

STATE OF ALABAMA

**DOMESTIC PROFESSIONAL ASSOCIATION
ANNUAL RENEWAL NOTICE**

PURPOSE: Under Section, 10A-30-1.10 of the Code of Alabama 1975 a Domestic Professional Association (PA) shall furnish a statement to the Secretary of State by the 30th day following November 1 of each year. A \$25.00 filing fee (10A-1-4.31) must accompany the notice on a form designated by the Secretary of State. If the Renewal Notice is not filed timely, the PA is required to pay a \$50.00 penalty fee in addition to the filing fee.

INSTRUCTIONS: Mail two (2) signed originals of this completed Renewal Notice and the filing fee \$25.00 (Section 10A-1-4.31) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** no later than the 30th day following November 1st of each year. If you are filing after the 30th day following November 1 in any year you must include a \$50.00 penalty fee (total fee is \$75.00 and you may make one check or money order). You may submit the filing via email to miscellaneous.filings@sos.alabama.gov if you are paying by credit card. If the credit card does not authorize or the check is dishonored your filing will be removed from the record.



(For SOS Office Use Only)

This form must be typed or laser printed.

1. Alabama Entity ID Number (Format: 000-000): _____ - _____

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain the entity ID number on our website at www.sos.alabama.gov Click on Business Services (below picture); Click on Business Entity Search, click on Entity Name, enter the registered name of the Professional Association in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

2. Name of the Professional Association as originally registered in the County Probate Office:

3. County Probate Office in which the Professional Association was registered: _____

4. Date on which the Professional Association was registered in the County Probate Office: _____ / _____ / _____
MM/DD/YYYY

5. The principal address (**no PO Boxes**) of the Professional Association is: _____

6. The mailing address, if different from the principal address, of the Professional Association is: _____

DOMESTIC PROFESSIONAL ASSOCIATION ANNUAL NOTICE

7. The names and post office addresses of all members or shareholders in the Professional Association:

NAME

ADDRESS

NAME	ADDRESS

___ A listing of additional names and addresses is attached.

8. The undersigned President or Vice President of the Professional Association certifies that all members or shareholders are duly licensed or otherwise legally authorized to render professional services in this state as required under 10A-30-1.10.

STATE OF ALABAMA
COUNTY OF _____

I, _____ being duly sworn, do depose and state that I am _____ (must be President or Vice President) of the Professional Association and make this affidavit and notice on its behalf. I read the above and foregoing Notice and know the contents thereof. The statements set out therein are true and correct at the time of my verification of the Notice.

Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission expires _____

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or provide an email return on this form, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____ - _____ (ex: 000-000)

Service Requested: X \$25.00 Professional Association Annual fee
 _____ \$50.00 Late Penalty fee (after the 30th day after November 1st)

Hold at Front Desk for Pick-up by: _____
(Service providers who run couriers for pick-up)

There is no notification service and there will not be a call for pick-up.

____ Check is attached-Please make one check payable for the total amount of the fees (i.e., \$75 if you are filing penalty fee) to the Alabama Secretary of State.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO

_____ City State Zip

Signature of Card Holder: _____
MUST be Signature of Card Holder