(a Non-Grantor, Irrevocable, Complex, Discretionary, Spendthrift Trust)



Order Form

New Formation
Amendment
Change of R/A

Non-Profit Corporation

		Choose one	
	(Clark County) (Sheridan County)		
		eretary of State pedite Services	
Nevada	(24-Hours)		
Wyoming	(24-Hours)		_
State		Expedited:	Yes No
		Speed:	24-Hours
			Other:
	pe of Entity e-Determined		Name-Ending Choose One
✓ Non-Profit	t Corporation		Corp (Corporation) Inc (Incorporated)
	Com	_	ine (incorporateu)
	List your top three	poration Name choices in order of pr	reference
-			



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Corporation Shares No Issuance of Stock

Cor	rporation Positions *Required		cal Year e-Determ	
*Treasurer *Director	*Th ot	April May June (Q2) e IRS default ye herwise "IRS Fo and Directors v Butler (Nomine urpose pe in Detail	ar-end is	•
	501(c)(3) Tax-Exc	•		
Video:	Helpful Webs https://www.stayexempt.irs.gov/hon		pplyina-s	section-501c3-status
"How To":	https://www.irs.gov/pub/irs-pdf/p422		, , ,	
Resources:	https://www.stayexempt.irs.gov/honexempt-organization-workshop	•	ary/virtua	l-small-mid-size-tax-
Form 1023:	https://www.irs.gov/pub/irs-pdf/i102	<u>3.pdf</u>		
& 1023-EZ:	https://www.irs.gov/pub/irs-pdf/i102	<u>3ez.pdf</u>		



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Registered Agent for Non-Profit Corporation

732 South	Registered Agent LLC 6th Street	Northwest Registered Agent Service Inc 30 North Gould Street
Suite N Las Vegas,	Nevada 89101-6948	Suite N Sheridan, Wyoming 82801-6317
Registered Agent:		
Address:		
City:		State:
County:		Zip Code:
E-Mail Address:		
	Physical Address of Non-F	Profit Corporation
	Nevada Offices 732 South 6th Street Suite N Las Vegas, Nevada 89101-694	Wyoming Offices 30 North Gould Street Suite N Sheridan, Wyoming 82801-6317
Physical Address:		
City:		State:
County:		Zip Code:
	Mailing Address of Non-P	rofit Corporation
	Nevada Offices 732 South 6th Street Suite N Las Vegas, Nevada 89101-694	Wyoming Offices 30 North Gould Street Suite N Sheridan, Wyoming 82801-6317
To the Attention of:		(Parent Company)
Mailing Address:		
City:		State:
County:		Zip Code:



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Non-Profit Corporation

Officer and/or Director #_1

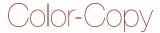
Full Legal Name:		
Physical Address:		
City:		State:
County:		Zip Code:
	Mailing Address is "Same as Above"	
Mailing Address:		
City:		State:
County:		Zip Code:
Mobile:	+	
E-Mail:	Country Code Area Code	
Yes	"Custodian of Bosords" and "Commun	
Yes	"Custodian of Records" and "Community This is an "Authorized Signatory" on the	
103	This is all Mathonized Signatory of the	le corporate Barile Account.
	Employer Identification Number (E Bank Account Introduction Docum	
Social Security Number:		
Driver's License Number:		
	State: Expires:	
Date of Birth:	/ / /	Year



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Government ID



Corporate Transparency Act (CTA), Know Your Client (KYC) and Anti-Money Laundering (AML) regulations require we obtain a color-copy of a current and valid government-issued photo ID, such as a Passport, Driver's License or Military ID.

Please make an 'original size' color-copy of your government ID in the space provided below.



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Non-Profit Corporation Officer and/or Director

Full Legal Name: Physical Address: City: State: County: Zip Code: Country Code (____) ____ - ____ Mobile: E-Mail: Yes No This is an "Authorized Signatory" on the corporate Bank Account. **Employer Identification Number (EIN) Bank Account Introduction Document** Social Security Number: Driver's License Number: State: Expires: Date of Birth: Month Government ID Color-Copy Corporate Transparency Act (CTA), Know Your Client (KYC) and Anti-Money Laundering (AML) regulations require we obtain a color-copy of a current and valid government-issued photo ID, such as a Passport, Driver's License or Military ID.



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Full Legal Name: Physical Address: City: State: County: Zip Code: Country Code (____) ____ - ____ Mobile: E-Mail: Yes No This is an "Authorized Signatory" on the corporate Bank Account. **Employer Identification Number (EIN) Bank Account Introduction Document** Social Security Number: Driver's License Number: State: Expires: Date of Birth: Month Government ID Color-Copy Corporate Transparency Act (CTA), Know Your Client (KYC) and Anti-Money Laundering (AML) regulations require we obtain a color-copy of a current and valid government-issued photo ID, such as a Passport, Driver's License or Military ID.

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Order Form

Non-Profit Corporation

Client Declaration and Signature

I confirm that all information given in this Order Form is true, correct and complete to the best of my knowledge and belief. By signing below I confirm to have read, understand and agree to be bound by the APSA "Terms and Conditions" as found on AssetProtectionServices.com. I understand services shall not be initiated until such time as all supporting documents and full payment have been received and accepted by Asset Protection Services of America Trust.

	/	/ 20
	Day Mo	nth Year
Printed Name		Client Signature
Printed Name		Client Signature
Printed Name		Client Signature
	EIN Auti	horization
corporate EIN (Employe	thorize Asset Protection r Identification Number	n Services of America Trust to obtain my) on the IRS (Internal Revenue Service)
corporate EIN (Employe website on my behalf fo	thorize Asset Protection r Identification Number	n Services of America Trust to obtain my) on the IRS (Internal Revenue Service)
	thorize Asset Protection r Identification Number r the aforementioned Co	n Services of America Trust to obtain my) on the IRS (Internal Revenue Service) orporation.