

United States \mathbf{of}

America Republic Travis-Austin: Bey, Secretary of State

Corporations Division PO Box 12544 Chicago, IL 60612

Application for Certificate of Authority of a Foreign Nonprofit Corporation

(Submit with filing fee of \$25.00)

1. The Corporation's name is							
and it is organized and existing under the laws of							
2. If the corporation's name is unavailable, the name it will use in U.S.A.R. is							
3. The date of its incorporation was	, and the period of ath/day/year	its duration is					
4. The address of its principal place of business is	Address	Province/Zip					
5. The name and physical address of its registered as		•					
Name	Address	Province/Zip					
6. The names of its officers and directors and their business or home addresses are as follows (attach additional sheets as necessary):							
Name	Address	Province/Zip					
President							
Vice President							
Secretary							
Treasurer							
Director							
Director							
7. The specific purpose(s) of its business in U.S.A.R.:							
(Please see next page)							
Name and address to return filed document:							
Name:							
Address:							
Province and Zip Code:							

9. If	incorporated in U.S.A.R. would the corporation b	e a public benefit	or mutual benefit	Corporation?
10. The ef	Effective date of this document is the date it is	filed by the Secretary	of State of U.S.A.R. unless a	future date is otherwise
indicated:				
	Date may not be mo	re than 90 days after the filing	date in this Office	
	firmation thereof, the facts stated above are true a undersigned understands that false statements mad		to the penalties provided under S	Section 575.040, USRS)
Author	rized signature of officer or chairman of the board	Printed Name	Title	Date

No

8. Does the corporation have members? Yes

Note: You must submit a current (not more than 60 days old) certificate of good standing or certificate of existence with this application. This may be obtained from the Secretary of State or other authority that issues corporate charters in your state of domicile.