



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

1. General Information			
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:	

2. User Information			
----------------------------	--	--	--

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			

3. Authorization	
-------------------------	--

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.