

Gomez Professional Services, Inc.

110 N. Riverside Avenue • Rialto, CA 92376

Tel. (909) 543-6240 • Fax (888) 557-1201

E-mail: info@gomezproservice.com

**FEE: \$89 PER YEAR
PER ELIGIBLE ENTITY**

(AGENT USE ONLY)

**CALIFORNIA REGISTERED AGENT FOR SERVICE OF PROCESS
APPLICATION**

Services are not provided to companies having any business in the adult industry. A higher fee applies to entities with a large number of shareholders and public companies.

ENTITY INFORMATION				
TYPE OR PRINT (LEGIBLY) USE BLUE OR BLACK INK ONLY - ALL OTHER INK COLORS WILL BE REJECTED				
APPLICATION TYPE: (select one) <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> CHANGE (specify): _____				
ENTITY NAME			ENTITY NUMBER (RENEWAL/EXISTING ENTITY ONLY)	
ENTITY TYPE (e.g. Corporation, LLC, etc)			FORMED IN THE STATE OF _____	
TYPE OF BUSINESS OR PRODUCTS/SERVICES				
ENTITY MAILING ADDRESS				
STREET ADDRESS		UNIT/SUITE NUMBER	CITY	STATE ZIP CODE
NAME OF OFFICER			TITLE OF OFFICER	
MAILING ADDRESS OF OWNER/OFFICER (if different from above)				
STREET ADDRESS		UNIT/SUITE NUMBER	CITY	STATE ZIP CODE
BUSINESS TELEPHONE ()			FAX NUMBER ()	
MOBILE TELEPHONE ()			EMAIL ADDRESS	
<i>The Agent must agree to accept service of process on behalf of the company prior to designation.</i>				

The agent is authorized to forward process or official correspondence received on behalf of my entity in the following manner: (SELECT ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> First-class mail | <input type="checkbox"/> FedEx* Account number: _____ |
| <input type="checkbox"/> E-mail (.pdf format) | <input type="checkbox"/> UPS* Account number: _____ |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Other* Specify: _____ |
| <input type="checkbox"/> Certified mail* | <input type="checkbox"/> USPS Express Mail* |
| <input type="checkbox"/> USPS Priority Mail* | <i>*These services require additional fee or pre-paid account number.</i> |

CERTIFICATION

I certify that the named entity does not have business in the adult industry and that the information provided herein is true and correct.

PRINTED NAME AND TITLE OF OFFICER _____ OFFICER SIGNATURE _____ DATE _____

AGENT USE ONLY - DO NOT WRITE IN THIS SECTION				
DATE RECEIVED	CLERK	EFFECTIVE DATE	EXPIRATION DATE	FEES RCVD
PAYMENT TYPE	ACCOUNT #	STATUS		/RMK/
		<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECT <input type="checkbox"/> OTHER _____		

**CALIFORNIA REGISTERED AGENT FOR SERVICE OF PROCESS - APPLICATION
INSTRUCTIONS PAGE**

*The Agent **must** agree to accept service of process on behalf of the company **prior** to designation.*

Please call us at (909) 543-6240 with any questions.

- 1) Application is a fill-in form and can be completed on your computer. You may also print the application and complete by hand. Use only black or blue ink. Applications received in any other color ink (e.g. pink, red, purple, etc.) will not be accepted and returned to you.
- 2) Selected the type of application.
 - A) 'NEW' if you are a first time client or if it has been at least 12 months since you used our service.
 - B) 'RENEWAL' if our current agreement will be expiring and you wish to renew your agreement.
 - C) 'CHANGE' if there are any changes to your current agreement. Specify the change. Use a separate sheet of paper if necessary.
- 3) Entity's legal name or as it will be registered.
- 4) Entity's registration number for an existing entity. For new entities leave this blank.
- 5) Enter the type of entity (e.g. Corporation, L.L.C, etc)
- 6) Brief description of services or products that your entity offers.
- 7) Entity's mailing address. Include suite or space number.
- 8) The name and title of the officer who will be signing the agreement.
- 9) The officer's mailing address. Include suite or space number.
- 10) Entity's business telephone number where we can call with any questions.
- 11) Entity's fax number
- 12) Mobile telephone. This is optional.
- 13) Entity's e-mail address.
- 14) Select the manner in which you would like for us to forward notices and/or process we may receive on your behalf. We can forward by first-class mail, e-mail in .pdf format, or fax at no additional cost to you.

Premium delivery services (i.e. FedEx, Priority Mail, etc) require a prepaid account to be provided.

For faster service, fax your application and credit authorization form below to us at **1(888) 557-1201**.

You can mail your application along with payment of \$89 to us:

Gomez Professional Services, Inc.
Registered Agent Section
110 N. Riverside Avenue
Rialto, CA 92376-5922

Please note: Your application will not be processed without payment.

Once we receive your application it will be reviewed. Upon approval of your application an agreement will be forwarded to you for signature.

ENTITY NAME: _____

CREDIT CARD AUTHORIZATION
(PRINT OR TYPE LEGIBLY - USE BLACK OR BLUE INK ONLY)

Credit card type: Visa MasterCard Discover

Credit card number _____ Expiration date ____/____ Security code _____

Name as it appears on credit card _____

Billing address _____ City _____ State _____ Zip code _____

I certify that I am the holder of this credit card and that upon approval of my application, I hereby agree to pay Gomez Professional Services, Inc. ("Agent") the fee of EIGHTY-NINE dollars (\$89) for the period of one (1) year from the approval date for the service of CALIFORNIA REGISTERED AGENT FOR SERVICE OF PROCESS for the entity named above and according to the card issuer agreement. I understand that any other services to be performed by Gomez Professional Services, Inc. on my behalf shall require a new order form and credit card authorization to process payment. Fees shall be considered fully earned and non-refundable. This agreement is negotiated in Rialto, California.

Authorized Signature: _____ Date: _____