



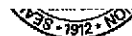
WEB FORM
COPY

STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission



02762838



DUE ON OR BEFORE 04/12/2009

FILING FEE \$10.00

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation.

-1119482-7

RECEIVED

APR 23 2009

1. ARIZONA SPORTSMEN FOR WILDLIFE CONSERVATION
311 W LYNWOOD ST
PHOENIX, AZ 85003

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: 602-712-1121

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: MARISCAL WEEKS MCINTYRE AND FR

Statutory Agent's Street or Physical Address, If Different.

Mailing Address: 2901 N CENTRAL AVE #200

Physical Address:

City, State, Zip: PHOENIX, AZ 85012

City, State, Zip:

ACC USE ONLY

Fee \$ _____
Penalty \$ _____
Reinstate \$ _____
Expedite \$ _____
Resubmit \$ _____

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are **REQUIRED** to complete this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

NON-PROFIT CORPORATIONS

- | |
|--|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input checked="" type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Cooperative Marketing Association |
| <input type="checkbox"/> 15. Animal Husbandry |
| <input type="checkbox"/> 16. Homeowner's Association |
| <input type="checkbox"/> 17. Professional, commercial |
| <input type="checkbox"/> 18. Industrial or trade association |
| <input checked="" type="checkbox"/> 18. Other <u>wildlife conservation</u> |

5. CAPITALIZATION:(For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. PLEASE PRINT OR TYPE CLEARLY.

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates **Authorized**

Class

Series Within Class (if any)

N/A

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates **Issued**

Class

Series Within Class (if any)

N/A**6. SHAREHOLDERS:**(For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

Name: _____

Name: _____

NONE ☐

Name: _____

Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.Name: PETER C CIMELLAROName: ALAN HAMBERLINTitle: PRESIDENTTitle: SECRETARY / TREASURERAddress: 5118 E FLOWERAddress: 5333 N 7TH ST # 305PHOENIX, AZ 85018PHOENIX, AZ 85014Date taking office: 7/1/2004Date taking office: 7/1/2004

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.Name: CHRIS DENHAMName: JOHN KOLESZARAddress: 1814 W ORIOLE WAYAddress: 990 E. PRINCETON AVECHANDLER, AZ 85248GILBERT, AZ 8523411-20-2008Date taking office: 2/1/2007

Date taking office: _____

Name: CHARLIE KELLYName: TIM KUMMACHTAddress: 8595 E. BRONCO TRAIL
SCOTTSDALE, AZ 85255Address: 5531 W. NORTHWOOD DR,
GLENDALE, AZ 85310Date taking office: 11-20-2008Date taking office: 11-20-2008

Officers and Directors continued

B: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

C: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

D: Office Held:

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

4. Describe below any conviction of a felony substantially related to solicitation by any employee, member, officer or director who has any solicitation responsibilities on behalf of the organization or any other person holding any proprietary or beneficial interest in the charitable organization, unless the civil rights have been restored.

Name: _____

Date of Offense: _____

Place of Offense: _____

Nature of Offense: _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

5. Method, Locations:

Give a general description that the charitable organization, or any of its solicitors, will use to solicit contributions:

Methods: FUNDRAISING BANQUET

Locations: SCOTTSDALE RESORT & CONFERENCE CENTER, MCCORMICK PARKWAY, SCOTTSDALE

6. Duration of Solicitation Period this fiscal year:

MAY through AUGUST 2009

7. Please attach one of the following financial reports from previous fiscal year. If submitting an initial registration, submit IRS's written determination that the organization is exempt from taxes in lieu of a financial report.

☐ Secretary of State's Charitable Organization Financial Statement

☒ IRS Form 990 from previous fiscal year

☐ Web address where financial records are available _____

8. Contracted Fundraisers (all contracted fund raisers must be listed)

Name of Fundraiser: _____

Contact Person: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Is the listed contracted fundraiser used for consulting only? Yes ☐

No ☐

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

9. Signature and Notary

* This form requires the Notarized Signatures of Any Two Officers.

I, the undersigned, being duly sworn, affirm and say that this Charitable Organization Registration Form is complete, true and correct.

PETE CIMELLARO

Printed Name of President
or Equivalent Officer

[Signature]
Signature of President
or Equivalent Officer

State of Arizona

County of Maricopa

Subscribed and sworn to before me this

23rd day of April, 2009

[Signature]
Signature of Notary Public



I, the undersigned, being duly sworn, affirm and say that this Charitable Organization Registration Form is complete, true and correct.

ALAN HAMBERLIN

Printed Name of Secretary
or Equivalent Officer

[Signature]
Signature of Secretary
or Equivalent Officer

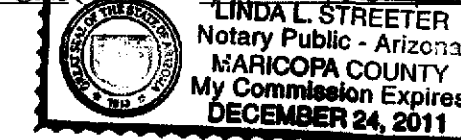
State of Arizona

County of Maricopa

Subscribed and sworn to before me this

23rd day of April, 2009

[Signature]
Signature of Notary Public



REV 2007

Arizona Sportsmen For Wildlife Conservation

**Financial Statements
Final
December 31, 2008**

Arizona Sportsmen For Wildlife Conservation

Balance Sheet

As of December 31, 2008

	<u>Dec 31, 08</u>
ASSETS	
Current Assets	
Checking/Savings	
1000 - Checking/Savings Accounts	
1002 - National Bank of Az Checking	1,309.77
Total 1000 - Checking/Savings Accounts	<u>1,309.77</u>
Total Checking/Savings	<u>1,309.77</u>
Total Current Assets	<u>1,309.77</u>
TOTAL ASSETS	<u><u>1,309.77</u></u>
 LIABILITIES & EQUITY	
Equity	
3900 - Retained Earnings	-9,443.03
Net Income	<u>10,752.80</u>
Total Equity	<u>1,309.77</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,309.77</u></u>

Arizona Sportsmen For Wildlife Conservation
Income Statement
December 2008

	<u>Dec 08</u>	<u>Jan - Dec 08</u>
Income		
2000 · Transfers from AzSFW	5,726.16	101,405.16
4004 · Corporation Contributions	0.00	3,184.10
4010 · Habitat Improvement	375.00	375.00
4650 · Share of Newsletter	0.00	4,500.00
Total Income	<u>6,101.16</u>	<u>109,464.26</u>
Expense		
5000 · Automobile Expenses	0.00	114.38
5200 · Executive Director	7,333.33	75,041.35
5300 · Membership Marketing	0.00	954.07
5400 · Office Expenses		
5401 · Bank Fees	15.00	427.75
5400 · Office Expenses - Other	0.00	780.81
Total 5400 · Office Expenses	<u>15.00</u>	<u>1,208.56</u>
5500 · Postage	1.26	51.49
5600 · Printing & Reproduction	26.24	1,766.18
5650 · Newsletter Expense	1,000.00	9,535.00
5700 · Fees & Licenses		
5750 · Accounting & Tax Prep	0.00	700.00
5760 · Miscellaneous Fees & Licenses	0.00	75.00
5700 · Fees & Licenses - Other	0.00	10.00
Total 5700 · Fees & Licenses	<u>0.00</u>	<u>785.00</u>
6600 · Meals	0.00	53.43
6700 · Event Expenses		
6701 · Banquet Facility	0.00	8,925.00
6702 · Miscellaneous Event Expense	277.00	277.00
Total 6700 · Event Expenses	<u>277.00</u>	<u>9,202.00</u>
Total Expense	<u>8,652.83</u>	<u>98,711.46</u>
Net Income	<u><u>-2,551.67</u></u>	<u><u>10,752.80</u></u>

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2007**Open to Public
Inspection****A For the 2007 calendar year, or tax year beginning****and ending****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C Name of organization**

ARIZONA SPORTSMEN FOR WILDLIFE CONSERVATION

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P.O. Box 13116

City, town, or country

State

ZIP + 4

PHOENIX

AZ

85002-3116

D Employer identification number

20-0867381

E Telephonenumber

(602) 712-9822

F GroupExemption

Number . . . ►

G Accountingmethod: ☒ Cash ☐ Accrual
Other (specify) ►**I Website:** ► NA**J Organization type** (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H Check** ☐ if the organization
is not required to attach
Schedule B (Form 990, 990-EZ, or 990-PF).**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.
A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.** ► \$ 82,967**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	80,217
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0	
8	Other revenue (describe ► Newsletter)	8	2,750	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	82,967	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	88,889
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,496
	16	Other expenses (describe ► See attached statement)	16	3,775
	17	Total expenses. Add lines 10 through 16	17	94,160
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	-11,193
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,750
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-9,443

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.
(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,750	22 100
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	1,750	25 100
26 Total liabilities (describe ► BANKADVANCE)		26 9,543
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,750	27 -9,443

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990-EZ** (2007)

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose? **WILDLIFE EDUCATION AND CONSERVATION**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	INITIATED TWICE MONTHLY NEWSLETTER 3200 SUBSCRIBERS, ESTABLISHED CHAPTERS IN SIX COUNTIES, DEVELOPED GRANT STRATEGY TO ATTRACT FUNDING TO ASSIST IN WILDLIFE CONSERVATION EFFORTS	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	59,274	
29		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31	Other program services (attach schedule)	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0	
32	Total program service expenses. Add lines 28a through 31a			32	59,274

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Pete Cimellaro City Phoenix Str 5118 E Flower Street ST AZ ZIP 85018	Title President Hr/WK 1.00	0		
Name Alan Hamberlin City Phoenix Str 5333 N 7th Street, Su ST AZ ZIP 85014	Title Sec/Treas Hr/WK 1.00	0		
Name Chris Denham City Chandler Str 1814 W Oriole Drive ST AZ ZIP 85248	Title Director Hr/WK 1.00	0		
Name City Str ST ZIP	Title Hr/WK .00	0		

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	
39 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9.	39b	
b Gross receipts, included on line 9, for public use of club facilities.		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40 a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ☐ NA ; section 4912 ☐ NA ; section 4955 ☐ NA
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ☐ NA
- d** Enter amount of tax on line 40c reimbursed by the organization. ☐ NA
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ☐ NA
- 41** List the states with which a copy of this return is filed. ☐ AZ
- 42 a** The books are in care of ☐ Name CAPITOL CONSULTING LLC Telephone no. ☐ 602 7129822
 Located at ☐ 311 W. Lynwood Street City PHOENIX ST AZ ZIP + 4 ☐ 85003
- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ☐ Yes ☒ No
 If "Yes," enter the name of the foreign country: _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? ☐ Yes ☒ No
 If "Yes," enter the name of the foreign country: _____
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year. ☐ 43 N/A

	Yes	No
40b		X
40c		X
40d		X
40e		X

	Yes	No
42b		X
42c		X

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature Carolyn Sechler	Date 7/14/2008	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00008030
Firm's name (or yours if self-employed), address, and ZIP + 4 Sechler CPA, PC 921 E. Orange Dr., Phoenix, AZ 85014	EIN 86-0859647	Phone no. 602-230-2700	

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))

Nonprofits – if your annual report is due on or before September 25, 2008, you **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. **Cooperative marketing associations** must in all cases submit a financial statement. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:

9A. MEMBERS (A.R.S. §10-11622(A)(6))

This corporation **DOES** ☒ **DOES NOT** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))

- A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:
1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
 2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
 3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked: YES ☐ **NO** ☒

If "YES" to A, the following information **must be submitted** as an attachment to this report for each person subject to one or more of the actions stated in Items 1 through 3 above.

- | | |
|---|---|
| 1. Full birth name. | 5. Date and location of birth. |
| 2. Full present name and prior names used. | 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. |
| 3. Present home address. | |
| 4. All prior addresses for immediately preceding 7 year period. | |

- B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES ☐ **NO** ☐

If "YES" to B, the following information **must be submitted** as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

- A. Has the **corporation** filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES** ☐ **NO** ☒

If "Yes" to A, the following information **must be submitted** as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
 - (a) Name and address of each corporation;
 - (b) States in which it: (i) was incorporated and (ii) transacted business.
 - (c) Dates of operation.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected. I declare, under penalty of perjury, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of perjury that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

X Name PETE CIMELLARO Date 4-23-07 Name _____ Date _____
 Signature [Signature] Signature _____
 Title PRESIDENT Title _____
 (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

