

25. Consolidated application information: Is your organization applying as a parent group for one or more subordinate groups located in North Carolina?

☐ YES. Attach a list (as "Attachment 25") of your subordinate groups containing, for each subordinate: (1) group's full legal name, (2) street address for NC location, (2) contact person, (3) telephone number for NC location.

☒ NO. Proceed to Item 26.

26. License fee amount attached to this application:

\$ 50.

27. Federated fund-raising organization information: Is your organization or any of your subordinates a united way, united arts fund, community chest, or other federation of independent charitable organizations which have voluntarily joined together for the purpose of raising and distributing contributions and where membership does not confer operating authority and control of the individual group organization upon the federated group organization?

☐ YES. Attach a list (as "Attachment 27") of your member agencies that complies with the following requirements:

A. For each NC-CSL exempt member agency, provide the agency's NC-CSL exemption number (if known), the agency's name, why the agency is exempt (a statutory cite is sufficient), and the amount allocated by the applicant to the member agency during the previous fiscal year.

B. For each NC-CSL licensed member agency, provide the agency's NC-CSL license number (if known), the agency's name, the agency address, the name of the executive in charge of the member agency, the agency's telephone number, and the amount allocated by the applicant to the licensed member agency during the previous fiscal year.

☒ NO. Proceed to Item 28.

28. Applicant's signature:

I swear or affirm that I am the treasurer or chief fiscal officer of the applicant organization, 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: Edward W. Colluppy

Signer's Name (Print): Edward W. Colluppy, Jr.

Signer's Title (Print): President

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

County Harnett State nc

Sworn to and subscribed before me this the 12th day of May

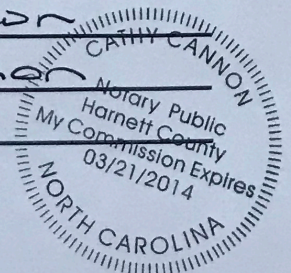
in the year of 2011

Notary Public's Signature: Cathy Cannon

Notary Public's Name (Print): Cathy Cannon

Date Notary Public's Commission Expires: 3-21-14

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



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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