

- If the name of the applicant or address stated within this reservation does **NOT** appear in the legal business entity filing document, a **FILED COPY** of this name reservation **MUST** accompany such document.

I hereby request that the following name be reserved for a period of sixty (60) days **prior** to the organization of the legal business entity pursuant to the provisions of Title 18, Section 1139 or Section 2009 **or** Title 54, Section 500-109A:

1. Name to be reserved:

_____

2. Name will be used for one of the following: **(PLEASE CHECK ONE)**

☐ Corporation ☐ Limited Liability Company

☐ Limited Partnership ☐ Other

3. Name of Applicant:

_____

4. Address of Applicant:

_____

Address **City** **State** **Zip Code**

The application for name reservation must be signed by the applicant applying for the reserved name.

Signature of Applicant: _____ Dated: _____

Oklahoma Secretary of State
Request to receive documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)