Applicant Name:	
Docket No	

Addition to Exemption Application Humanitarian Service Provider K.S.A. 79-201 Ninth

	K.S.A. 79-201 <u>Ninth</u>		
Nam	e of the community service organization.		
Nam	e and address of related organizations.		
Are t	he directors compensated for the service as directors? _NoYes If yes, indicate the nature of the compensation.		
Do a	ny of the members, officers, or directors have a financial interest in the property? _NoYes		
What	service or services are being offered to the community?		
	ere a demonstrated need for these services to the general public? How did you determine that ervices were needed in your community or area?		
(b)	why is this service needed, i.e., now will the general public benefit from the service?		
	Why is this service needed, i.e., how will the general public benefit from the service? Do the services provided meet this need?		
(c)			
	Do the services provided meet this need?		
(c) (d) (e)	Do the services provided meet this need? Do you provide services to the general public or to a specific class of beneficiaries? Are there commercial businesses or other organizations in the community that offer		

Enclose:

- a. A copy of the <u>IRS designation letter</u> showing exemption pursuant to I.R.C. §501(c)(3).
- b. A copy of the Articles of Incorporation and Bylaws if organization is organized not-for-profit.
- c. A copy of the <u>Certificate of Good Standing</u> issued by the Secretary of State demonstrating that the organization is currently active and in good standing.

VERIFICATION

I,, do solemn is true and correct, to the best of my knowledge and b	ly swear or affirm that the information set forth herein belief. So help me God.
	Signature of Applicant
	Printed Name and Title
State of) County of)	
This instrument was acknowledged before me on	by
Seal	Signature of Notary Public
My appointment expires:	