FORM NHCT-20
APPLICATION FOR REGISTRATION OR RENEWAL OF FUNDRAISING COUNSEL

This form must be accompanied by a payment in the amount of $150.00. Checks must be made payable to State of New Hampshire

ENTITY INFORMATION

| NH Charitable Trusts Unit Registration Number (leave blank if initial application) |
| Entity Name |
| Address of Principal Office | City | State | Zip |
| Contact Name |
| Contact Telephone Number | Contact Email Address |

ADDITIONAL INFORMATION

1. Provide a list of names, titles, and addresses of all officers, directors, and key employees (you may submit your own list that contains the information in the table below).

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
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2. Is this your initial registration with the NH Charitable Trusts Unit?
   □ Yes (submit a copy of your articles of incorporation or other entity formation document together with any amendments.)
   □ No

3. Is your entity registered in other states as a professional fundraiser (fund raising counsel or paid solicitor)?
   □ Yes (submit a list of states where registered.)
   □ No

4. Has the registration of your entity ever been denied, suspended, revoked, or enjoined by any state agency or by any court, or are such proceedings pending?
   □ Yes (submit a detailed explanation or submit any documentation related to such action taken by a state or federal agency or court.)
   □ No

Mail completed form to:
NH Attorney General’s Office
Attn: Charitable Trusts Unit
33 Capitol Street
Concord, NH 03301-6397
CERTIFICATION

I hereby certify that the information above is true and correct to the best of my knowledge and belief subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8.

____________________________________________   __________________________
Signature of Authorized Representative      Date

____________________________________________
Print Name

____________________________________________
Title