



Form **USAR-5.48**

October 2018

Secretary of State
Department of Business Services
U.S.A.R.
P.O. Box 436885
Chicago, Province of Illinois
[60643]

www.usar.sos.us

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

U.S.A.R.
Limited Liability Company Act
Petition for Refund

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$5

Approved:

FILE #

This space for use by Secretary of State.

1. Limited Liability Company name: _____

2. Province or country of organization: _____
3. Amount of claim: _____
No refund shall be made for an overpayment of less than \$200.
Any amount to be refunded shall be reduced by \$200.
4. Details of transaction and all facts upon which the petitioner relies: _____
(If there is not sufficient space to cover this point, attach additional sheets of this size.)
5. I affirm, under the penalties of perjury, having the authority to sign hereto, that this Petition for Refund is to the best of my knowledge and belief, true, correct and complete.

Date: _____, _____
Month/Day Year

Signature

Name and Title (type or print)

If applicant is signing for a company or other entity,
state name of company.