

STATE CERTIFICATION APOSTILLE or AUTHENTICATION REQUEST FORM

1. The document(s) is/are being certified for the **country** of:

- **2.** Please include a self-addressed stamped envelope for the return of the documents.
- **3.** Complete your contact information:

Name				
(Area Code) Phone Number				
Address				
City	State		Zip Code	
E-Mail Address		Signature		Date
Nonre	fundable Filing	; Fee: \$10.00 p	er document	t
Enclosed is a check or m	oney order for \$	to cover t	he cost of	documents.
М	ake payable to Secre	etary of State and ma	ail your request t	0:
	NOTARY AI	CRETARY OF STATE ND CERTIFICATION SE PO BOX 202801 1301 6 <sup>TH</sup> AVENUE ENA MT 59620-2801	RVICES	
If y		lease visit our website <u>w</u> 06) 444-1877 or <u>sosnota</u>		iry