



Wyoming Secretary of State

State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: business@state.wy.us

For Office Use Only

Verified Claim Form

Date:

To: Wyoming Secretary of State's Office
200 W 24th St Ste 110
Cheyenne, WY 82002

Name & Address of Entity:

The above entity is requesting a refund in the amount of:

\$_____ for the _____ Annual Report.
(dollar amount) (year)

The reason for requesting the refund is as follows:

Signature: _____

Title: _____

State of _____

County of _____

The foregoing instrument was acknowledged before me by _____, this
_____ day of _____, 20____.

Witness my hand and official seal.

Notary Public

SEAL