

STATE OF DELAWARE
DIVISION OF REVENUE
APPLICATION FOR EXEMPTION FROM CORPORATION INCOME TAX
SECTION 1902(b)(8) HOLDING COMPANIES

PART 1

Name of Applicant		
Address		Zip Code
Delaware Address if Different from Above		Zip Code
Date and State of Incorporation	Federal Employer Identification Number	Nature of Business

PART 2

Name and address of Delaware employees. (If additional space is needed, attach list.)

Name	Address

PART 3

Name and address of persons (individuals, corporations, etc.) owning more than 10% of the stock of corporation. (If additional space is needed, attach list.)

Name	Address

PART 4

Describe in detail below your operations in Delaware and list each type of intangible investment owned and all sources of income. RECITING THE STATUTE DOES NOT CONSTITUTE AN ANSWER. (If additional space is needed, please provide attachments.)

- Will the corporation act as a general partner in a partnership? ___ YES ___ NO
If yes, please describe the activities of the partnership.

- Will the corporation participate in a joint venture? ___ YES ___ NO
If yes, please describe the activities of the joint venture.

- Will the corporation receive income from patents, royalties, copyrights, know-how, etc.? ___ YES ___ NO
If yes, please describe any services which will be performed by the corporation with regard to such intangibles.

- Will the corporation engage in business outside of Delaware? ___ YES ___ NO
If yes, please describe the activities.

Signature and Title	Date
---------------------	------

RETURN TO: STATE OF DELAWARE, DIVISION OF REVENUE, 820 N. FRENCH STREET, WILMINGTON, DELAWARE 19801 ATTN: CONFREEE

