

LIGHTNING LEGAL SERVICES, LLC



**P.O. BOX 9132
ALBANY, NY 12209**

**299 HAMILTON STREET
ALBANY, NY 12210**

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FAX 518-463-3681**

FACSIMILE TRANSMISSION SHEET

- Ordered by: _____
name of firm _____
address _____
- Telephone # _____
- Fax # _____

COPY ORDER

NUMBER OF COPIES _____ () CERTIFIED COPY/COPIES
() PLAIN COPY/COPIES

ENTITY NAME: _____

- () Certificate Of Incorporation Only
- () Articles Of Organization/Registration
- () All Documents On File
- () Please Include Annual/Biennial Reports
- () Specific Document(S) Only, As Listed:

- () Same Day Rush
- () 24 Hour Rush
- () Routine

Fees:

Routine Certified Copy:

Service Fee: \$25.00

Disbursement: \$10.00

Please call to inquire about other copy fees

Payment Method:

- () please bill my account (if in good standing) (payment requested within 14 days)
- () firm check or money order (please fax copy)
- () bill my credit card (for security purposes, please telephone our office with this information)