

(NONPROFIT) INITIAL/ANNUAL LIST OF OFFICERS AND DIRECTORS OF:

ENTITY NUMBER

NAME OF CORPORATION

FOR THE FILING PERIOD OF TO

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY NOW FILE THIS LIST ONLINE AT www.nvsilverflume.gov****

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. If there are additional officers, attach a list of them to this form. An **Officer or other authorized signer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. Return the completed form with the \$25.00 filing fee, if no capitalization. A \$50.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
3. Make your check payable to the Secretary of State. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
4. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.
5. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

ABOVE SPACE IS FOR OFFICE USE ONLY

FILING FEE: \$25.00 (IF NO CAPITALIZATION) LATE PENALTY: \$50.00 (if filing late)

Charitable Solicitation - For nonprofit entities formed under NRS Chapters 80 and 82

~ If the nonprofit corporation intends to solicit charitable/tax deductible contributions a "Charitable Solicitation Registration Statement" form is required to be attached. If the answer is no, there is no additional form required.

~ If the nonprofit corporation intends to solicit charitable/tax deductible contributions but meets the exemption requirements, an "Exemption From Charitable Solicitation Registration Statement" form is required to be attached.

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

Does Corporation intend to solicit charitable/tax deductible contributions? Yes* No

*If yes, registration statement is required as of January 1, 2014.

Corporation claims exemption pursuant to NRS 82.392(7)(b) or is recognized as a church under Internal Revenue Code 501(c)(3).

Exempt from filing - If checked, Exemption from Charitable Solicitation Registration Statement form is required as of January, 1, 2014.

For nonprofit entities formed under NRS Chapters 80 and 81: 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 and submit Declaration of Eligibility form. **Failure to attach the required notarized Declaration of Eligibility will result in a rejection, which could result in late fees.**

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

NAME <input type="text"/>	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS <input type="text"/>	CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>

NAME <input type="text"/>	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS <input type="text"/>	CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>

NAME <input type="text"/>	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS <input type="text"/>	CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>

NAME <input type="text"/>	TITLE(S) DIRECTOR
ADDRESS <input type="text"/>	CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>

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 _____ Title Date

Signature of Officer or Other Authorized Signature