

SERVICO, INC.
283 WASHINGTON AVENUE
ALBANY, NY 12206
518-463-4179 FAX # 518-463-3752

NY NOT-FOR-PROFIT INFORMATION WORKSHEET

1) Proposed Name of new organization (in order of preference):

a) _____

b) _____

2) Service of Process address and County of Location for Principal Office

COUNTY: _____

3) Purpose or Activities to be conducted (give *complete and detailed description* - pls. note: in some states, certain activities will necessitate approvals from state agencies prior to filing): (attach 2nd page, if necessary - be specific)

4) Is corporation tax exempt? If so, please indicate which subsection of 501(c) you would like us to reference (3, 4 5 6 7 etc?)

5) TYPE: (A, B, C or D) _____

6) Initial Directors (*minimum* of three) and addresses

PREPARATION FEES/DISBURSEMENTS:	\$150.00
Disbursement:	75.00
(for expedited filing....add)	25.00
CORPORATE OUTFIT:	65.00 (Must add your local sales tax)
SHIPPING:	8.50
AHC:	5.00
<u>Sales Tax Subtotal</u>	<u>6.52</u>

TOTAL (based on 8.875% sales tax) \$335.02

*IF Consents from State Agencies are necessary, add another \$75.00 per agency (disbursement fees vary by agency) (Continues on the next page.....)

Your Name: _____

Your Firm: _____

Billing/Mailing Address: _____

Your Phone #: _____ Your Fax #: _____

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) _____

Card # _____ Expires _____ **IN THE AMOUNT OF **** _____

Print Name of Card Holder: _____

Print Complete Billing Address on Credit Card: _____

Signature of Card Holder: _____

** Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this