**NOTIFICATION FORM FOR PROPOSED MERGER/CONSOLIDATION**

**INTO DOMESTIC UNINCORPORATED NONPROFIT ASSOCIATION**

**PURSUANT TO OHIO REVISED CODE SECTION 1745.46**

**Please note that this notification form and any documents submitted with this notification form are public records. Upon receipt of the notification form, we will initiate a confidential investigation by sending a Request for Documents and Information.**

**Should you wish to discuss the notification and review process, please call us at 614-466-3181 or e-mail us at** [**CharitableTransactions@OhioAttorneyGeneral.gov**](mailto:CharitableTransactions@OhioAttorneyGeneral.gov)**.**

1. State the name and address of the Public Benefit Association filing notice pursuant to Ohio Revised Code Section 1702.41(B).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Check the appropriate response, describing the proposed merger/consolidation:

a.  The proposed merger/consolidation is between a Public Benefit Association and another Public Benefit Association, pursuant to Ohio Revised Code Section 1745.46(B)(1)(a).

b.  The proposed merger/consolidation is between a Public Benefit Association and a foreign entity that would qualify as a Public Benefit Association under the

Ohio Revised Code.

c.  The proposed merger is between a Public Benefit Association ***and*:**

\_\_\_\_\_ a mutual benefit association, ***or***

\_\_\_\_\_ a business association, ***and***

the Public Benefit Association shall be the surviving association and shall continue as a Public Benefit Association.

d.  The proposed consolidation is between a Public Benefit Association ***and*:**

\_\_\_\_\_ a mutual benefit association, ***or***

\_\_\_\_\_ a business association, ***and***

the new association that shall be formed as a result shall be a Public Benefit Association.

e.  The proposed merger/consolidation is between a Public Benefit Association and a mutual benefit or business association, pursuant to Ohio Revised Code Section 1702.41(B)(1)(d), and the Public Benefit Association is not the surviving association and/or the new association that is formed as a result is not a Public Benefit Association.

**Note to Entity Giving Notice:** *If item(s) 2(a), 2(b), 2(c) or 2(d) were selected, the Public Benefit Association does not need to submit this notification form and may disregard the below questions,* ***unless*** *the members or managers of the Public Benefit Association will receive or keep anything as a result of the merger/consolidation. If that is the case, please complete* *this notice by responding to the below requests. If 2(e) was selected, notice is required and you must respond to the below requests.*

Please provide responses for requests 3 through 5 on separate sheets of paper attached to this notification form.

1. State the names and addresses of all parties to the proposed merger or consolidation.

4. Provide a copy of the proposed plan of merger or consolidation.

1. Provide the date that the proposed merger or consolidation is scheduled to become effective.

The Attorney General may serve a *Request for Production of Documents and Information* pursuant to Ohio Revised Code Sections 109.24 and 1745.46 in response to the filing of this notification form. Within fourteen (14) days of receiving a Request for Production of Documents and Information pursuant to Ohio Revised Code Sections 109.24 and 1745.46, you must submit the requested documents and information to the Attorney General’s Charitable Law Section.

By signing this notification form, Public Benefit Association also acknowledges that it is under a continuing duty to notify the Attorney General of any changes to the information contained in this notice or any documents submitted by it in furtherance of its duty to comply with R.C. 1702.46. Public Benefit Association understands that any violation of this duty may delay review of the proposed merger or consolidation. Further, by affixing his/her signature below, the undersigned representative of Public Benefit Association acknowledges awareness of Ohio Revised Code Section 2921.13, which provides in pertinent part:

(A) No person shall knowingly make a false statement, or knowingly swear or affirm the truth of a false statement previously made when any of the following apply . . . (5) The statement is made with the purpose to secure the issuance by a governmental agency of a license, permit, authorization, certificate, registration, or release . . . (7) The statement is in writing on or in connection with a report or return which is required or authorized by law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Public Benefit Association filing notice

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of manager of Public Benefit Association

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of manager of Public Benefit Association

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number