



COMPLIANCE FILINGS SERVICE ANNUAL MINUTES COMPLIANCE NOTICE

125682 *****AUTO**3-DIGIT 852
 TD # 3 FRIENDS HELPING FRIENDS, INC
 2040 E LOMA VISTA DR
 TEMPE AZ 85282-2950
 22-5301



Entity File No.: 07377754
 CFS File No. 125682

**PLEASE RETURN BY 4/30/16 TO ALLOW
 ADEQUATE PROCESSING TIME FOR YOUR
 DOCUMENTS**

Arizona Law Annual Minutes Requirements. Arizona Revised Statutes Title 10 sections 701 and 1601 Et. Seq. require non-exempt Arizona corporations to keep minutes of member, director and director committee proceedings.

Consequence of Non-Compliance. Failure to comply with these Statutes is a factor courts may consider that can result in personal liability of corporation members for corporation debts and obligations without limit to amount as a result of alter ego liability.

Complete and return the form below so that CFS can prepare the documents to meet the terms of the corporate record requirements of Arizona Revised Statutes Title 10 sections 701 & 1601 Et. Seq.

Make Your Check for \$150.00 Payable to CFS. It is important we receive your response by 4/30/16 to ensure the timely preparation of your Annual Minutes. You should receive your Certificate of Minutes within 3 weeks of sending your form.

(602) 492-9340 * Return this form with your check and mail to us in the enclosed envelope.*

BUSINESS INFORMATION		(COMPLETE/MAKE CHANGES WHERE NECESSARY (PRINT OR TYPE))		
Business Name & Principal Office Street Address TD # 3 FRIENDS HELPING FRIENDS, INC 2040 E LOMA VISTA DR		City TEMPE	State AZ	Zip Code 85282-2950
Person To Contact E-mail		Telephone (With Area Code) () - - - - -	Fax (With Area Code) () - - - - -	
OFFICERS - NAMES OF ALL OFFICERS, INCLUDING OFFICERS WHO ARE DIRECTORS		DIRECTORS - NAMES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE OFFICERS		
PRESIDENT / CEO (Required Position)		DIRECTOR #1 NAME (Required Position)		
VICE-PRESIDENT (Optional Position)		DIRECTOR #2 NAME (Required if there are 2 Members)		
SECRETARY (Required Position)		DIRECTOR #3 NAME (Required if 3 or more Members)		
TREASURER / CFO (Required Position)		DIRECTOR #4 NAME (Optional Position)		
PURPOSE (Check Only One) Public or Charitable Purpose <input type="checkbox"/> Any lawful mutual benefit purpose <input type="checkbox"/>		DIRECTOR #5 NAME (Optional Position)		
MEMBERS (Check Only One) This Corporation Has No Members <input type="checkbox"/> The Articles/Bylaws Provide For Members <input type="checkbox"/>		DIRECTOR #6 NAME (Optional Position)		
AMOUNT ENCLOSED \$150.00		If additional space is needed for director names, please attach a separate sheet of paper.		
PLEASE RETURN BY 4/30/16 TO ALLOW ADEQUATE PROCESSING TIME OF YOUR DOCUMENTS		 M185923		

THIS PRODUCT OR SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENTAL AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT
PLEASE RETURN NO LATER THAN 4/30/16 TO ENSURE TIME FOR PROCESSING OF YOUR DOCUMENT.
 COMPLIANCE FILINGS SERVICE, 2942 N. 24th Street Suite #114363 Phoenix AZ, 85016 (602) 492-9340