

**SERVICO INC.**  
**283 WASHINGTON AVENUE**  
**ALBANY, NEW YORK 12206**  
**518.463.4179 / 518.463.3752 : FAX**

**WORKSHEET FOR PREPARATION/FILING OF NEW YORK  
ASSUMED BUSINESS NAME For LIMITED LIABILITY COMPANY**

Legal Name of Entity \_\_\_\_\_

Assumed Name to be Filed \_\_\_\_\_

Physical Address Where Assumed Name Will be Used & County \_\_\_\_\_

Principal Address of Business \_\_\_\_\_

Any Additional Counties to Be Included \_\_\_\_\_

Name and Title of Person Authorized to Execute Document on Behalf of Entity \_\_\_\_\_

<b>FEES:</b>	
<b>PREPARE AND FILE</b>	<b>\$ 75.00</b>
<b>DISBURSEMENT TO DEPT. OF STATE (Filing)</b>	<b>\$ 25.00+</b>
<b>CERTIFIED COPY</b>	<b>\$ 10.00</b>
<b>Additional DISBURSEMENT (Rush Handling)</b>	<b>\$ 25.00</b>
<b>ADMINISTRATIVE HANDLING</b>	<b>\$ 5.00</b>
<b>TOTAL</b>	<b><i>\$115.00 (routine) / \$140.00 (rush)</i></b>

Your Name: \_\_\_\_\_

Your Firm: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Your Fax #: \_\_\_\_\_

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_ IN THE AMOUNT OF \*\* \_\_\_\_\_

Print Name of Card Holder: \_\_\_\_\_

Print Complete Billing Address on Credit Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

\*\* Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.