

Applicant Organization's Name: Share The Blessings, Inc.

Please complete either Section A or Section B, as appropriate for your circumstances.

Section A. Confirmation that signer of previously filed license application performs duties of treasurer or chief fiscal officer:

As the signer of the previously submitted license application and attachments, I affirm that although I do not possess the title of "treasurer" or "chief fiscal officer" of the applicant organization, I perform the duties of the treasurer or chief fiscal officer of the applicant organization, and that I acted in such capacity in preparing, signing, and filing the previously submitted license application and attachments.

Signature: _____

Signer's Name (Print): _____

Signer's Title (Print): _____

Date: _____

Section B. Review and affirmation by applicant's treasurer, chief fiscal officer, or person acting in such capacity.

I swear or affirm that I am, or perform the duties of, the treasurer or chief fiscal officer of the applicant organization, that I reviewed the information in the license application and attachments previously filed under another signature, and that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.

Signature: Nathan Wagner

Signer's Name (Print): Nathan Wagner

Signer's Title (Print): Chair

Notarization: The following is for a notary public to place you under oath and then notarize your signature:

(County) _____ (State) _____
_____ County and State in which acknowledgement taken

Sworn to and subscribed before me this the _____ day of _____

in the year of _____.

Notary Public's Signature: _____

Notary Public's Name (Print): _____

Date Notary Public's Commission Expires: _____

If using a notary stamp or seal, stamp or imprint seal beside or below this line:

CSL Contact Information:

Agency Internet Site: www.sosnc.gov Electronic Mail: cs1@sosnc.gov
Telephone: 919-814-5400 - Toll free for NC residents: 1-888-830-4989
Facsimile: (919) 807-2220
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Signature Amendment Form
for charitable or sponsor organizations

Form Revision: February 2, 2018

Effective Date: June 7, 2005

Page 1 of 1