



Respondent Information Form Pursuant to NRS 225.084

This form may be downloaded or completed online before printing. If you are unable to do so, please contact Customer Service at (775) 684-5708 for guidance.

Instructions:

- 1) Complete and print this form
- 2) Attach/Include necessary information (see section 4)
- 3) Mail or email to:

**Secretary of State
Commercial Recordings Division
Attn: Fraudulent Filings
202 N. Carson Street
Carson City, NV 89701-4201**

Contact Information:
Telephone: 775-684-5708
Fax: 775-684-5725
Website: www.nvsilverflume.gov

Email: sos-crfraudcomplaints@sos.nv.gov

All information provided is deemed confidential and will not be available for public inspection except as otherwise required by law. The following information is in response to the alleged violation(s) of NRS 225.084:

SECTION 1: Respondent Information (required)

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Last Name	First Name	Middle Name
Street	City	State Zip

Contact Phone Number:

Additional Contact Information:
(cell phone, email address, etc.)

Affiliation with entity or position held: (officer, director, shareholder, employee, client, partner, manager/member, etc.)

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