



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

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**Application for Reservation of a
Domestic Profit Corporate Name**

Pursuant to the provisions of the New Mexico Business Corporation Act, the undersigned hereby applies for reservation of the following corporate name for a period of one hundred twenty days:

The proposed name of the corporation is:

(must contain 'corporation', 'company', 'incorporated', or 'limited' or an abbreviation of such words)

Applicant's name and title:

Applicant's mailing address:

City

State

Zip code

Executed Date:

Signature of Applicant

Printed Name and title

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081
WWW.SOS.STATE.NM.US



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Document Delivery Instruction Form

Please fill out in its entirety

Contact Name: _____

Contact Phone Number: _____

Attention: _____

Mailing Address: _____

City

State

Zip code

Email Address: _____

All documents will be emailed to the email address listed. If an email address is not provided the documents will be mailed to the address listed.

check if you choose to pick up your documents

Documents listed for pick up must be picked up within five business days or documents will be emailed.

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