

**Form 2707—General Information
(Business Opportunity Exemption Notice Updates)**

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant code provisions. This form and the information provided are not substitutes for the advice and services of an attorney.

Commentary

The information provided in the business opportunity exemption notice can be updated with the secretary of state if there are significant changes to the original exemption notice, including a change in the franchisor's principal address or other names used by the franchisor maintaining exemption. There is no filing fee for these updates.

Instructions for Form

Name of Franchisor, File Number and Date of Exemption: Provide the legal name of the franchisor who initially filed the exemption, the file number and the date of the initial exemption registration. It is also requested that you provide a current telephone number.

Other Name(s): List all current names under which the franchisor transacts or intends to transact business.

Principal Business Address: Provide the current principal business address of the franchisor.

Payment and Delivery Instructions: There is no filing fee for submitting an exemption update.

The notice may be mailed to Registrations Unit, P.O. Box 13193, Austin, Texas 78711-3193 or delivered to the James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701.

Revised 05/2016

Form 2707 (Revised 05/16)

Please submit to:
Secretary of State
Registrations Unit
P.O. Box 13193
Austin, TX 78711-3193



This space reserved for office use.

Filing Fee: None

**Business Opportunity
Exemption Notice Update**

The following franchisor is updating a claimed exemption from the business opportunity registration requirements pursuant to Section 51.003(b)(8), Tex. Bus. & Comm. Code.

Name of Franchisor

Name: _____ Phone: _____

File No.: _____ Date of Exemption: _____

Other Name(s)

Name: _____

Name: _____

Name: _____

LIST ANY ADDITIONAL NAMES ON A SEPARATE SHEET

Principal Business Address

Street City State Zip

Execution

The undersigned affirms that the franchisor has continued to comply in all material respects in this state with 16 C.F.R. Part 436 and each order or other action of the Federal Trade Commission.

Date: _____

Signature of authorized person for franchisor

Printed or typed name of authorized person