

P 22765

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STATE OF ARIZONA
DEPARTMENT OF REVENUE
DIVISION OF TAXATION
JAN 19 1993

[Handwritten signatures and stamps]

COMMONWEALTH

TO: Amendment Section
Division of Corporations

SUBJECT: (1) MASSACHUSETTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Official Director's Designation for Corporation no fees are submitted or filing.

Please return all correspondence concerning this matter at the following:

Mr. [Name] (X)
(Name of Person)

(1) MASSACHUSETTS, INC.
(Name of Firm/Company)

1234567890 1234567890 1234567890
(Address)

1234567890 1234567890
(City/State and Zip Code)

For the information concerning this matter, please fill:

Mr. [Name] (X) at (1234567890) 1234567890
(Name of Person) (Area Code and Exchange Number)

Enclosed is a check for \$5.00 made payable to the Official Department of State.

Street Address:
Amendment Section
Division of Corporations
Citizen Building
2864 Executive Center Drive
Fall River, MA 02731

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 537
Fall River, MA 02734

OFFICE OF DIRECTOR OF INVESTIGATION
FEDERAL BUREAU OF INVESTIGATION

1. Name of the individual: _____ (Print name)
 2. Date of birth: _____ (MM/DD/YYYY)
 3. Place of birth: _____ (City, State, and Country)
 4. Current address: _____ (Street, City, State, and Zip)
 5. Telephone number: _____ (Area code and number)
 6. Social Security number: _____ (Number)
 7. Date of application: _____ (MM/DD/YYYY)

 (Signature of the individual)

1. FILLING (FBI) 11 533500

1. Address of the individual: _____ (Street, City, State, and Zip)

1. Address of the individual: _____ (Street, City, State, and Zip)
 2. Division of the individual: _____ (Division)
 3. Telephone number: _____ (Area code and number)
 4. Social Security number: _____ (Number)

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 DIVISION OF INVESTIGATION
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