



STATE OF NORTH CAROLINA DEPARTMENT OF THE SECRETARY OF STATE

ELAINE F. MARSHALL CHARITABLE SOLICITATION LICENSING DIVISION - APPLICATION SIGNATURE PAGE SECRETARY OF STATE

Name: Love Anderson

Date of On-line Submission: March 25, 2024

Address: 6319 Coronado Lane, Durham NC 27713

Organization Name: Breastfeeding Family Friendly Communitites License Number (If Applicable)

By signing below, I acknowledge and certify the following with the electronic submission of this form:

1. That I will maintain a paper original inked, signed, and notarized signature page in my own records for three years as required by N.C.G.S. §131F-32.
2. The records shall be made available to the Department for inspection and shall be furnished no later than 10 days after the request was made as required by N.C.G.S. §131F-32.
3. The ten (10) days review period for CSL to approve or deny this license application per N.C.G.S. §131F-5 SHALL NOT BEGIN until the date on which CSL receives a completed application, including this fully completed notarized signature page.
4. Applicable late fees are assessed based on the date a completed application, including this completed notarized document is received by CSL.

APPLICANT SIGNATURE: To be signed in the presence of a Notary Public who has administered the following oath:

I swear or affirm that I am the Treasurer or Chief Fiscal Officer (CFO) of the applicant charitable or sponsor organization, and that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.

Signature: *Love Anderson*

Signer's Name (Print): Love Anderson Signer's Title (Print): COO and President of Board

NOTARIZATION:

In County DURHAM State NORTH CAROLINA

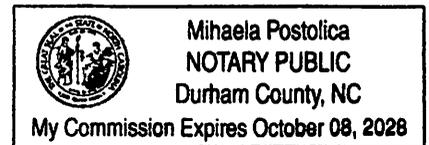
Sworn to and subscribed before me this the 25 day of MARCH in the year of 2024

Notary Public's Signature: *Mihaela Postolica*

Notary Public's Name (Print): MIHAELA POSTOLICA

Date Notary Public's Commission Expires: OCTOBER 08, 2028

Please place notary stamp or seal imprint beside this line: (Notary Seal must be legible otherwise application will be denied)



THIS FORM IS TO BE SUBMITTED AT THE TIME OF APPLICATION

Complete notarized signature form prior to starting a charitable solicitation application for licensure.

This notarized signature form must be submitted with application.

Forms may NOT be faxed or emailed. Questions??? Call (919) 814-5400