GENERAL INFORMATION – 2019

1.	FILING STATUS:	Corpo	ration	Corporation/Sub S	LLC
		Partne	ership	Individual (Sole Propriet	or)
2.	Officer, owner, or partner to whom correspondence or questions are to be addressed:				
	Name (print)			Title/Position	
	Phone Number			Email Address	
3.	Accounting records are main	ntained at th	ne following	address:	
			Address		
City		State	Zip	Phone Number	_
or the	TE: This verification shall be concernsible accounting officernal representations and the second representation of the second repres	·.)		me), state and attest that the a	
review inform contain and all North require	t Full Certificated Name of Canwed said Report and, in the exercipation provided herein; and that, the ined herein is accurate and true, not look the information contained in saccurate and true, Carolina General Statutes, Committed by the Commission is punishable by Commission rules or orders may	se of due di to the best of material info aid Report ha ission Rules le by crimina	ligence, have f my knowled ormation or fact as been prepar , and Commis al prosecution p	made reasonable inquiry into the ge, information, and belief, all that has been knowingly omitted oned and presented in accordance sion Orders. (Note: Failure to proursuant to NC General Statute 6	he accuracy of the of the information or misstated herein with all applicable rovide information
Signa	nture of Person Making Verifica	ntion	Titl	e	
			Dat	e	
Subse	cribed and sworn before me this	s the	c	ay of	, 2020
	Printed Name of Notary			Notary Public S	Signature
			My Commi	ssion Expires:	