



## Wyoming Secretary of State Update to Existing UCC/EFS E-Filing Subscription

<b>1. General Information</b>			
a. Organization Name			
b. Address	c. City	d. State	e. Postal Code
f. Name of Primary Contact Person		g. Primary Contact Telephone Number	
h. Primary Contact Email Address:		i. PAD Account Number:	

<b>2. User Information</b>			
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a. Please provide the following information for each user to be updated in this subscription. Be sure to indicate the reason for the change. NOTE: If you already have ten (10) active users associated to your subscription, you must *remove* a user(s) prior to adding new ones.

1) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			
2) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			
3) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			
4) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			
5) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
Change Reason: <input type="checkbox"/> Remove the User <input type="checkbox"/> Add the user <input type="checkbox"/> Update existing user			

<b>3. Authorization</b>	
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The following individual is duly authorized by the Subscriber and is authorized to sign on behalf of the Subscriber. This form must be manually signed.

<i>Original Signature of Authorized Individual</i>	
<i>Printed Name of Signatory</i>	
<i>Signatory Title</i>	
<i>Date of Signature</i>	

**IMPORTANT:** If information related to the PAD account needs updating, please use the attached "Application for Prepaid Account / Amend Prepaid Account" form.