CERTIFICATE OF REGISTRATION

RELIGIOUS, CHARITABLE OR PHILANTHOPIC CAUSE

NAME OF SOLICITING CAUSE:

_____

1. OFFICERS: NAMES ADDRESSES, PHONE NUMBERS (if organization)

   _____

   _____

2. SOLICITING AGENTS WITHIN THE CITY OF PEKIN: NAMES, ADDRESS, PHONE NUMBERS:

   _____

   _____

3. MEANS OF SOLICITING: _____

4. BENEFIT: WHEN AND WHERE (if applicable)

   _____

   .

5. DURATION OF SOLICITATION: _____

The undersigned hereby certifies that the information is correct and the funds will be used for the benefit stated.

_____

ISSUED THIS _____ of _____ 20____ A.D.

_____

SUE E. MCMILLAN
CITY CLERK

THIS CERTIFICATE OF REGISTRATION IS ISSUED PURSUANT TO THE CITY ORDINANCES OF THE CITY OF PEKIN, ILLINOIS.