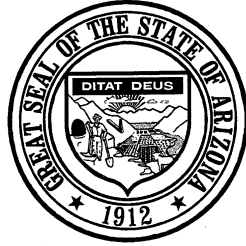


Secretary of State
 Business Services Division
 1700 West Washington St.
 Phoenix, AZ 85007

STATE OF ARIZONA



**SECRETARY OF STATE
 USE ONLY**

Registration Number:

Date Filed:

**Limited Telephone Solicitation
 Registration**

PLEASE FILL OUT YOUR REGISTRATION COMPLETELY. An incomplete registration will delay your registration.
 Please TYPE or PRINT

Principal Place of Business -- Name and address of the business registering as a limited telephone solicitor.

Legal Business Name				
Business Type:	Corporation	Partnership	Sole Proprietorship	Fictitious Business Name
Address Line 1				
Address Line 2				
City	State	Zip	Phone	

Service of Process Agent -- Enter the name and contact information for the individual that shall receive service of process for the legal name listed above.

First Name	Middle Name	Last Name		
Address Line 1				
Address Line 2				
City	State	Zip	Phone	
Email			Fax	

Individual Filing -- Enter the name and contact information for the individual that has completed this form.

First Name	Middle Name	Last Name		
Address Line 1				
Address Line 2				
City	State	Zip	Phone	
Email			Fax	

If your business operates under a fictitious business name, please provide the location where the fictitious business name is registered. (if registered)

Fictitious Business Name		
State of Registration	Agency of Registration	
Address Line 1		
Address Line 2		
City	State	Zip

