



Mail completed form to:
 NH Attorney General's Office
 Attn: Charitable Trusts Unit
 One Granite Place South
 Concord, NH 03301

This application for extension of time must be received by the Charitable Trusts Unit on or before the date on which the community benefits plan report is due to be filed.

FORM NHCT-33
 APPLICATION FOR EXTENSION OF TIME TO FILE COMMUNITY BENEFITS PLAN REPORT

HEALTHCARE CHARITABLE TRUST SEEKING EXTENSION

Entity Name	Charitable Trusts Unit Registration Number		
	Fiscal Year Beginning (MM/DD/YYYY)		
Entity Address <input type="checkbox"/> <i>check if this is a change of address</i>	City	State	Zip

CONTACT INFORMATION

Name & Title of Individual Requesting Extension			
Mailing Address	City	State	Zip
Telephone Number	Email Address		

EXTENSION REQUEST

Date report is currently due	
Date to which extension is requested	
Reason for extension request	