

11. IF ANY OF THE PRINCIPAL PARTIES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, OWNERS, OR FAMILY MEMBERS OF REGISTRANT HAVE ANY OWNERSHIP INTEREST IN ANY OTHER FIRMS PROVIDING GOODS OR SERVICES USED IN FUNDRAISING, PROVIDE THE FOLLOWING INFORMATION: (ATTACH SCHEDULE IF NECESSARY)

NAME of PARTY	NATURE OF BUSINESS	% INTEREST	NAME and STREET ADDRESS of BUSINESS

12. LIST THE INFORMATION REQUESTED BELOW FOR ALL CHARITABLE ORGANIZATIONS HAVING CONTRACTS WITH REGISTRANT, WHICH ARE, OR WILL BE, IN EFFECT DURING THE REGISTRATION PERIOD INVOLVING THE RAISING OF FUNDS IN ILLINOIS, AND ATTACH COPIES OF THE CONTRACTS. (ATTACH SCHEDULE IF NECESSARY)

CHARITY REGISTRATION #	LEGAL NAME and STREET ADDRESS of CHARITABLE ORGANIZATION	FROM and TO DATES (M/D/Y)

13. Yes No IS THE REGISTRANT LICENSED BY, REGISTERED WITH, OR HAVE A PERMIT FROM ANY OTHER GOVERNMENTAL AGENCY FOR THE PURPOSE OF PROVIDING FUNDRAISING COUNSEL FOR CHARITABLE ORGANIZATIONS? IF "YES" LIST THE FOLLOWING INFORMATION: (ATTACH SCHEDULE IF NECESSARY)

NAME and ADDRESS of GOVERNMENTAL AGENCY	DATE of AUTHORIZATION (Month/Day/Year)

14. Yes No HAS THE REGISTRANT HAD ANY LICENSE, REGISTRATION, OR PERMIT DENIED, CANCELED, OR REVOKED, OR IS ANY SUCH ACTION PENDING? IF "YES" ATTACH A SCHEDULE INDICATING NAME and ADDRESS OF GOVERNMENTAL AGENCY, NATURE of ACTION, AND DATE of ACTION.

15. Yes No HAS ANY GOVERNMENTAL ACTION, OTHER THAN THOSE LISTED IN 14 ABOVE, BEEN TAKEN AGAINST THE REGISTRANT OR ANY OF ITS PRINCIPAL PARTIES, EMPLOYEES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, OWNERS OF TEN PERCENT OR MORE OF THE CAPITAL STOCK, OR THEIR RELATIVES IN CONNECTION WITH ANY FUNDRAISING ACTIVITY? IF "YES" ATTACH A SCHEDULE INDICATING NAME and ADDRESS of GOVERNMENTAL AGENCY, AGAINST WHOM ACTION WAS TAKEN, NATURE of ACTION, AND DATE OF ACTION.

NOTE: VERIFICATION MUST BE BY THE CORPORATE PRESIDENT, THE CEO, THE CFO, A GENERAL PARTNER, OR THE SOLE PROPRIETOR.

AFFIDAVIT

I, _____, under penalty of perjury, and being sworn on oath, state that I am (circle) the CORPORATE PRESIDENT, the CEO, the CFO, a GENERAL PARTNER, or the SOLE PROPRIETOR of the registrant professional fundraising consultant, (Name of PFC) _____, and that as such, **I have personal knowledge that (Name of PFC) _____ has not or will not at any time have custody or control of charitable contributions.** I further state that I have read this entire registration statement and personally know the contents thereof to be true, and such is stated and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon. I hereby further authorize and agree to submit myself and the registrant hereby to the jurisdiction of the State of Illinois.

(Signature & Date Signed)