

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

REPORT OF VOLUNTARY ASSOCIATIONS AND TRUSTS (General Laws, Chapter 182, Section 12)

1. Exact name of trust:

2. Street address of principal office in Massachusetts:

3. Street address elsewhere, if doing business outside Massachusetts:

4. Number of issued and outstanding transferable certificates of participation or shares:

5. The names and addresses of all the trustees are as follows:

NAME

ADDRESS

*I/We the trustee(s) of the above named trust, _____
, declare under penalties of perjury that I/we have examined this report and that to the best of my/our information and belief,
the statements contained herein are true and correct and hereto sign my/our name(s) this

_____ day of _____, 20 _____.

** _____, Trustee _____, Trustee

**Delete the inapplicable words.*

***The trustee, or if more than one trustee, then at least two trustees, shall sign under the penalties of perjury.*

I have examined this Report of Voluntary Associations and Trusts and
found it to conform with the requirements of Massachusetts Gen-
eral Laws, Chapter 182, Section 12 and the filing fee in the amount of
\$ _____, having been paid, said report is deemed to have been
filed with me this _____ day of _____, 20 _____.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

Every association or trust shall annually on or before June first, file with the Secretary of the Commonwealth a report signed under the penalties of perjury by its trustees, stating (a) the name of the association or trust; (b) the location (with street address) of its principal office in this Commonwealth and elsewhere if the trust or association does business outside the Commonwealth; (c) the number of its issued and outstanding transferable certificates of participation or shares; and (d) the names and addresses of its trustees. -General Laws, Chapter 182, Section 12

INSTRUCTIONS FOR COMPLETION OF THIS FORM

Note: Please type or print clearly as this document will be microfilmed. Incomplete or incorrect reports will be returned to sender for completion and/or correction. Please send original document only; keep a photocopy for your files.

- A. Item 1. Insert the exact name of the trust. Do not use any d/b/a names, trade names, or abbreviations.
- B. Item 2. Insert the full address of the trust's principal office in Massachusetts, using number and street, city or town, state and zip code.
- C. Item 3. If the trust is doing business outside of Massachusetts, please insert its additional address.
- D. Item 4. Insert the number of issued and outstanding transferable certificates of participation or shares.
- E. Item 5. Insert the names and residential addresses of all the trustees.
- F. Complete the statement at the end of the form, insert date and sign where indicated. If more than one trustee exists, than at least two trustees must sign this report.
- G. Issue a check in the amount of \$75.00 payable to the Commonwealth of Massachusetts. Attach check to the document and mail both to:
William Francis Galvin, Secretary of the Commonwealth, Attention: Trust MF-1, One Ashburton Place, Room 1717, Boston, MA 02108-1512