

Form 3902 (Rev. 09/2017)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709

Filing Fee: No Fee



This space reserved for
office use

**Notification Statement For In-State
Business Entities Pursuant to
Chapter 112, Business &
Commerce Code**

In-State Business Entity Information

1. The name of the in-state business entity is:

2. Name of contact person: _____

3. Mailing Address:

Street Address or P.O. Box

City

State Country

Zip Code

Affiliate Information

1. The name of the affiliate entity is:

2. The affiliate was formed under the laws of: _____

3. The federal employer identification number of the affiliate is: _____

4. The address of the affiliate's principal office is:

Street Address

City

State Country

Zip Code

5. The affiliate first entered Texas on the following date: _____

mm/dd/yyyy

6. Name of contact person: _____

7. Mailing Address:

Street Address or P.O. Box

City

State Country

Zip Code