CALIFORNIA	FORM

TAXABLE YEAR	Nonprofit Corporation
2019	Request for Pre-Dissolution Tax Abatement

Cal	ifornia Corporation n	umbor/California Soora	tary of State file number		FEIN		10				
Cal	norma Corporation n	umber/California Secre	tary of State life number								
Nar	ne of organization as	s shown in the creating	document								
Stre	Street address (suite, room, or PMB no.) Telephone						lephone				
City	City State ZIP code										
Nar	ne of representative	to contact regarding ad	ditional requirements or i	nformation		Te	lephone				
Rep	presentative's mailing	address (suite, room,	or PMB no.)								
City	1				Si	ate	ZIP code				
	estions	daing business in (California according to	Davanua 8 Tavatian C	ada Castian 00101	.		4	Vaa		
1 2		-	-	Revenue & Taxation Correction Revenue & Taxation Correction Correc						□ No □ No	
2	•			venue Service?							
	C C										
4	4 Did the organization ever operate in California? If yes, list the date the operations stopped in California (mm/dd/yyyy)							. 4	🗆 Yes	🗆 No	
5	Will the organiza	tion continue to ope	rate outside of Califor	nia? If yes, STOP do no	t file this form			. 5	\Box Yes	🗆 No	
6	-	-	ual circumstances? rcumstance. See instr	uctions				. 6	\Box Yes	🗆 No	
7	-							. 7	🗆 Yes	🗆 No	
	÷	-	an, and value of asset								
	Description and d	listribution plan						Value of asset			
8	-		sets?						\Box Yes	\Box No	
	If yes, list the de	scription and value o	of the asset and the FE	EIN/SSN, name, telepho	ne, and address of	the rec	ipient. See inst	tructi	ons.		
	Description	Value	FEIN/SSN	Name	Telep	hone	Ad	dress	i		
ftb ex	.ca.gov/forms an amined this form a	nd search for 1131. To	o request this notice b / knowledge and belie	mation, and the conseq y mail, call 800.852.571 f, it is true, correct, and	1. Under penalties o	of perju	ury, I hereby de	clare	that I have	e	
_	Signature of o	fficer or director		inted name		Ti	tle			Date	
Signature of officer or director		FI	Filled Halle								