



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

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**Application for Reservation of a
Foreign Limited Liability Company Name**

Pursuant to the provisions of the New Mexico Limited Liability Company Act, the undersigned hereby applies for reservation of the following limited liability company name for a period of one hundred twenty days:

The proposed name of the company is:

(must contain 'limited liability company', or 'limited company', 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

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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.

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

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