

STATE OF ALABAMA

**DOMESTIC PROFESSIONAL ASSOCIATION
ANNUAL RENEWAL NOTICE**

PURPOSE: Under Section, 10A-30-1.10 of the Code of Alabama 1975 a Domestic Professional Association (PA) shall furnish a statement to the Secretary of State by the 30th day following November 1 of each year. A \$25.00 filing fee (10A-1-4.31) must accompany the notice on a form designated by the Secretary of State. If the Renewal Notice is not filed timely, the PA is required to pay a \$50.00 penalty fee in addition to the filing fee.

INSTRUCTIONS: Mail two (2) signed originals of this completed Renewal Notice and the filing fee \$25.00 (Section 10A-1-4.31) to the **Secretary of State, LLP Annual Notice/ Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** no later than 30

days following November 1st of each year. If you are filing after the 30th day following November 1 in any year you must include a \$50.00 penalty fee (total fee is \$75.00 and you may make one check or money order). You may submit the filing via email to miscellaneous.filings@sos.alabama.gov if you are paying by credit card. **FAX transmissions will not be accepted, acknowledged, or returned.** If the credit card does not authorize or the check is dishonored your filing will be removed from the record.

(For SOS Office Use Only)

This form must be typed or laser printed.

1. Alabama Entity ID Number (Format: 000-000): _____ - _____

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain the entity ID number on our website at www.sos.alabama.gov under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the Professional Association in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

2. Name of the Professional Association as originally registered in the County Probate Office:

3. County Probate Office in which the Professional Association was registered: _____

4. Date on which the Professional Association was registered in the County Probate Office: _____ / _____ / _____
MM/DD/YYYY

5. The principal address (**no PO Boxes**) of the Professional Association is: _____

6. The mailing address, if different from the principal address, of the Professional Association is: _____

DOMESTIC PROFESSIONAL ASSOCIATION ANNUAL NOTICE

7. The names and post office addresses of all members or shareholders in the Professional Association:

NAME

ADDRESS

___ A listing of additional names and addresses is attached.

8. The undersigned President or Vice President of the Professional Association certifies that all members or shareholders are duly licensed or otherwise legally authorized to render professional services in this state as required under 10A-30-1.10.

STATE OF ALABAMA
COUNTY OF _____

I, _____ being duly sworn, do depose and state that I am _____
(**must be** President or Vice President) of the Professional Association and make this affidavit and notice on its behalf. I read the above and foregoing Notice and know the contents thereof. The statements set out therein are true and correct at the time of my verification of the Notice.

Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission expires _____

Secretary of State Credit Card Payment Option Sheet: If you provided a copy of your filing, you will receive a credit card receipt with that copy. If you did not send a copy to be returned to you, no receipt will be mailed. Office staff will not be able to research credit card payments to help you balance your accounts.

Name of the Professional Association: _____

Card Type: _____ (Visa, MC, Discover & AmEx)

Service Requested: _____ \$25.00 Renewal Notice filing fee

_____ \$50.00 Penalty for filing after mandatory file date

Card Number: _____

Expiration Mo/Yr: _____ / _____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____

Street or PO

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder