

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 \$100.00 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 2 copies of this completed form along with a self-addressed, stamped envelope to:**

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*Filing must be received no later than the 30 days 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 \$150.00 and you may make one check or money order).

*You may email the filing to miscellaneous.filings@sos.alabama.gov

*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed or the request will be rejected without review.

1. Alabama Entity ID Number (Format: 000-000-000): _____ - _____ - _____ **TO OBTAIN ID NUMBER,** go to our website at www.sos.alabama.gov, click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. This 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: _____

(For SOS Use Only)

This form was prepared by: (type name and full address)

DOMESTIC PROFESSIONAL ASSOCIATION ANNUAL NOTICE

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

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 Section 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 return email address, you will not receive a 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 (these fees are 3% of the total charge plus \$2.00).

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: 000-000-000)

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

Service Requested: \$100.00 Renewal Notice filing fee

\$50.00 Penalty for filing after mandatory file date

Card Number: _____

Expiration Mo/Yr: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO Box

City State Zip

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