

# How to File for a California Raffle License

1. Gather Forms
  - a. California Forms
    1. Application for Registration (CT-NRP-1)
    2. Entity Status Letter
    3. Non Profit Raffle Report
  - b. SIR Form –Branch Data Sheet
  - c. Check for \$20
2. Fill out the forms – See Samples
  - a. One application per branch
  - b. Under exempt status – use 23701g
  - c. Using the Branch Data Sheet, fill in the blanks for Federal Employee ID number and corporate number
  - d. Proposed raffle dates – use the branch meeting dates
  - e. All raffles will be held in the fiscal year and will occur between 9/13013 and 8/31/2014.
  - f. Above the signature, mark all three boxes.
  - g. Sign, date, print name and title.
3. Go to [www.ftb.ca.gov](http://www.ftb.ca.gov) for the entity status letter.
  - a. Click on businesses on the top header.
  - b. Click on exempt organizations.
  - c. On the left margin under online services, click on Entity Status Letter.
  - d. Click on continue at the bottom of the page.
  - e. Put in the corporate number from the branch data sheet.
  - f. Click on perform search.
  - g. Click on the blue underlined Entity ID number.
  - h. Click on generate letter.
  - i. Click on print.
4. Enclose the completed Application, Entity Status Letter, and the check for \$20.

5. Mail the package to:

Office of the Attorney General  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

6. In mid-August, fill out the NonProfit Raffle Report Form.
  - a. Fill in the state raffle registration number from the Attorney General Letter.
  - b. Include in Part B, number 3 the cost of the \$20 application, and tickets for the drawing.
  - c. In number 4, mark no.
  - d. In number 6, mark no.
7. Send in the new package including the application, raffle report, status letter and the check for \$20.

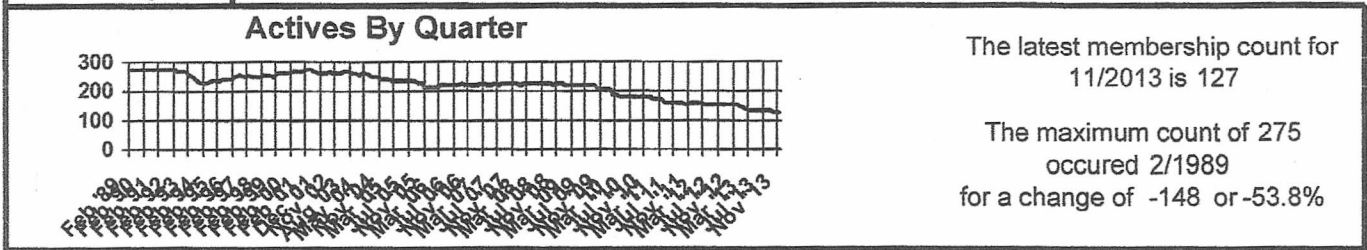
## 2014 Data for Almaden Branch No. 94, Area 5, Region 7

94

Meets at Elks Lodge, 444 W Alma Ave, San Jose 95110 , 2nd Thursday at 11:45 AM

BEC Meets at Elks Lodge, 444 W Alma Ave, San Jose 95110 , 2nd Thursday at 10:00AM

### Membership Data



Sponsoring Branch	32	Branch Employer Identification		Form SI-100 Due Date	04/30
Co Sponsing Brnch		Number (EIN) (Assigned by IRS)	94-2864100	Of an Even numbered Year	
Corporation Number (Assigned by CA Sec. of State)	1110580	Registration Nmbr for Charitable Trusts	83124		
Branch Status History	Start Dt	Stop Date	Memo		
Chartered-incorporated	05/18/1982	12/31/3000			
Provisional-incorporated	04/29/1982	04/28/1982			
Provisional-not incorporated	10/24/1980	04/28/1982			

### Tax Exemption

SIR and its Branches are 501-(C)(4) Corporations. The Federal Group Exemption Number (GEN) is 4173. The GEN is assigned by the IRS to Sons In Retirement Incorporated and applies to all branches. California's Franchise Tax Board grants an Exemption to each individual branch, by letter, at the time of the branch's incorporation. There is no number and the letter should be in a permanent file maintained by the Branch.

### Remarks:

Website URL: [sirbranch94.org](http://sirbranch94.org) Bulletin: SIR ALMADEN BRANCH 94

### Corporate Name

SIR Protocol	SONS IN RETIREMENT, ALMADEN BRANCH NO. 94, INCORPORATED
CA Sec of State	SONS IN RETIREMENT, ALMADEN BRANCH NO. 94, INCORPORATED
Charitable Trust	SONS IN RETIREMENT, ALMADEN BRANCH NO. 94, INCORPORATED

### Meeting Location History

Note: Date 12/31/3000 means the present date. Zip of 12345 means zip unknown.

Elks Lodge, 444 W Alma Ave, San Jose, CA 95110, from 1/1/2006 to 12/31/3000
Lou's Village, 1465 W San Carlos St, San Jose, CA 95126, from 1/1/2004 to 12/31/2005
Elks Lodge, 444 W Alma Ave, San Jose, CA 95110, from 1/1/2000 to 12/31/2003
Italian Gardens, 1500 Almaden Rd, San Jose, CA 95125, from 1/1/1984 to 12/31/1999
CA Hawian Mobile Hm Pk, No street, San Jose, CA 12345, from 10/24/1980 to 12/31/1983

### Administration for year 2014

Big Sir	James M. 'Jim' Stonehouse (Candy)	408-227-4494	STONEHOUSE37@YAHOO.COM
Little Sir	Richard J. George (Marian)	408-258-1438	ROOSTERGE01@YAHOO.COM
Secretary	Gary F. Auclair (Jackie)	408-255-6319	AUCLAIRGF@GMAIL.COM
Treasurer	Daniel R. Petersen (Linda)	408-225-5796	DRPETERSEN@ATT.NET
Email Contact	Gary F. Auclair (Jackie)	408-255-6319	AUCLAIRGF@GMAIL.COM
Travel Chrmn	No Name		
Bulletin Ed	Roger C. Prow (Marva)	408-370-7769	RCPROW@SBCGLOBAL.NET
Governor	John C. Oneto	408-379-8379	SIRJACK12@EARTHLINK.NET
Director	Roland R. Rempel Jr.	408-245-7212	SIRROEMPEL@HOTMAIL.COM

### Honorary Life Members (if any). Only displays HLMs awarded before 12/31/2013

**Branch Number 94 has 127 active members including 2 HLMs affiliated with the Branch. 2 HLMs fall within the limit rule so no more are allowed.**

Name	Appvdt	Authority	Memo
Sir Samuel J. Walters	2/23/2009	BR094	
Sir Ronald Bianco	6/9/2006	BR094	

Only HLMs with an "Active" or "Transf." status and this Branch's (BR) as the authority count against this Branch for the 2% rule. All HLMs affiliated with this branch, regardless of authority, are counted as active members on form 28 unless he has been declared inactive, resigned from SIR, moved or is deceased. See Rule 24 and Section 134

## INFO ON REGISTRATION AND REPORTING FOR NONPROFIT RAFFLE PERMIT AND PROGRAM

### ENCLOSURES:

- A. Sample—Application for Registration for non-profit raffle program
- B. Blank—Application for Registration
- C. Sample—Entity Status Letter
- D. Sample—Nonprofit Raffle Report
- E. Blank—Nonprofit Raffle Report

### REQUIREMENTS:

1. Branch, Division Etc. is separate from Mother or Parent Organization. Branch must be incorporated in the State of California and also must be a tax exempt, non-profit corporation. using enclosure A, Fill out and file enclosure B with a check made out to the Department of Justice in the amount of \$20.00 also include a copy of your Franchise Tax Board Exemption Letter or a copy of your F.T.B. Entity Status Letter, enclosure C Sample: copy of Letter can be found available at [www.ftb.ca.gov](http://www.ftb.ca.gov). If more copy blanks are required go to [www.oag.ca.gov/charities/raffles](http://www.oag.ca.gov/charities/raffles)
2. If your organization does not have proof of state tax exemption on file , contact the f.t.b. at (916) 845-4171. If your org .does not have f.t.b. exempt status, it must be applied for, and receive exempt status prior to applying for a raffle permit. Your org. may not conduct any raffle activities prior to receiving proof of registration with the nonprofit raffle program.
3. An I.R.S. determination letter with your 501c status will not satisfy this requirement.
4. Mailing address:
  5. Office of the Attorney General
  6. Registry of Charitable Trusts
  7. P.O .Box 903447
  8. Sacramento ,Ca. 94203-4470
9. When filling out application, Corporate number means Calif. Corporate Number. One of the 23701 Boxes must be checked as it applies to your organization.
10. All dates Raffles will be held in the Fiscal year must be submitted in the application such as ,see enclosure A. for 9-1-2013 thru 8-31-2014.
11. All three boxes must be checked, sign & print name, date and provide title of applicant
12. Use Enclosure D. and fill out Enclosure E. in mid august. Don't forget \$20 expense to state in item 3 as well as price of tickets etc. At same time apply for next year raffle permit.
13. Call if you need help
14. Barrett Hilton ---- sirs branch #149----707) 255-3309

**APPLICATION FOR REGISTRATION  
 NONPROFIT RAFFLE PROGRAM**  
 (California Penal Code section 320.5)



The registration period is September 1 to August 31.  
 After August 31, a new registration is required.

**A CHECK IN THE AMOUNT OF \$20 MADE PAYABLE TO  
 DEPARTMENT OF JUSTICE MUST ACCOMPANY THIS  
 REGISTRATION FORM**

*Sample*

MAIL TO:  
 Office of the Attorney General  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470

STREET ADDRESS:  
 1300 I Street  
 Sacramento, CA 95814  
 Telephone: (916) 445-2021

WEBSITE ADDRESS:  
 www.oag.ca.gov/charities

Proof of California Franchise Tax Board exempt status must be attached to this registration application. This application will otherwise be deemed deficient and returned to the organization.  
**SONS IN RETIREMENT** (For Registry Use Only)  
 Raffle Registration Number: \_\_\_\_\_

Name of Organization  
SIR WINE VALLEY BRANCH #149  
 Address of Organization  
1116 WINE COUNTRY AVE.  
 City or Town, State and ZIP Code  
NAPA, CA, 94558-1692  
 E-mail Address  
HILTONHB@YAHOO.COM  
 Telephone Number  
707-255-3309  
 Fax Number  
(SAME) (MUST SET UP)

Provide at least one of the following:  
 Federal Employer Identification Number (FEIN):  
68-0293076  
 Corporate Number: 1850997  
 Organization Number: \_\_\_\_\_  
 State Charity Registration Number: 02362

Specify the organization's tax - exempt status pursuant to California Revenue and Taxation Code section:

- |  |  |
|--|--|
| <input type="checkbox"/> 23701a Labor, agricultural, or horticultural organizations  | <input checked="" type="checkbox"/> 23701g Nonprofit pleasure and recreation clubs   |
| <input type="checkbox"/> 23701b Fraternal beneficiary societies, orders or associations  | <input type="checkbox"/> 23701k Religious or apostolic corporations having common or |
| <input type="checkbox"/> 23701d Religious, charitable, scientific, testing for public safety, literary, educational, amateur sports or prevention of cruelty to children or animals organization | <input type="checkbox"/> 23701l Domestic fraternal societies, orders or associations |
| <input type="checkbox"/> 23701e Business leagues, chambers of commerce, real estate boards, and boards of trade  | <input type="checkbox"/> 23701t Homeowners and associations                          |
| <input type="checkbox"/> 23701f Civic leagues, social welfare organizations and local employee organizations   | <input type="checkbox"/> 23701w Veterans organizations                               |

Proposed date(s) of raffle(s) [REQUIRED] 2013 9/3, 10/1, 11/15, 2014 1/7, 2/4, 3/4, 4/1, 5/6, 6/3, 7/1  
 (month/day/year) & 8/5

By signing this application for registration, I hereby certify all of the following:  
 1.  Applicant is a private, nonprofit organization, 2.  Applicant has been qualified to conduct business in the State of California for at least one year prior to the raffle first held and 3.  all information provided on this application is true and correct.

H. Barrett Hilton Signature of Authorized Officer or Director Who Prepared This Form  
Aug 12, 2013 Date

H. BARRETT HILTON Printed Name of Authorized Officer or Director  
TREASURER Title of Authorized Officer or Director

**APPLICATION FOR REGISTRATION  
NONPROFIT RAFFLE PROGRAM**  
(California Penal Code section 320.5)



The registration period is September 1 to August 31.  
After August 31, a new registration is required.

**A CHECK IN THE AMOUNT OF \$20 MADE PAYABLE TO  
DEPARTMENT OF JUSTICE MUST ACCOMPANY THIS  
REGISTRATION FORM**

MAIL TO:  
Office of the Attorney General  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1360 I Street  
Sacramento, CA 95814  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

Proof of California Franchise Tax Board exempt status must be attached to this registration application. This application will otherwise be deemed deficient and returned to the organization.

(For Registry Use Only)

Raffle Registration Number: \_\_\_\_\_

Name of Organization \_\_\_\_\_

Provide at least one of the following:

Address of Organization \_\_\_\_\_

Federal Employer Identification Number (FEIN):  
\_\_\_\_\_

City or Town, State and ZIP Code \_\_\_\_\_

Corporate Number: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Organization Number: \_\_\_\_\_

Telephone Number \_\_\_\_\_

State Charity Registration Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

**Specify the organization's tax - exempt status pursuant to California Revenue and Taxation Code section:**

- |  |  |
|--|--|
| <input type="checkbox"/> 23701a Labor, agricultural, or horticultural organizations  | <input type="checkbox"/> 23701g Nonprofit pleasure and recreation clubs              |
| <input type="checkbox"/> 23701b Fraternal beneficiary societies, orders or associations  | <input type="checkbox"/> 23701k Religious or apostolic corporations having common or |
| <input type="checkbox"/> 23701d Religious, charitable, scientific, testing for public safety, literary, educational, amateur sports or prevention of cruelty to children or animals organization | <input type="checkbox"/> 23701l Domestic fraternal societies, orders or associations |
| <input type="checkbox"/> 23701e Business leagues, chambers of commerce, real estate boards, and boards of trade  | <input type="checkbox"/> 23701t Homeowners and associations                          |
| <input type="checkbox"/> 23701f Civic leagues, social welfare organizations and local employee organizations   | <input type="checkbox"/> 23701w Veterans organizations                               |

Proposed date(s) of raffle(s) [REQUIRED] \_\_\_\_\_  
(month/day/year)

By signing this application for registration, I hereby certify all of the following:

- Applicant is a private, nonprofit organization,
- Applicant has been qualified to conduct business in the State of California for at least one year prior to the raffle first held and,
- all information provided on this application is true and correct.

\_\_\_\_\_  
Signature of Authorized Officer or Director Who Prepared This Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Officer or Director

\_\_\_\_\_  
Title of Authorized Officer or Director



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 11/9/2013

ESL ID: 9719372615

Sample

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 1850997

Entity Name: SONS IN RETIREMENT, WINE VALLEY BRANCH NO 149, INCORPORATED

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is not in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 f.
- 4. We do not have current information about the entity.

The above information does not necessarily reflect:

- The entity's status with any other agency of the State of California, or other government agency.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or the entity did business in California at a time when it was not qualified or not registered to do business in California:
  - The status or voidability of any contracts made in California by the entity at a time when the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
  - For entities revived under R&TC Section 23305b, any time limitations on the revivor or limitation of the functions that can be performed by the entity.

### Internet and Telephone Assistance

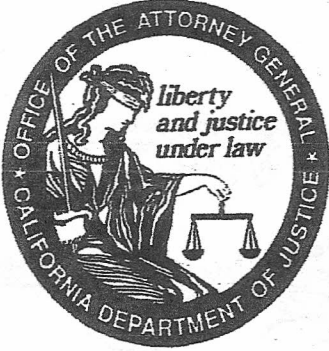
Website: [ftb.ca.gov](http://ftb.ca.gov)

Telephone: 800.852.5711 from within the United States

916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

### NONPROFIT RAFFLE REPORT



A report must be completed for each year in which a raffle was conducted (September 1 through August 31).

Reports are due on or before October 1. (California Penal Code section 320.5)

*Sample*

MAIL TO:  
Office of the Attorney General  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
www.oag.ca.gov/charities/

#### PART A: General Organization Reporting Information

Name of Organization	<u>SIR WINE VALLEY BRANCH #149</u>
Address of Organization	<u>1116 Wine Country Ave</u>
City or Town, State and ZIP Code	<u>NAPA, CA. 94558-1692</u>
E-mail Address	<u>HILTON HB @ YAHOO.COM</u>
Telephone Number	<u>(707) 255-3309</u>
Fax Number	

Provide at least one of the following:

Raffle Registration Number: 02362

Federal Employee Identification Number (FEIN):  
68-0293076

Corporate Number: 1850997

Organization Number: \_\_\_\_\_

State Charity Registration Number: \_\_\_\_\_

#### Part B: Raffle Information

- Raffle year ending August 31, 2014 (Year)
- Aggregate gross receipts from the operation of raffle(s): \$ 5,012-
- Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ 6500
- Were funds from sources other than ticket sales used to pay for administration or other costs of conducting the raffle(s)?  Yes  No  
If yes,  
4(A) Total funds from sources other than ticket sales used for the administration or other costs of conducting the raffle(s)?  
4(B) What was the source of these funds?
- Describe the charitable or beneficial purpose for which the raffle proceeds were used. VARIOUS PRIZES & MEALS
- Were some or all of the raffle proceeds used for the benefit of another eligible organization?  Yes  No  
6(A) If the answer to 6 above is yes, provide the following information for each organization for which the proceeds were used. Attach additional sheets of paper, if necessary.



**NONPROFIT RAFFLE REPORT**

Recipient Organization <i>N/A</i>	\$ <u>0</u> Exact Dollar Amount of Proceeds to Recipient Organization
Address of Recipient Organization	Contact Person for Recipient Organization
City, State, and ZIP Code	Telephone Number of Recipient Organization

**Part C: Certification by Authorized Officer or Director of Reporting Organization**

For the raffle(s) held during the year ending August 31, 2014, I hereby certify that:  
 (Year)

	True	False
1) At least 90% of the gross receipts (total dollar amount prior to deduction of expenses) received from the sale of raffle tickets was used for the beneficial or charitable purposes of the eligible organization conducting the raffle or for the benefit of another eligible organization.	X	
2) None of the funds required to be used for beneficial or charitable purposes were provided to an officer, director or member (as defined by Corporations Code section 5056) of the organization which conducted the raffle(s).	X	
3) No person involved in or connected with the conduct of the raffle(s) was compensated by the organization conducting the raffle(s) from raffle proceeds required to be used for beneficial or charitable purposes.	X	
4) No gaming machine, apparatus or device, including but not limited to one which meets the definition of a slot machine as described in California Penal Code sections 330a, 330b, or 330.1, was used in conducting the raffle(s).	X	
5) No individual corporation, partnership or other legal entity has or holds a financial interest in the conduct of the raffle(s) other than the organization conducting the raffle(s) or any private, nonprofit eligible organization which received funds from the raffle(s).	X	
6) No raffle was conducted, and no raffle tickets were sold, traded, or redeemed, within an operating racetrack enclosure, satellite wagering facility, or gambling establishment.	X	
7) Tickets were not sold, traded or redeemed over the Internet.	X	

If the answer to any question in Part C, items 1 through 7, was "False", please explain the circumstances that support the answer. Use additional sheets of paper, if necessary, for the explanation. If the answer to more than one question in Part C was "False", reference the question number next to each explanation.

In signing this Nonprofit Raffle Report, I hereby certify that all of the information contained herein is true and correct.

*Barrett Hilton*  
 Signature of Authorized Officer or Director Who Prepared the Report

Aug 20, 2014  
 Date

N. BARRETT HILTON  
 Printed Name of Authorized Officer or Director

TREASURER  
 Title of Authorized Officer or Director

### NONPROFIT RAFFLE REPORT



A report must be completed for each year in which a raffle was conducted (September 1 through August 31).

Reports are due on or before October 1.  
(California Penal Code section 320.5)

MAIL TO:  
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Sacramento, CA 95814  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities/](http://www.oag.ca.gov/charities/)

#### PART A: General Organization Reporting Information

<p>Name of Organization _____</p> <p>Address of Organization _____</p> <p>City or Town, State and ZIP Code _____</p> <p>E-mail Address _____</p> <p>Telephone Number _____</p> <p>Fax Number _____</p>	<p>Provide at least one of the following:</p> <p>Raffle Registration Number: _____</p> <p>Federal Employee Identification Number (FEIN): _____</p> <p>Corporate Number: _____</p> <p>Organization Number: _____</p> <p>State Charity Registration Number: _____</p>
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#### Part B: Raffle Information

1. Raffle year ending August 31, \_\_\_\_\_ (Year)
2. Aggregate gross receipts from the operation of raffle(s): \$ \_\_\_\_\_
3. Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ \_\_\_\_\_
4. Were funds from sources other than ticket sales used to pay for administration or other costs of conducting the raffle(s)?  Yes  No  
 If yes,  
 4(A) Total funds from sources other than ticket sales used for the administration or other costs of conducting the raffle(s)?  
 \_\_\_\_\_  
 4(B) What was the source of these funds?  
 \_\_\_\_\_
5. Describe the charitable or beneficial purpose for which the raffle proceeds were used. \_\_\_\_\_
6. Were some or all of the raffle proceeds used for the benefit of another eligible organization?  Yes  No  
 6(A) If the answer to 6 above is yes, provide the following information for each organization for which the proceeds were used. Attach additional sheets of paper, if necessary.

### NONPROFIT RAFFLE REPORT

	\$
Recipient Organization	Exact Dollar Amount of Proceeds to Recipient Organization
Address of Recipient Organization	Contact Person for Recipient Organization
City, State, and ZIP Code	Telephone Number of Recipient Organization

**Part C: Certification by Authorized Officer or Director of Reporting Organization**

For the raffle(s) held during the year ending August 31, \_\_\_\_\_, I hereby certify that:  
 (Year)

		True	False
1) At least 90% of the gross receipts (total dollar amount prior to deduction of expenses) received from the sale of raffle tickets was used for the beneficial or charitable purposes of the eligible organization conducting the raffle or for the benefit of another eligible organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) None of the funds required to be used for beneficial or charitable purposes were provided to an officer, director or member (as defined by Corporations Code section 5056) of the organization which conducted the raffle(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) No person involved in or connected with the conduct of the raffle(s) was compensated by the organization conducting the raffle(s) from raffle proceeds required to be used for beneficial or charitable purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) No gaming machine, apparatus or device, including but not limited to one which meets the definition of a slot machine as described in California Penal Code sections 330a, 330b, or 330.1, was used in conducting the raffle(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) No individual corporation, partnership or other legal entity has or holds a financial interest in the conduct of the raffle(s) other than the organization conducting the raffle(s) or any private, nonprofit eligible organization which received funds from the raffle(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) No raffle was conducted, and no raffle tickets were sold, traded, or redeemed, within an operating racetrack enclosure, satellite wagering facility, or gambling establishment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Tickets were not sold, traded or redeemed over the Internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any question in Part C, Items 1 through 7, was "False", please explain the circumstances that support the answer. Use additional sheets of paper, if necessary, for the explanation. If the answer to more than one question in Part C was "False", reference the question number next to each explanation.

In signing this Nonprofit Raffle Report, I hereby certify that all of the information contained herein is true and correct.

\_\_\_\_\_  
 Signature of Authorized Officer or Director Who Prepared the Report

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Authorized Officer or Director

\_\_\_\_\_  
 Title of Authorized Officer or Director