ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

ATTACH FORM ONLY IF CLAIMING A STATE BUSINESS LICENSE EXEMPTION

270102

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: MINERS FOOTBALL ALUMNI ASSOCIATION, INC.

NV Business I.D. Number: NV20141526513

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)** 47-2063294

005 - Motion Picture Company

Is the primary purpose of this entity to create or produce motion pictures, as defined in NRS 231.020? ☐ Yes ☐ No

If yes to above question, does the creation or production of motion pictures occur in Nevada? ☐ Yes ☐ No

If so, please provide Nevada Film Office registration number: _____

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 W. Desmond Powers — President — 11/21/14

Signature — **Title** — **Date**

State of California County of Marin

Subscribed and sworn to before me the 11/21 20 14

by W. Desmond Powers
(Print name of Signer)

Notary Signature _____

J. CANO
COMM. # 1990031
NOTARY PUBLIC-CALIFORNIA
MARIN COUNTY
My Comm. Expires SEP 1, 2016