

1. Applicant Organization's Full Legal Name: SHARE THE BLESSINGS, INC.
2. Applicant's Principal Telephone Number (include area code): 919-775-9696
3. Applicant's Principal Street Address, including City, State Code, and Zip Code (do not use a P.O. Box address): 500 FRANCISCA LANE
CAROL, NC 27511
4. Name under which you intend to solicit contributions: SHARE THE BLESSINGS, INC.
5. Describe the purpose for which you are organized: Aid to groups in 3rd World Countries
6. Describe the purpose for which contributions will be used: WATER WELLS + CHILDREN'S EDUCATION
in UGANDA
7. Are you incorporated?
- ☐ YES: Provide the following information:
- A. State of Incorporation: _____
- B. Date of Incorporation: _____
- C. Fiscal year end (day/month): _____
- ☒ NO: Provide the following information:
- D. Organization type/description: 501(c)(3)
- E. State where formed (e.g., NC): NC
- F. Date formed: _____
- G. Fiscal year end (day/month): 31/12
8. Have you received a federal tax exemption determination letter?
- ☒ YES: Provide the following information:
- A. ☒ Attach one (1) copy of your federal tax exemption determination letter.
- B. State your federal tax exemption code designation (e.g., "501(c)(3)"): 501(c)(3)
- ☐ NO.
9. Are you authorized by any other state to solicit contributions?
- ☐ YES: Attach a list of these states. | ☒ NO.
10. Have you or any of your officers, directors, trustees, or salaried executive personnel been enjoined or prohibited in any jurisdiction from soliciting contributions?
- ☐ YES: Attach an explanatory statement. | ☒ NO.
11. Have you or any of your officers, directors, trustees, or salaried executive personnel been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets?
- ☐ YES: Attach an explanatory statement. | ☒ NO.
12. Do you compensate any of your officers, trustees, organizers, incorporators, fundraisers, or solicitors?
- ☐ YES. | ☒ NO.
13. Name the individual(s) or officer(s) in charge of any solicitation activities: Edward W. Collopy, Jr.
14. Other than your principal office identified above, do you maintain any office locations in North Carolina?
- ☐ YES: Attach a list identifying the street address and telephone number for each additional office location in North Carolina.
- ☒ NO.
15. Do you maintain your principal office outside North Carolina and possess no other office location in North Carolina?
- ☐ YES: Attach the name, street address, and telephone number of the person who has custody of your financial records.
- ☒ NO.

CSL Contact Information:

Agency Internet Site: _____ Electronic Mail: _____
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989
Facsimile: (919) 807-2220
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Initial License Application Form
for charitable or sponsor organizations

Form Revision: 1
Effective Date: August 2, 2005

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