



Wyoming Secretary of State

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**Nonprofit Corporation
Articles of Correction**

1. Corporation name:

2. Document to be corrected:

3. Filed with the Wyoming Secretary of State:

(Date – mm/dd/yyyy)

4. Incorrect statement:

6. Correct statement:

Signature: _____
(Shall be executed by the Chairman of the Board, President or another of its officers.)

Date: _____
(mm/dd/yyyy)

Print Name:

Contact Person:

Title:

Daytime Phone Number:

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(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Checklist

Filing Fee: \$25.00 Make check or money order payable to Wyoming Secretary of State.

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