



**Wyoming Secretary of State**

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For Office Use Only

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**Update Form**

Name of Entity:

ID#:

*Example: 2000-000123456*

The above entity is requesting an update be made to reflect their most current information:

Principal Address:

Mailing Address:

Phone:

Fax:

Email:

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Form may be submitted by:**  
**Email:** [SOSRequest@wyo.gov](mailto:SOSRequest@wyo.gov)  
**Mail-in:** Refer to address at top of this form.