NONPROFIT ORGANIZATION CLAIM OF EXEMPTION - FORM NP

NORTH DAKOTA SECURITIES DEPARTMENT

SFN 51969 (8-2011)

Securities Department
600 East Boulevard
Bismarck, ND 58505
(701) 328-2910
www.ndsecurities.com

Securities Commissioner to the State of North Dakota:

Under oath and pursuant to the provisions of N.D.C.C. Section 10-04-05(5) the undersigned applies for an exemption from the registration requirements of the Securities Act of 1951 and submits the following SWORN answers to the questions contained herein for the purpose of applying to the Securities Commissioner for approval of the requested exemption.

☐ **INITIAL** ☐ **RENEWAL**

(If insufficient space is available for answers, please attach a separate sheet)

1. Name of Issuer		Telephone Number
2. Address of Issuer		
City	State	ZIP Code
3. Name of correspondent to whom notices and communications regarding this claim of exemption should be sent		
Address		Telephone Number
City	State	ZIP Code
4. Specify legal form of issuer (corporation, partnership, association, or other entity):		
5. State of Incorporation or Organization:	Date of Incorporation or Organization:	
6. State whether the issuer is organized and operated for religious, educational, benevolent, fraternal, charitable, social, or reformatory purposes:		
7. Include proof of current tax status under the Internal Revenue Code: Incorporated by reference for renewal: ☐ Yes		
8. Describe briefly the general character of the issuer's business:		

9. List the states in which it is proposed to offer the securities for sale:

10. List the states, if any, in which the securities are eligible for sale:

11. List the states, if any, which have refused, by order or otherwise, to authorize the sale of the securities or have suspended or revoked the right to sell the securities, or in which an application has been withdrawn:

12. Title or class of each security to be offered for sale pursuant to this claim of exemption

13. Price per Security

14. Minimum dollar amount of securities which will be offered to any one offeree

15. Furnish the name of any entity and person who will act on behalf of the issuer in effecting the offers and sales of securities in North Dakota

16. State the compensation to be paid directly or indirectly to each entity or person identified in Item 15 above

17. Provide a short description of the proposed use of the proceeds from the sale of the securities:

18. The issuer and the entities and persons acting on behalf of the issuer in effecting the offers and sales of securities in North Dakota understand a copy of the offering disclosure document must be provided to each person to whom an offer to sell or sale is made.

☐ Yes

19. The issuer and the entities and persons acting on behalf of the issuer in effecting the offers and sales of securities in North Dakota understand that receipt and approval of the claim of exemption by the North Dakota Securities Department does not signify that the Commissioner has passed upon the merits or qualifications of, or recommended these securities. Any representation to the contrary is a criminal offense.

☐ Yes

20. Attach a copy of the offering disclosure document proposed to be used in connection with the offer to sell the securities which are the subject of this claim of exemption, including financial statements for each of the last two fiscal years of the issuer.

21. If the issuer is incorporated in or organized under a jurisdiction other than North Dakota, furnish a Consent to Service of Service (FORM U-2).

Incorporated by reference for renewal: ☐ Yes

22. The filing fee of $150.00 must accompany this claim of exemption for an initial filing.

The filing fee of $100.00 must accompany this claim of exemption for renewal of a filing.

Pursuant to the requirements of N.D.C.C. Section 10-04-05(5), the issuer has duly caused this Nonprofit Organization Claim of Exemption to be signed on its behalf by the undersigned.

☐ Yes

Date	Type or Printed Name of Signatory
Signature	Title

Subscribed and sworn to before me this _____ day _____, _____.

_____
(Notary Public Signature)

In and for the County of _____

State of _____

My commission expires on: _____