

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: _____

E-mail _____ if applicable

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

Is the organization a private foundation (as defined in COMAR 01.02.04.01L) that is affiliated with any Maryland State agency?

Yes No (If yes, and raised more than \$100,000) you must submit an Audit and Agreed upon Procedures Report with application.

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 section 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