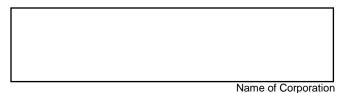
## STATE OF SOUTH CAROLINA SECRETARY OF STATE

## HIGH GROWTH SMALL BUSINESS JOB CREATION ACT INITIAL APPLICATION FOR REGISTRATION AS QUALIFIED BUSINESS

Pursuant to Section 11-44-60 of the 1976 S.C. Code of Laws, as amended, the undersigned applicant hereby submits the following information to the Secretary of State for the purpose of registering as a "qualified business" under the High Growth Small Business Job Creation Act of 2013:

1. Name of business:						
2.	Type of business:					
	Corporation		Limited Liability	/ Company		
	General Partnership		Limited Partne	rship		
	Other:					
3.	3. Date business was incorporated, organized, or formed:					
4.	Address of business:					
	(Street Address)					
	(City, State, Zip Code)					
5	The location of the headqu	arters of t	the business is:			
0.						
	(Street Address)					
	(Sheet Address)					
	(City, State, Zip Code)					
6.	Description of the type of b	ousiness ir	n which the business	is engaged:		
	Manufacturing	Sof	ftware Development	Г	Ambulato	ory Health Care Services
	Processing		ormation Technology	Services	- ] Hospitals	
	Warehousing		search and developm		-	and Residential Care Facilities
	Wholesaling		her:			
			non			



7. Does the business substantially engage in one or more of the following activities: retail sales; real estate or construction; professional services; gambling; natural resource extraction; financial brokerage, investment activities, or insurance; or entertainment, amusement, recreation, or athletic or fitness activity for which an admission or fee is charged?

Yes	No
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8. Has the business had a gross income of more than two million dollars (\$2,000,000.00) in any complete fiscal year prior to filing this registration with the Secretary of State?

Yes		No
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9. State the total amount of capital raised by the business as of the date of the filing of this application:

10. State the total number of persons currently employed by the business in this State: \_\_\_\_

11. State the total number of full-time, part-time, and temporary jobs that have been created by the business and the average wages paid by those jobs in this State:

Position	Full-Time	Part-Time	Temporary
Number employed			
Average wage			

The applicant herewith declares that he or she has read the above and foregoing application and knows the contents thereof, and swears or affirms that the facts set out herein are true and correct.

Date: \_\_\_\_\_

(Signature of Applicant)

(Print Name of Applicant)

(Title)

(Email Address)

(Telephone Number)

## FILING INSTRUCTIONS

- 1. If the space in this application is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in the application.
- 2. Please note that the Secretary of State's Office cannot provide legal advice or assist with the completion of this application. It is recommended that this application be completed under the guidance of an attorney or certified public accountant.
- 3. Please note that this application should be submitted for the purpose of participation in the tax credit program provided under the High Growth Small Business Job Creation Act. This form should not be filed in lieu of Articles of Incorporation, Articles of Organization as a limited liability company, or an Application for a Certificate of Authority to Transact Business by a foreign corporation or foreign limited liability company.
- 4. Upon receipt of the application, the Secretary of State's Office will review the application to determine if the business meets the requirements of a "qualified business" under the High Growth Small Business Job Creation Act of 2013 (South Carolina Code of Laws §11-44-10 et. seq.). If the application is accepted, the Secretary of State's Office will issue the applicant a letter certifying that the business is registered as a qualified business with the Secretary of State. Certification as a qualified business is effective for twelve (12) months from the date it was issued.
- 5. If the Secretary of State finds that any of the information contained in the application is false, the Secretary of State will revoke the registration of the business.
- 6. The application for registration as a qualified business should be sent to the following address:

Secretary of State Attn: Legal Division 1205 Pendleton Street, Suite 525 Columbia, SC 29201

## AFFIDAVIT AFFIRMING AUTHORITY TO EXECUTE APPLICATION FOR REGISTRATION AS A QUALIFIED BUSINESS

Filed pursuant to South Carolina High Growth Small Business Job Creation Act of 2013.

I do solemnly swear or affirm, under penalty of perjury, that I have the authority, either in my own right or on behalf of the board or other entity or group, to execute this application for registration as a qualified business for\_\_\_\_\_.

(Must match entity name on record with Secretary of State's office)

Officer's Printed Name	Officer's Signature		
Notary's Printed Name	Sworn to and subscribed before me Thisday of, 20		
Notary's Signature	Notary Public of South Carolina		
Date	My Commission Expires:		