

OFFICE OF THE SECRETARY OF STATE

CHARITIES AND LEGAL SERVICES DIVISION

STATE HOUSE

ANNAPOLIS, MD 21401

410-974-5534

<http://www.sos.state.md.us>

CERTIFICATION FORM

PLEASE COMPLETE THIS FORM AND SUBMIT IT WITH YOUR ORGANIZATION'S ANNUAL UPDATE OF INFORMATION

Failure to sign and submit to the Charities and Legal Services Division the certification below will result in a delay of your organization's registration.

Name of Charitable Organization _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Does your organization engage or have a contract with a professional solicitor or fund-raising counsel? If yes, please attach a copy of the contract(s). In order to process your organization's application, you must respond to this question.

Professional Solicitor Yes No Fund-raising Counsel Yes No

I hereby certify that this registration statement and all supporting documents are true to the best of my knowledge, and the IRS Form 990 or IRS Form 990-EZ for the fiscal year ending _____ (month), _____ (year) submitted to the Office of the Secretary of State under §6-408 of the Business Regulation Article of the Annotated Code of Maryland is a copy of the form submitted to the Internal Revenue Service.

Name of Individual Preparing this Form

Signature

Title

Date