

SECTION 2: Information About Forged or Fraudulent Filing

Name of entity from which the Secretary of State is demanding response:
(name as registered with this office)

Entity File Number:

General Information: Please provide names, if known, of all persons involved in the alleged violation(s):*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last Name

First Name

Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Firm Name/Doing Business As

Position/Title

Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street

City

State Zip

Web site and Email address:

Indicate any relationship between the complainant and all persons involved in the alleged violation(s): (check all boxes that apply)

- Competitor Friend/Acquaintance Family/Relative Spouse/Ex-Spouse
 Business Partner Co-worker None Other (please explain below)

SECTION 3: Additional Information

Please provide any additional information which the respondent believes may be helpful in the investigation of the alleged violation(s):*

*attach additional pages if needed

SECTION 4: Attachments

Attach photocopies of any additional information that may be useful in investigating this complaint or alleged violation(s). Please do not send originals as we cannot be responsible for their safekeeping.

Are you willing to testify in a court of Law or administrative proceeding regarding this complaint?

YES NO

DECLARATION:

In filing this response, I declare under penalty of perjury under the Laws of Nevada that the information provided in this response is true and correct to the best of my knowledge and that the information may be used by the Secretary of State and other entities to further investigate the complaint or alleged violation(s) of NRS 225.084.

Printed Name of Respondent

X _____

Signature of Respondent

_____ Date

IF THIS REPORT WAS PREPARED BY SOMEONE ON BEHALF OF THE RESPONDENT, PLEASE INDICATE WHO PREPARED THIS REPORT

Last Name

First Name

Middle Name

Name of Organization

Contact Phone Number:

Street

City

State

Zip

X _____

Signature of Person who Prepared Report

_____ Date

Please make sure your response:

- is complete, printed and legible
- is signed by the Respondent
- includes all photocopied attachments