

OGDEN UT 84201-0046

In reply refer to: 0423246387 July 28, 2011 LTR 252C 0 58-1632437 000000 00 Input Op: 0423246387 00004968 BODC: TE

TENNESSEE COALITION TO END DOMESTIC AND SEXUAL VIOLENCE
2 INTERNATIONAL PLZ STE 425
NASHVILLE TN 37217-2019

21442

Taxpayer Identification Number: 58-1632437

Dear Taxpayer:

Thank you for the inquiry dated June 01, 2011.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

| Telephone | Number | ( | )         | Hours                                  |
|-----------|--------|---|-----------|--|
| rerebuoue | RUMBEI | • | / <u></u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

Sincerely yours,

- Hild Bromom

Sheila Bronson Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter



## STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

#### Tennessee Coalition to End Domestic and Sexual Violence

May 9, 2011

2 International Plaza, Suite 425 Nashville, TN 37217

### Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control #: 155826

Status:

Active

Filing Type: Corporation Non-Profit - Domestic

**Document Receipt** 

Receipt #: 469179

Filing Fee:

\$20.00

Payment-Check/MO - TENNESSEE COALITION AGAINST DOMESTIC AND SEXUAL VIOLENC

\$20.00

Amendment Type: Articles of Amendment

Image #: 6890-1564

Filed Date:

05/09/2011 11:16 AM

This will acknowledge the filing of the attached articles of amendment with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above.

You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.

Secretary of State

Processed By: Lindsey Mullins

| Field Name            | Changed From .   | Changed To   |
|-----------------------|--|--|
| Filing Name           | TENNESSEE COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE | Tennessee Coalition to End<br>Domestic and Sexual Violence |
| Principal Address 1   | 2 INTERNATIONAL  | 2 International Plaza, Suite 425                           |
| Principal Address 2   | PLAZA DRIVE STE 425                                      | No value   |
| Principal Postal Code | 37217-0000   | 37217  |
| Principal County      | No value   | Davidson County  |



# **Department of State**Corporate Filings

312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

SS-4416

### ARTICLES OF AMENDMENT TO THE CHARTER (Nonprofit)

For Office Use Only

| Corporate Control Number (If Known)   | 155826   | o, STATE                    |
|---|--|-----------------------------|
| <del>-</del>  | 60-105 of The Tennessee Nonprofit Corporation  | Act, the undersigned        |
| Please insert the name of the corpora     Tennessee Coalition Against Domesti     If changing the name, insert the new     Tennessee Coalition to End Domestic                                    | c and Sexual Violence<br>name on the line below:   | ·                           |
| , —   | filed by the secretary of state (month, day, year) ne date this document is filed.) If neither block is che  | cked, the amendment will be |
| Please insert any changes that apply:     a. Principal address:   | za Suite 425 Nashville Tennesse (City) (State/Cour   |                             |
| 4. The corporation is a nonprofit corpor  | ation.   |                             |
| 5. The manner (if not set forth in the am cancellation of memberships is as fol   | nendment) for implementation of any exchange,<br>lows:   | reclassification, or        |
| <ul> <li>6. The amendment was duly adopted on by (please check the block that applied)</li> <li>☐ The incorporators without member a</li> <li>☐ The board of directors without members</li> </ul> | es):<br>pproval, as such was not required.   | (month, day, year)          |
| Additional approval for the amendm<br>act) was not required.  | nents applies by checking the applicable block: ent (as permitted by §48-60-301 of the tennesse ent was required by the charter and was obtained  Signature  Kathy Walsh Name of Signer (typed or printed) |                             |
| SS-4416   | Filina Fee: \$20   | RDA 1678                    |

Filing Fee: \$20



## TENNESSEE DEPARTMENT OF REVENUE

### **Certificate of Exemption**

TENNESSEE COALITION TO END DOMESTIC 2 INTERNATIONAL PLZ STE 425 NASHVILLE TN 37217-2019 hillindudullindudullindudul

June 9, 2011

Account Type:

S&U EXEMPT

Account No.:

100123742

Under the provisions of T.C.A. Section 67-6-322, the organization named above is granted authority from the Tennessee Department of Revenue to make purchases, without payment of the Sales or Use Tax, of tangible personal property or taxable services to be used or consumed by the organization itself or to be given away.

The organization must furnish the suppliers of goods and services with a COPY of this exemption certificate. The lower portion of the certificate must be properly completed. The organization MUST retain the original certificate for copy purposes. The supplier will maintain a file copy as evidence of exemption. Later purchases do not require the submission of additional copies. Invoices must contain the name of the organization and the number given above.

This authority does not extend to purchases made by representatives of the organization when the items purchased or services rendered are paid for with personal funds. It does not extend to items purchased to be resold.

THE ORGANIZATION MUST NOTIFY THE DEPARTMENT IMMEDIATELY IF IT CEASES TO EXIST, MOVES, OR IN ANY WAY CHANGES THE ORGANIZATION FROM ITS PRESENT FORM.

| EFFECTIVE DATE June            | 9, 2011                 | Richard H. R<br>COMMISSIONER O                                 |   |
|--------------------------------|-------------------------|--|---|
| TO BE COMPLETED BY T           | HE ORGANIZATION (please | print)   |   |
| TO: SUPPLIER'S NAME_           |                         |  | · · · · · · · · · · · · · · · · · · ·   |
| ADDRESS                        | ,                       |  |   |
| CITY                           | STATE                   | ZIP  |   |
| I further affirm that the orga |                         | will be used and consumed by rity to purchase items for resale | oresentative of the organization named<br>the organization or will be given away. |
| PRINT NAME OF ORGANI           | ZATION:                 |  |   |
| PRINT NAME OF PURCHA           | SER:                    |  |   |
| SIGNATURE OF PURCHAS           | SER:                    |  |   |