

State of New Hampshire

Domestication Filing Fee: \$100.00
Formation Filing Fee: \$100.00
Total Filing Fee: \$200.00
Use black print or type.

Form FFND-6
RSA 564-F:21-2119

CERTIFICATE OF DOMESTICATION OF A FOREIGN FOUNDATION

PURSUANT TO THE PROVISIONS of the New Hampshire Foundation Act, the undersigned applies for certificate of domestication of a foundation and for that purpose submits the following statement:

FIRST: Exact name of the foundation in the jurisdiction of organization:

_____.

The foreign foundation ____ is or ____ is not currently registered in the state of New Hampshire.

SECOND: If that name is unavailable for use in this state or the foundation desires to change its name in connection with the domestication, a foundation name that satisfies the requirements of RSA 564-F:4-401: _____

_____.

THIRD: Originally formed under the laws of: _____.

FOURTH: Date of formation in foreign jurisdiction: _____.

Principal Business Information:

Principal Office Address: _____
(no. & street) (city/town) (state) (zip code)

Principal Mailing Address (if different): _____
(no. & street) (city/town) (state) (zip code)

Business Phone: _____

Business Email: _____

____ Please check if you would prefer to receive the courtesy Annual Report Reminder by email.

FIFTH: The name of the foundation's initial registered agent is:

_____.

The complete address of its initial registered office (agent's business address) is:

_____.
(no. & street) (city/town) (state) (zip code)

SIXTH: Describe the principal purpose or purposes for which the foundation is organized (and if known, list the NAICS Code and Sub Code) [if more space is needed, attach additional sheet(s)]:

SEVENTH: State any provision managing or regulating the foundation's affairs:

EIGHTH: State any provision defining, limiting, or regulating the foundation's powers:

NINTH: State any provision defining, limiting, or regulating a foundation official's duties and powers:

TENTH: The date on which the foundation shall terminate (if any): _____
(perpetual or MM/DD/YYYY)

ELEVENTH: The names and usual business addresses of its directors are: (if there are additional directors, attach additional sheet):

(name)	(no. & street)	(city/town)	(state)	(zip code)
(name)	(no. & street)	(city/town)	(state)	(zip code)
(name)	(no. & street)	(city/town)	(state)	(zip code)
(name)	(no. & street)	(city/town)	(state)	(zip code)
(name)	(no. & street)	(city/town)	(state)	(zip code)
(name)	(no. & street)	(city/town)	(state)	(zip code)
(name)	(no. & street)	(city/town)	(state)	(zip code)
(name)	(no. & street)	(city/town)	(state)	(zip code)

TWELFTH: The certificate of Domestication shall take effect on the effective time provided in RSA 564-F:21-2120(b)(5) and (c), unless a later effective date not more than 90 days from the date and time of filing is specified: _____.

(Signature of a director or other duly authorized representative)

(Print or type name)

(Title)

Date signed: _____

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

**Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989
Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH**