



Wyoming Secretary of State

Business Division
2020 Carey Ave Ste 700
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.7640
Email: Business@wyo.gov

For Office Use Only

Commercial Registered Agent Registration

1. Legal name of applicant. *(An applicant may be a natural person or business entity. If a natural person, the individual must be 18 years or older.):*

For consistency the Secretary of State's Office will only keep one version of the agent's name on file.

2. The applicant's physical address (a post office box is prohibited) in **Wyoming** where service of process may be made during regular business hours for entities served by the applicant:

Address:

City and Zip Code:

Business Hours for Service of Process:

Phone Number:

Email Address:

3. Mailing address of the applicant if different:

4. If the applicant is a business entity, the name, address and phone number of the natural person(s) who has responsibility for the entity:

Name:

Address:

City, State and Zip Code:

Phone Number:

5. By signing this application, I agree:

- To comply with the provisions of the W.S. §17-28-101 – 17-28-111.
- That the applicant, or in the case of business entity, its officers, directors, partners, or persons serving in a similar capacity have not been convicted of a felony.
- That the name of natural person(s) or the position(s) that is authorized to accept service of process on behalf of the Commercial Registered Agent shall be held on site at the registered office.
- That this registration expires on December 31 of each year. A registered agent who does not renew by December 31 of each year shall not have registered agent status.
- That information contained on this application may be published on the Secretary of State's website:
 - Yes No

I declare under the penalty of perjury that the statements contained in this application are true and correct and acknowledge that pursuant to W.S. §6-5-308 it is a felony to knowingly offer a false or forged instrument for filing with the Secretary of State.

Date:
(mm/dd/yyyy)

Signature: _____

Print Name:

Title:

State of _____

S.S.

County of _____

_____, being first duly sworn, deposes and says that he has read the above application, and the facts set out therein are true.

Date: _____

Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

Checklist

New Application

Filing Fee: \$25.00

Renewal

Filed by November 30: Filing Fee \$25.00

Filed between December 1 – December 31: Filing Fee \$25.00 + \$25.00 Late Fee

Filed after December 31: Please contact our office

Make all checks payable to Wyoming Secretary of State