



BARBARA K. CEGAUSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

ANNUAL **AMENDED** (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

NAME OF ENTITY

Entity or Nevada Business
Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

Corporation
 This corporation is publicly traded, the Central Index Key number is:

Nonprofit Corporation (see nonprofit sections below)

Limited-Liability Company

Limited Partnership

Limited-Liability Partnership

Limited-Liability Limited Partnership

Business Trust

Corporation Sole

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

001 - Governmental Entity

006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS Chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

Unit-owners' Association Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

No – no additional form is required

Yes – the "Charitable Solicitation Registration Statement" is required.

The Organization claims exemption pursuant to NRS 82A.210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**** Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



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Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

| | | | |
|--|--|--|--|
| CORPORATION, INDICATE THE <u>PRESIDENT</u> , OR EQUIVALENT OF: Title: <input style="width: 150px;" type="text"/> | | | |
| <input style="width: 600px;" type="text"/> | | <input style="width: 150px;" type="text"/> | |
| Name | | Country | |
| <input style="width: 400px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Address | City | State | Zip/Postal Code |
| CORPORATION, INDICATE THE <u>SECRETARY</u> , OR EQUIVALENT OF: Title: <input style="width: 150px;" type="text"/> | | | |
| <input style="width: 600px;" type="text"/> | | <input style="width: 150px;" type="text"/> | |
| Name | | Country | |
| <input style="width: 400px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Address | City | State | Zip/Postal Code |
| CORPORATION, INDICATE THE <u>TREASURER</u> , OR EQUIVALENT OF: Title: <input style="width: 150px;" type="text"/> | | | |
| <input style="width: 600px;" type="text"/> | | <input style="width: 150px;" type="text"/> | |
| Name | | Country | |
| <input style="width: 400px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Address | City | State | Zip/Postal Code |
| CORPORATION, INDICATE THE <u>DIRECTOR</u> : | | | |
| <input style="width: 600px;" type="text"/> | | <input style="width: 150px;" type="text"/> | |
| Name | | Country | |
| <input style="width: 400px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Address | City | State | Zip/Postal Code |
| FOR CORPORATION SOLE, INDICATE THE <u>SUBSCRIBER/SUCCESSOR</u> : | | | |
| <input style="width: 600px;" type="text"/> | | <input style="width: 150px;" type="text"/> | |
| Name | | Country | |
| <input style="width: 400px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| Address | City | State | Zip/Postal Code |

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X _____
 Signature of Officer, Manager, Managing Member, Title Date
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer

FORM WILL BE RETURNED IF
 UNSIGNED.



230105



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ePayment Checklist

(For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type: Counter Mail Fax

| | |
|--|--|
| <u>Order Processing Requested:</u> | (Expedite Processing Requires Additional Fees) |
| <input checked="" type="checkbox"/> Regular Processing | <input type="checkbox"/> 24-HOUR Expedite <input type="checkbox"/> 2-HOUR Expedite <input type="checkbox"/> 1-HOUR Expedite |

Payment by Card *(card holder name and billing address required below)*

Card Type: VISA MasterCard Discover American Express

Customer Credit Card Number:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

V CODE*

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month Year

Amount to Charge Card: USD \$

Order Information *(required)*

Entity Name/Order Reference:

Card Holder Information:

| | |
|-----------------------------------|---|
| Name as it Appears on the Account | <input style="width: 100%;" type="text"/> |
| Billing Address | <input style="width: 100%;" type="text"/> |
| City, State, Zip | <input style="width: 100%;" type="text"/> |
| Telephone | <input style="width: 100%;" type="text" value="Ext"/> |

Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X

Authorized Signature

Not to Exceed Amount: USD \$