A charitable organization shall use this form to notify the Consumer Protection Division that it will not be renewing its Registration Statement and is discontinuing—whether temporarily or permanently—charitable activities in the State of Alabama.

1. Name of the charitable organization: __________________________________________

2. Alabama Registration Number: _______________________________________________

3. Effective date on which charitable activities will be discontinued: ________________

4. Fiscal year-end of the charitable organization: _________________________________

5. Please state the reason for non-renewal: ______________________________________
CERTIFICATION

I, ____________________________, certify that the information on this document and in any attachments is true and correct. I further certify that I am authorized to submit this form on behalf of ________________________________________.

I also understand that I am under a continuing obligation to notify the Office of the Attorney General of any change in the information provided.

__________________________  ____________________________
DATE                     SIGNATURE

__________________________
TITLE

__________________________
PHONE