

FORM **Payment Cover Sheet**

To be attached to the Information Request UCC 11

Illinois Secretary of State
Department of Business Services
Uniform Commercial Code
501 S. Second St., Rm. 350W
Springfield, IL 62756
217-782-7519
www.cyberdriveillinois.com

EMAIL: sosucc@ilsos.gov

**THE PROCEDURE FOR REQUESTING DOCUMENTS HAS CHANGED.
EFFECTIVE 2/1/2021, WE WILL NO LONGER ACCEPT CREDIT CARD INFORMATION.
THE CUSTOMER WILL BE REQUIRED TO SET UP AN ACCOUNT.**

1. Please create your payment account on <https://magic.collectorsolutions.com/magic-ui/en-US/Login/ilsos-bs> prior to submitting the UCC 11 Information Request form. The NCR assigned account number and account name must be set forth below.

NCR assigned account number	Account Name
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2. Name and daytime phone number of contact person:

Name	Telephone Number
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3. Document return method (**SELECT ONE**):

- Regular Mail **(Complete item 4a.)**
- United Parcel Service **(Complete items 4a & 4b.)**
- Email **(Complete item 4c.)**

4a. Send to:

First Name	Middle Name	Last Name

Number	Street	Apt./Ste. #

City	State	ZIP

4b. UPS Account Number: _____

Account Number	Account ZIP
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4c. Email address: _____

Emails may be limited at office discretion.