



**Wyoming Secretary of State**

Herschler Building East, Suite 101

122 W 25<sup>th</sup> Street

Cheyenne, WY 82002-0020

Ph. 307.777.7311

Email: [Business@wyo.gov](mailto:Business@wyo.gov)

For Office Use Only

**Notice of Entity Election**  
**Names and Addresses of Key Individuals**

In accordance with W.S. 17-28-104(d)

*(Name of Business Entity)*

elects to provide the Wyoming Secretary of State with the names and addresses of its directors, officers, limited liability company managers, managing partners, trustees or persons serving in a similar capacity. The names, addresses and titles are listed below. *\*Note, the address(es) provided cannot be that of the company's registered agent or other known commercial registered agent address.*

1. Print Name:

Print Title:

Print Address:

2. Print Name:

Print Title:

Print Address:

3. Print Name:

Print Title:

Print Address:

4. Print Name:

Print Title:

Print Address:

5. Print Name:

Print Title:

Print Address:

6. Print Name:

Print Title:

Print Address:

*If additional space is needed for names, addresses and titles, please attach an additional sheet.*

I hereby certify that the information contained in this document is true and correct.

**Date:**

*(mm/dd/yyyy)*

**Signature:** \_\_\_\_\_

*(Shall be executed by an authorized individual.)*

**Email:**

**Print Name:**

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

**Title:**



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## Notice of Entity Election Communications Contact Person

In accordance with W.S. 17-28-104(d)

*(Name of Business Entity)*

elects to provide the Wyoming Secretary of State with the name, business address and phone number of a natural person who is an officer, director, employee or designated agent authorized to be the communications contact person for this business entity. *\*Note: The designated communications contact for the entity shall not be the entity's registered agent or an employee of the entity's registered agent unless the registered agent is the entity's officer, director, limited liability company member or manager, managing partner or trustee. The print address must be a physical address. It cannot be a post office box, virtual address, or other known commercial registered agent address.*

1. Name and title of the *natural person* authorized to be the communications contact person:

Print Name:

Print Title:

2. Physical Address:

Print Address:

Print City, State and Zip Code:

3. Daytime Phone Number:

I hereby certify that the information contained in this document is true and correct.

**Date:**  
*(mm/dd/yyyy)*

**Signature:** \_\_\_\_\_  
*(Shall be executed by an authorized individual.)*

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

**Print Name:**

**Title:**

### Checklist

#### ***No Filing Fee***

**Processing time is up to 15 business days** following the date of receipt in our office.

The information listed on this form shall be kept current within 60 days of any change.

Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**