FORM **BCA-1.17** (rev. Dec. 2014) **Petition for Refund or Review**Business Corporation Act

Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-6961 www.**ilsos**.gov

Payment must be made by check or money order payable to Secretary of State.

Filing Fee: \$5 File i	#:	Approved:
Submit in duplicate	— Type or Print clearly in black in	k ——— Do not write above this line ———
1. Corporate Name:		
2. State or Country of Incorporation:	·	
3. Nature of Claim: (Mark an "X" in one	box only.) 🗖 Refund 🗖 .	Adjustment of Assessment
4. Amount of Claim: \$		
<ul><li>No refund will be made from ar</li><li>Any amount to be refunded will</li><li>The \$200 restrictions DO NOT</li></ul>	be reduced by \$200.	ents.
5. Reason for Claim and Facts Relie	ed Upon: (For more space, use reverse	side or attach additional sheets of this size.)
6. The undersigned corporation has penalties of perjury, that the facts		ned by a duly authorized officer who affirms, under ot.
Dated		
Month Day	Year	Exact Name of Corporation
Any Authorized Officer	r's Signature	
Name and Title (type or print)		