

9. List Officers and members of the governing body:

10. Is an annual independent audit performed?

YES **NO**

If yes, provide name of auditing firm: _____

Telephone: _____ - _____

11. Do you have representation in the state of Utah?

YES **NO**

Local Telephone number

_____ - _____

12. What services do you provide in the state of Utah?

13. Please provide any other information that should be considered with this application.

ATTESTATION

I, _____, as the representative for the above named charity,
attest that the information provided is correct to the best of my knowledge.

SIGNATURE

TITLE

DATE