



Wyoming Secretary of State's Office E-Filing System Agreement

In order to subscribe to Wyoming's UCC E-Filing System, the web user must submit an originally signed and completed subscription form to the Secretary of State's Office with the appropriate fee. The subscription is valid for one year after the date of filing. A subscription form must be submitted prior to the expiration date in order to ensure there is no interruption in the subscriber's ability to access the E-Filing System. A renewal email reminder will be sent by the E-Filing system 15 and 30 days prior to the expiration date.

This agreement sets forth the conditions under which the Wyoming Secretary of State will provide services to Subscriber.

Subscription options:

- **Web Filing and Searching** provides access to the E-System, including filing and searching capabilities. Subscriber will establish a Prepaid Account Deposit (PAD) of at least \$200.00 which must be submitted when opening an account. The Subscriber need not establish a new PAD account if one is on file with the SOS. Account balances must be maintained to guarantee acceptance of filings. The cost of e-filing is computer generated and automatically deducted from the Subscriber's PAD account. A balance of the account is provided with each receipt. The annual fee for usage of this option with a maximum of 10 users per subscription is \$300.00.
- **Data Download** provides access to the UCC/EFS E-System for the downloading of UCC and EFS data with a maximum of two users per subscription. The annual fee is \$2,000.

Subscription forms must be submitted and approved by the Secretary of State before the Subscriber is issued user accounts and uses the Wyoming E-Filing System.

Service will be provided seven (7) days per week 24 hours a day. This will exclude time for scheduled maintenance as designated by the SOS in its sole discretion.

The SOS will issue to the Subscriber user identification and passwords. **Only one (1) subscriber is allowed per user identification/password combination. Sharing user accounts is not permitted and can lead to an interruption and/or termination of your account.**

The SOS shall not be responsible for any delays or failure in performance or interruption of service resulting from any cause or circumstance beyond its control. The Secretary of State shall not be responsible for any errors or omissions from information available on the Wyoming E-System.

The SOS reserves the right to withdraw any service without consulting the Subscriber prior to withdrawing such service.



**Wyoming Secretary of State
UCC/EFS E-Filing Subscription**

Web Filing and Searching	
<input type="checkbox"/> Registration	\$300.00
<input type="checkbox"/> Renewal	\$300.00
Database Download	
<input type="checkbox"/> Registration	\$2,000.00
<input type="checkbox"/> Renewal	\$2,000.00

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 Name (if a NEW subscription, a PAD Account Name and Number will be assigned upon processing):			j. PAD Account Number:

2. Subscription Type and Information

a. This subscription is for:

<input type="checkbox"/> Data Download <i>(Complete Sections 3 & 6)</i>	<input type="checkbox"/> UCC Web Filing & Searching <i>(Read Section 4. Complete Sections 5 & 6)</i>	<input type="checkbox"/> EFS Web Filing & Searching <i>(Read Section 4. Complete Sections 5 & 6)</i>	<input type="checkbox"/> Both UCC & EFS Web Filing and Searching <i>(Read Section 4. Complete Sections 5 & 6)</i>
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3. Data Download

a. Please provide the following information for each user to be assigned to this subscription. Please note: there is a maximum of two (2) users per subscription and both users will receive renewal information via email. **(Complete Sections 5 & 6.)**

1) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
2) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			

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

c. Annual Fee for up to 2 users: \$2,000.00

4. Web Filing and Searching Instructions

- a. If a Prepaid Account Deposit (PAD) is not already established and on file in the Secretary of State's Office, the subscriber will establish a PAD with an initial deposit of at least \$200.00 which must be submitted when opening an account. The required form is attached. **(Proceed to Section 5.)**
- b. Account balances must be maintained to guarantee acceptance of filing.
- c. Payment will be made using the Subscriber's PAD account.
- d. Online filing fees will be calculated by the system.
- e. A balance of the PAD account is provided with each receipt.
- f. If information related to the PAD account needs updating, please use the attached "Application for Prepaid Account / Amend Prepaid Account" form.
- g. Annual Fee for up to 10 users: \$300.00

5. Web Filing and Searching

a. Please provide the following information for each user to be assigned to this subscription. Please note: there is a maximum of ten (10) users per subscription and you must designate two (2) Primary users to which subscription renewal information may be emailed.

1) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
2) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
3) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
4) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
5) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
6) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
7) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
8) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
9) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			
10) First Name:	Middle Initial:	Last Name:	<input type="checkbox"/> Primary Contact?
Email Address:			

6. 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.



Wyoming Secretary of State

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For Office Use Only

A PAD is a **Prepaid Account Deposit** with the Secretary of State used for payment of transaction fees. A PAD does not accrue interest. A PAD is identified by its numerical code which will be provided upon PAD formation.

Application for Prepaid Account / Amend Prepaid Account

New PAD

Amending Existing PAD; Account #:

Name of Firm:

Address:

City/State/Zip Code:

Contact Person:

Contact Phone:

Email Address:

Beginning Deposit Amount: \$

Monthly PAD statements are sent by email. Please notify the Secretary of State in writing (fax, email, or letter) if the PAD information changes.

The following person(s) is/are authorized personnel to sign on behalf of the PAD Subscriber. By signing this document, the Subscriber authorizes the Secretary of State to establish a prepaid account which may be used by the Subscriber to pay for transactions with the Secretary of State's Office. If additional authorized persons are to be listed, please attach a separate page. The Subscriber shall be responsible for ensuring that appropriate funds are available within the account. The account may be suspended and/or terminated by either party upon written notification.

Original Signature of Authorized Person

Date

Printed Name of Above Signer

Original Signature of Authorized Person

Date

Printed Name of Above Signer