

Persons Involved (if known):

Involved person #1

Name:	Address:
<input type="text"/>	<input type="text"/>
Phone:	Email:
<input type="text"/>	<input type="text"/>

Involved person #2

Name:	Address:
<input type="text"/>	<input type="text"/>
Phone:	Email:
<input type="text"/>	<input type="text"/>

Oath and Attestation of Complainant:

I certify under penalty of false swearing under the laws of Wyoming that the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

Signature of Complainant

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

[Notary Public]

My Commission Expires: _____

Additional Supporting Documents Detailing Events of Fraud (if Applicable):

In addition to this form, please provide any other supporting materials to the Secretary of State's Office.

If, upon receipt of the complaint, the Secretary of State's Office determines that a business entity should be administratively dissolved pursuant to Wyoming law, the Secretary of State's Office will provide notice to the entity that it has sixty (60) days to correct any false information. If the false or fraudulent information is not corrected within sixty (60) days, the Secretary of State will administratively forfeit the entity's articles of incorporation or organization or revoke its certificate of authority.

No filing fee

Form may be submitted by:

Email: reportfraud@wyo.gov

Mail-in: Refer to address at top of this form.