usiness	ID:				



	seeking to do business in the state of Vermont								
	PLEASE RETURN EVIDENCE OF FILING TO: (Name and Address)								
			Pr	ocessed by:					
				FOR OFFICE	USE ONLY				
	PLEASE REVIEW INSTRUCTIONS PAGE BEF	FORE BEGINNING.							
	USINESS NAME REQUIRED – NAME MUST INCLUDE, OR ADD FOR USE IN VERMONT, A CORP	ORATE IDENTIFIER S	UCH AS "CO	ORP," "INC," "CO," "L	TD," "PC, "PA," LTD," OR "SC				
SEE INS	STRUCTION PAGE FOR COMPLETE LIST OF OPTIONS								
_		· · · · · · · · · · · · · · · · · · ·							
	OMESTIC STATE: REQUIRED – US STATE OR NON-US COUNTRY _. ITACH CERTIFICATE OF GOOD STANDING (OR EQUIVALENT) FROM SECRETARY OF STATE OF DOM.	IESTIC STATE DATE	NITHIN 3	O DAYS OF FILING					
	ATE OF INCORPORATION: REQUIRED	ESTIC STATE, DATE	y willing 5	O DATS OF TIERRO					
	PE OF CORPORATION: REQUIRED - SELECT ONE (1) OF THE FOLLOWING								
_	This is a profit corporation.								
	FISCAL YEAR END (Month): OPTIONAL								
	PROFIT CORPORATION ANNUAL REPORTS ARE DUE EACH YEAR WITHIN FIRST 2.5 MONTHS OF FISCAL YEAR END								
	This is a <u>nonprofit</u> corporation.								
	This is a <u>nonprofit</u> corporation.								
	NONPROFIT CORPORATION BIENNIAL REPORTS ARE DUE EVERY 2 YEARS BETWEEN JANUARY		BEGINNING	THE <u>FIRST</u> YEAR FOL	LOWING QUALIFICATION				
	NONPROFIT CORPORATION BIENNIAL REPORTS ARE DUE EVERY 2 YEARS BETWEEN JANUARY a. BENEFIT TYPE: REQUIRED –SELECT ONE (1) OF THE FOLLOWING	1 1ST AND APRIL 1ST							
	NONPROFIT CORPORATION BIENNIAL REPORTS ARE DUE EVERY 2 YEARS BETWEEN JANUARY a. BENEFIT TYPE: REQUIRED – SELECT ONE (1) OF THE FOLLOWING This Nonprofit would be a public benefit corporation as defined in 11	/ 1 ⁵⁷ AND APRIL 1 ⁵⁷ B V.S.A. § 17.05, i	f it had be	een initially formed	d in Vermont.				
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Vermont Secretary of State

APPLICATION FOR CERTIFICATE OF AUTHORITY
of a non-Vermont Corporation (profit, nonprofit, or cooperative)
seeking to do business in the state of Vermont

8.	CUR	RENT DIRECTOR(S) REQUIRED - MINIMUM OF 1								
	a.	Director Name:								
		Address:								
		City/Town:	State:	ZIP:						
		E-Mail Address:								
	b.	Director Name:								
		Address:								
		City/Town:	State:	ZIP:						
		E-Mail Address:								
	c.	Director Name:								
		Address:								
		City/Town:	State:	ZIP:						
		E-Mail Address:								
		K IF APPLICABLE:								
9.		This corporation has more than three (3) directors. MUST ATTACH A COMPLETE LIST (RRENT OFFICER(S) REQUIRED – IF APPOINTED	OF ADDITIONAL PRINCIPL	LES.						
Э.	a.	PROBLEM AND THE APPROXIMATION OF THE STATE O								
	u.	Address:								
		City/Town:		1-4-20-						
		E-Mail Address:								
	b.	Vice President Name:								
		Address:								
		City/Town:			-					
		E-Mail Address:								
	c.	Secretary Name:								
		Address:	27		<u> </u>					
		City/Town:			-					
		E-Mail Address:								
	d.	Treasurer Name:			× 1					
		Address:								
		City/Town:								
		E-Mail Address:								
	CHEC	CK IF APPLICABLE:								
		This corporation has more than four (4) Officers. MUST ATTACH A COMPLETE LIST OF	ADDITIONAL PRINCIPLES							
CE		CATION OF DOCUMENT: REQUIRED								
		eby certify, under penalty of law, (11A/B V.S.A. §1.29), as a director listed about the thirdesymptotic provided in duplicate with a Charlest Manay Order made								
	and that this document is provided in duplicate with a Check or Money Order made payable to "VT SOS" in the amount of \$125.00.									
	Print	ed Name of Director Signature of Director		Date						
		DI FACE DEVIEW INSTRUCTIONS DAGE ON DEVERSE	REFORE FILING	2000						