



CORPORATE COMPLIANCE CENTER ANNUAL MINUTES COMPLIANCE NOTICE

Entity File No. [REDACTED]
CCC File No. [REDACTED]

2264422 *****AUTO**ALL FOR AADC 956
[REDACTED]
[REDACTED] 63392
[Barcode]

**PLEASE RETURN BY 4/30/17 TO ALLOW
ADEQUATE PROCESSING TIME FOR YOUR
DOCUMENTS**

Consequence of Non-Compliance. Failure to comply with these statutes is a factor courts may consider that can result in personal liability of corporation members for corporation debts and obligations without limit to amount as a result of alter ego liability.

Complete and Return the Form Below so that CCC can prepare the documents to meet the terms of the Annual Minutes Requirements of [REDACTED]

Make Your Check for \$150.00 Payable to CCC. It is important we receive your response by 4/30/17 to ensure the timely preparation of your Annual Minutes. You should receive your Certificate of Minutes within 3 weeks of sending your form.

(916) 480-9006 * Return this form with your check and mail to us in the enclosed envelope.*

BUSINESS INFORMATION (COMPLETE/MAKE CHANGES WHERE NECESSARY (PRINT OR TYPE))

Business Name & Principal Office Street Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
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Person To Contact E-mail	Telephone (With Area Code) () - -	Fax (With Area Code) () - -
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OFFICERS – NAMES OF ALL OFFICERS, INCLUDING OFFICERS WHO ARE DIRECTORS

PRESIDENT / CEO
(Required Position)

VICE-PRESIDENT
(Optional Position)

SECRETARY
(Required Position)

TREASURER / CFO
(Required Position)

PURPOSE (Check Only One)
Public or Charitable Purpose [] Any lawful mutual benefit purpose []

MEMBERS (Check Only One)
This Corporation Has No Members [] The Articles/Bylaws Provide [] For Members

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DIRECTORS – NAMES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE OFFICERS

DIRECTOR #1 NAME
(Required Position)

DIRECTOR #2 NAME
(Required if there are 2 Shareholders)

DIRECTOR #3 NAME
(Required if 3 or more Shareholders)

DIRECTOR #4 NAME
(Optional Position)

DIRECTOR #5 NAME
(Optional Position)

DIRECTOR #6 NAME
(Optional Position)

If additional space is needed for director names, please attach a separate sheet of paper.

CHECK ENCLOSED FOR \$150.00 MADE PAYABLE TO CORPORATE COMPLIANCE CENTER CHARGE MY CREDIT CARD \$150.00

Credit Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	Credit Card Number	Expiration Date
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Cardholder Name As it appears on card:	CCV VISA/MASTERCARD/DISCOVER 3 DIGIT CODE ON BACK OF CARD
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Billing Address
On Card Account:

I authorize Corporate Compliance Center to charge my card the amount listed at the right. The charge will appear on statement as **Compliance Filings Inc.** **Credit Card Payment Amount \$150.00**

Signature	Date	C177753
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THIS PRODUCT OR SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENTAL AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT.
RETURN THIS FORM NO LATER THAN 4/30/17 TO ENSURE TIME FOR PROCESSING OF YOUR DOCUMENTS. CORPORATE COMPLIANCE CENTER, 2740 FULTON AVE, SUITE 203, SACRAMENTO, CA 95821 (916) 480-9006