Name Availability Inquiry Letter

Corporations, Limited Partnerships, and Limited Liability Companies

To inquire as to the availability of a corporation, limited partnership or limited liability company name, complete the order form below, listing up to three names to be checked. Submit your request by mail, along with a self-addressed envelope, to:

Secretary of State Name Availability Unit 1500 11th Street, 3rd Floor Sacramento, CA 95814

Email and/or online inquiries regarding name availability cannot be accepted at this time.

NAME AVAILABILITY INQUIRY FORM					
YOUR NAME:					
NAME OF BUSINESS: (if applicable)					
MAILING ADDRESS:					
CITY:			STATE:	ZIP:	
TELEPHONE NUMBER:			FAX NUMBER:		
INDICATE TYP (choose o	_	Corporation	Limited Partnership	Limited Liability Compa	ny
NAMES TO BE CHECKED					
1st Choice:					
For Office Use Only:	() is available () is not avail	e. able – we have:			
2nd Choice:					
For Office Use Only:	() is available () is not avail	e. able – we have:			
3rd Choice:					
For Office Use Only: () is available. () is not available – we have:					
FOR OFFICE USE ONLY					
Date:		I#:		By:	