



BARBARA K. CEGAVSKE
 Secretary of State
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 Carson City, Nevada 89701-4201
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**ATTACH FORM ONLY IF CLAIMING A
 STATE BUSINESS LICENSE EXEMPTION**

**Declaration of Eligibility for State
 Business License Exemption**
 (This form must be notarized)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

This form must accompany the List of Officers only if claiming exemption from the State Business License. Please provide the information requested only for the exemption for which you claim eligibility. Failure to provide the requested information or to notarize this document will result in a rejected filing, which could result in late fees.

Entity Name: NV Business I.D. Number:

001 - Governmental Entity

This entity is an incorporated or unincorporated agency or instrumentality of the United States government or any state government; a corporation wholly owned by the United States government; or county, city, district, or other political subdivision of a state.

002 - 501(c) Nonprofit Entity

This entity is qualified as a 501(c) Nonprofit Entity pursuant to Title 26 U.S.C. Section 501(c). Please provide the Internal Revenue Service (IRS) issued **Federal Employer Identification Number (FEIN)**

006 - NRS 680B.020 Insurance Company

Are the activities of this entity regulated through a license or certificate of authority granted by the Division of Insurance pursuant to NRS Title 57?

Yes No

If yes, provide license or certificate of authority number

I declare under penalty of perjury, as a representative authorized by statute to file on behalf of the above named entity, that the declarations indicated above are true and correct.

X _____
 Signature Title Date

State of _____ County of _____

Subscribed and sworn to before me the _____ 20 _____

by _____
 (Print name of Signer)

Notary Signature _____