



Wyoming Secretary of State's Office UCC E-Filing System Agreement

In order to subscribe to Wyoming's UCC E-Filing System, the web user must complete and sign a subscription form and mail it to the Secretary of State's Office with the appropriate filing fee. The subscription is valid for one year after the date of filing. Subscriptions must be renewed each year.

This agreement sets forth the conditions under which the Wyoming Secretary of State will provide services to Subscriber.

Subscription options:

- **Internet Filing and Searching** provides access to the UCC E-System, including filing and searching capabilities. Subscriber will establish a Prepaid Account Deposit (PAD) of at least \$200.00 which must be submitted when opening an account. The Subscriber need not establish a new PAD account if one is on file with the SOS. Account balances must be maintained to guarantee acceptance of filings. The cost of filing is computer generated and automatically deducted from the Subscriber's PAD account. A balance of the account is provided with each receipt. The annual fee for usage of this option with a maximum of 10 users per subscription is \$150.00.
- **Internet Download** provides access to the UCC E-System for the downloading of UCC data with a maximum of two users per subscription. The annual fee is \$2,000.

Subscription forms must be submitted and approved by the Secretary of State before the Subscriber is issued user accounts and uses the Wyoming UCC E-Filing System.

Service will be provided seven (7) days per week 24 hours a day. This will exclude time for scheduled maintenance as designated by the SOS in its sole discretion.

The SOS will issue to the Subscriber user identification and passwords. The Subscriber is responsible for preserving the secrecy of his/her user ID and password. Subscriber is liable for any and all charges for services to his/her accounts whether or not authorized by Subscriber.

The SOS shall not be responsible for any delays or failure in performance or interruption of service resulting from any cause or circumstance beyond its control. The Secretary of State shall not be responsible for any errors or omissions from information available on the Wyoming UCC E-System.

The SOS reserves the right to withdraw any service without consulting the Subscriber prior to withdrawing such service.



Wyoming Secretary of State UCC Subscription Form

1. General Information

a. Organization Name			
b. Address	c. City	d. State	e. Postal Code
f. Name of UCC Contact Person		g. UCC Contact Telephone Number	
h. UCC Contact Email Address:			
i. PAD Account Name <i>(if a NEW subscription, a PAD Account Name and Number will be assigned upon processing):</i>			j. PAD Account Number:

2. Subscription Type and Information

a. This subscription is for: **Internet Filing and Searching** *(Proceed to Section 3 below)* **Internet Download** *(Proceed to Section 4 below)*

3. Internet Filing and Searching

a. Please provide the following information for each user to be assigned to this subscription. Please note: there is a maximum of ten (10) users per subscription and you must designate two (2) users to which subscription renewal information may be emailed. *(When complete with Section 3, proceed to Section 5.)*

1) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
2) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
3) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
4) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
5) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
6) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
7) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
8) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
9) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
10) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	



Wyoming Secretary of State UCC Subscription Form

3. Internet Filing and Searching Instructions

a. If a Prepaid Account Deposit (PAD) is not already established and on file in the Secretary of State's Office, the subscriber will establish a PAD with an initial deposit of at least \$200.00 which must be submitted when opening an account. The required form is attached.

b. Account balances must be maintained to guarantee acceptance of filing.

c. Payment will be made using the Subscriber's PAD account.

d. Online filing fees will be calculated by the system.

e. A balance of the PAD account is provided with each receipt.

f. If information related to the PAD account needs updating, please use the attached "Application for Prepaid Account / Amend Prepaid Account" form. Once completed, the form can be emailed to the email address appearing at the top.

g. Annual Fee for up to 10 users: \$150.00

4. Internet Download

a. Please provide the following information for each user to be assigned to this subscription. Please note: there is a maximum of two (2) users per subscription and both users will receive renewal information via email. *(When complete with Section 4, proceed to Section 5.)*

1) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	
2) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:		Telephone:	

b. If information related to the PAD account needs updating, please use the attached "Application for Prepaid Account / Amend Prepaid Account" form. Once completed, the form can be emailed to the email address appearing at the top.

c. Annual Fee for up to 2 users: \$2,000.00

5. Authorization

The following individual is duly authorized by the Subscriber and is authorized to sign on behalf of the Subscriber.

Signature of Authorized Individual	
Printed Name of Signatory	
Signatory Title	
Date of Signature	

IMPORTANT: If information related to the PAD account needs updating, please use the attached "Application for Prepaid Account / Amend Prepaid Account" form. Once completed, the form can be emailed to the email address appearing at the top.



Wyoming Secretary of State

State Capitol Building, Room 109
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.5343
Fax 307.777.5339

Email: SOSAdminServices@wyo.gov

For Office Use Only

A PAD is a **Prepaid Account Deposit** with the Secretary of State used for payment of transaction fees. A PAD does not accrue interest. A PAD is identified by its numerical code which will be provided upon PAD formation.

Application for Prepaid Account / Amend Prepaid Account

New PAD

Amending Existing PAD; Account #:

Name of Firm:

Address:

City/State/Zip Code:

Contact Person:

Contact Phone:

Email Address:

Beginning Deposit Amount: \$

Monthly PAD statements and receipts evidencing payment deducted from a PAD will be sent to the contact person at the PAD address of record. Please notify the Secretary of State in writing (fax, email, or letter) if the PAD information changes.

The following person(s) is/are authorized personnel to sign on behalf of the PAD Subscriber. By signing this document, the Subscriber authorizes the Secretary of State to establish a prepaid account which may be used by the Subscriber to pay for transactions with the Secretary of State's Office. If additional authorized persons are to be listed, please attach a separate page. The Subscriber shall be responsible for ensuring that appropriate funds are available within the account. The account may be suspended and/or terminated by either party upon written notification.

Original Signature of Authorized Person

Date

Printed Name of Above Signer

Original Signature of Authorized Person

Date

Printed Name of Above Signer