

Office of the New Hampshire Attorney General Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397

DON'T FORGET TO ATTACH:
Appendix, Filing fee, Board List
One of the following: NHCT-2A, 990, 990-EZ, or 990-PF

ANNUAL FILING FEE: \$75.00

Make check payable to:
State of New Hampshire

ANNUAL REPORT CERTIFICATE

_____ Organization Name	_____ Fiscal Year End		
_____ In Care of	_____ State Registration #		
_____ Address	_____ City	_____ State	_____ Zip

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the attached report, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.

_____ Signature of PRESIDENT, TREASURER OR TRUSTEE	_____ Date
_____ (Print or Type) Name of Officer/Trustee	_____ Title

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signator.)

STATE OF

COUNTY OF

On this the _____ day of _____, 20____ before me personally appeared the above-named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, Treasurer of the above-named organization and took oath or affirmed that the attached report including accompanying schedules and statements is to the best of his/her knowledge and belief true, correct and complete.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

Notary Public