

Little Traverse Bay Bands of Odawa Indians
Application to Register a Non-Profit Corporation

This application shall be open to inspection by the public.

WOCOI 200703-_____

Pursuant to the provisions of WOS 2003-007, the undersigned execute the following and will operate as a Non-Profit Corporation:

1. The name and principal office address of the Non-Profit Corporation is:

NOTE: The name may contain the words "Incorporated", "Corporation", "Limited", "Association", "Fund", "Society", "Club", "Foundation", or "A Non-Profit Corporation" or shall contain an abbreviation of one of such words.

2. A brief statement of the business of the Non-Profit Corporation:

3. To Be Completed By Foreign Non-Profit Corporations Only:

a. Home state of corporation if located outside of Michigan: _____

b. Name of registered agent to receive service of process: _____

c. Address of the registered office in Michigan:

_____ Michigan _____

(Street Address) (City) (Zip Code)

4. Federal Employer Identification Number if available: ___ - _____

5. AUTHORIZING SIGNATURES. This application has been executed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners. If there are more than two signatures, use additional pages and attach to this application.

Signature	Signature
Printed Name	Printed Name
Contact Phone Number	Contact Phone Number

FOR DEPARTMENTAL USE ONLY	
Date Received	Date Filed
NOTE: This registration expires one year from Date Filed.	

*This form must be used to register a Non-Profit Corporation.

*Please return two (2) originals of the application and two (2) originals of the Articles of Incorporation.

*One (1) original of the application and one (1) original of the Articles will be returned to you once embossed with the DOC seal.

*Since this document will be maintained on optical disk media, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

*The registration fee is \$20.00. Please make remittance payable to the "LTBB Dept. of Commerce", with the memo stating "DOC - Business Registration". NOTE: Registration fee is waived for Military Veterans.

To Return Applications, Articles, and Registration Fee:

Little Traverse Bay Bands of Odawa Indians
Attn: Department of Commerce
7500 Odawa Circle
Harbor Springs, MI 49740

Registration Fee may be paid by check or money order when mailed to our office at the address above. Registration Fee may be paid by cash, check, or money order when delivered in person to our office at the address above.