



Nevada Registered Agent Service™

The *PREFERRED* choice in Registered Agents since 1991

MAIL FORWARDING FORM

Client receiving mail:

NAME
COMPANY NAME

Forwarding address to send all mail:

NAME		
ADDRESS		
CITY	STATE	ZIP

BI-WEEKLY

MONTHLY

QUARTERLY

OTHER (Specify) _____

Effective Date: _____

Nevada Registered Agent Service™

10409 Pacific Palisades Ave.
Las Vegas, NV 89114-1221

I certify that I am authorized to execute the above mail forwarding order, and the information above is true and correct. I further agree and understand that I am responsible for contents, condition received, mislabeled or misdirected mail and any and all costs associated with receiving and forwarding mail and parcels. I hereby certify and agree to indemnify and hold harmless Marc Gohres and Nevada Registered Agent Service™ from any and all liability. Client is responsible to comply with all laws and regulations in effect at time of service, both domestic and international. We reserve the right to refuse or forward any item that is questionable, damaged by carrier or violating any law, regulation or public safety.

X _____
Authorized Signature

Date

Printed Name

Title

