

STATE OF NEVADA

FRANCISCO V. AGUILAR  
Secretary of State



Commercial Recordings & Notary Division  
401 N. Carson Street  
Carson City, NV 89701  
Telephone (775) 684-5708  
Fax (775) 684-7138  
North Las Vegas City Hall  
2250 Las Vegas Blvd North, Suite 400  
North Las Vegas, NV 89030  
Telephone (702) 486-2880  
Fax (702) 486-2888

DEPUTY BAKKEDAH  
Deputy Secretary for  
Commercial Recordings

OFFICE OF THE  
SECRETARY OF STATE

ALISANNE STEELE  
611 N. Nevada Street  
Catson City, NV 89703, USA

Work Order #: W2024071701811  
July 17, 2024  
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 264858

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Annual List 7/2024	Fees	20244190641	7/17/2024 4:20:35 PM	Approved	1	\$50.00	\$50.00
Charitable Solicitation Registration Statement	Fees	20244190642	7/17/2024 4:20:35 PM	Approved	1	\$0.00	\$0.00
Total							\$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	7212584231166080803022	Success	\$50.00
Credit Card	Service Fee	Success	\$1.25
Total			\$51.25

Credit Balance: \$0.00

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**DEPUTY BAKKEDAHL**

*Deputy Secretary for*

*Commercial Recordings*

**Business Entity - Filing Acknowledgement**

07/17/2024

**Work Order Item Number:** W2024071701811 - 3811114

**Filing Number:** 20244190641

**Filing Type:** Annual List

**Filing Date/Time:** 07/17/2024 16:20:35 PM

**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E0344752013-3

**Entity Name:** GALENA HIGH SCHOOL  
FIVE STAR BOOSTERS

**Entity Status:** Active

**Expiration Date:** None

Non-Commercial Registered Agent

ARDIS PARMER

13085 BROILI DRIVE, RENO, NV 89511, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FRANCISCO V. AGUILAR  
Secretary of State



**FRANCISCO V. AGUILAR**  
 Secretary of State  
 401 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

Filed in the Office of <i>FV Aguilar</i>	Business Number <b>E0344752013-3</b>
Secretary of State State Of Nevada	Filing Number <b>20244190642</b>
	Filed On <b>07/17/2024 16:20:35 PM</b>
	Number of Pages <b>1</b>

**Charitable Solicitation  
 Registration Statement**  
 (PURSUANT TO NRS CHAPTER 82)  
*Required for any corporation that intends to solicit charitable/tax  
 deductible contributions. To be filed with Initial/Annual List Forms.*

<b>1. Names of Charitable Organization:</b> (please complete items a thru c; attach additional page(s) if necessary)	a) Name of charitable organization as state in its Articles of Incorporation or other governing document: <b>Galena High School Five Star Boosters</b>												
	b) Exact name of charitable organization as registered with the Internal Revenue Service: <b>Galena High School Five Star Boosters</b>												
	c) Name or names under which charitable organization may, or intends to, solicit charitable contributions in Nevada: <b>GALENA HIGH SCHOOL FIVE STAR BOOSTERS</b>												
<b>2. Web Address:</b> (optional*)	<a href="https://ghs5starboosters.org/">https://ghs5starboosters.org/</a> *will be listed on public entity search												
<b>3. USA PATRIOT ACT certification:</b> (optional)	<input checked="" type="checkbox"/> Check here to accept the following certification. In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.												
<b>4. Places of Business:</b> (please complete items a, b; attach additional page(s) if necessary)	a) Address and telephone number of the principal place of business of the charitable organization: <table border="1"> <tr> <td><b>3600 Butch Cassidy Dr</b> Address</td> <td><b>Reno</b> City</td> <td><b>NV</b> State</td> <td><b>89511</b> Zip Code</td> <td><b>USA</b> Country</td> </tr> </table> <p>Telephone Number: <b>7758515630</b></p>	<b>3600 Butch Cassidy Dr</b> Address	<b>Reno</b> City	<b>NV</b> State	<b>89511</b> Zip Code	<b>USA</b> Country							
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b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records: <table border="1"> <tr> <td><b>Kristinne Kinne</b> Name of Custodian</td> <td><b>7758515630</b> Telephone Number</td> </tr> </table> <table border="1"> <tr> <td><b>c/o 3600 Butch Cassidy Dr</b> Address</td> <td><b>Reno</b> City</td> <td><b>NV</b> State</td> <td><b>89511</b> Zip Code</td> <td><b>USA</b> Country</td> </tr> </table>	<b>Kristinne Kinne</b> Name of Custodian	<b>7758515630</b> Telephone Number	<b>c/o 3600 Butch Cassidy Dr</b> Address	<b>Reno</b> City	<b>NV</b> State	<b>89511</b> Zip Code	<b>USA</b> Country						
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<b>5. Exempt Status and Federal Tax ID:</b>	Federal tax exempt status: <b>1</b> EIN - Federal Tax ID: <b>88-029175</b>												
<b>6. Names and Addresses of Executive Personnel:</b> (attach additional page(s) if necessary)	<table border="1"> <tr> <td><b>Heather Cole</b> Name</td> <td><b>Executive Personnel</b> Title</td> </tr> </table> <table border="1"> <tr> <td><b>3600 BUTCH CASSIDY WAY</b> Address</td> <td><b>Reno</b> City</td> <td><b>NV</b> State</td> <td><b>89511</b> Zip Code</td> <td><b>USA</b> Country</td> </tr> </table>	<b>Heather Cole</b> Name	<b>Executive Personnel</b> Title	<b>3600 BUTCH CASSIDY WAY</b> Address	<b>Reno</b> City	<b>NV</b> State	<b>89511</b> Zip Code	<b>USA</b> Country					
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<b>7. Fiscal Year:</b>	Day and month of end of fiscal year of the charitable organization: Day <b>30</b> Month <b>6</b>												
<b>8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:</b>	<input checked="" type="checkbox"/> Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from the most recently filed Form 990, Part I or 990EZ, Parts I and II. <table border="1"> <tr> <td>Total Revenue (line 12, Form 990; line 9, Form 990EZ).....</td> <td><b>50070.0</b></td> </tr> <tr> <td>Total Expenses (line 18, Form 990; line 17, Form 990EZ).....</td> <td><b>63670.0</b></td> </tr> <tr> <td>Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....</td> <td><b>13600.0</b></td> </tr> <tr> <td>Total Assets (line 20, Form 990; line 25, Form 990EZ).....</td> <td><b>196500.0</b></td> </tr> <tr> <td>Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....</td> <td><b>0.0</b></td> </tr> <tr> <td>Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....</td> <td><b>196500.0</b></td> </tr> </table>	Total Revenue (line 12, Form 990; line 9, Form 990EZ).....	<b>50070.0</b>	Total Expenses (line 18, Form 990; line 17, Form 990EZ).....	<b>63670.0</b>	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ).....	<b>13600.0</b>	Total Assets (line 20, Form 990; line 25, Form 990EZ).....	<b>196500.0</b>	Total Liabilities (line 21, Form 990; line 26, Form 990EZ).....	<b>0.0</b>	Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ).....	<b>196500.0</b>
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<b>9. Signature:</b> (must be signed by an officer, or if a trust, by a trustee)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <table border="1"> <tr> <td><b>X</b> <b>Alisanne Steele</b> Authorized Signature</td> <td><b>President</b> Title</td> <td><b>07/17/2024</b> Date</td> </tr> </table>	<b>X</b> <b>Alisanne Steele</b> Authorized Signature	<b>President</b> Title	<b>07/17/2024</b> Date									
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# Annual or Amended List and State Business License Application

**ANNUAL**  **AMENDED** (check one)

**List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:**

**GALENA HIGH SCHOOL FIVE STAR BOOSTERS**

**NV20131422903**

NAME OF ENTITY

Entity or Nevada Business  
Identification Number (NVID)

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

**IMPORTANT:** Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
  - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership
- Business Trust
- Corporation Sole

Filed in the Office of  Secretary of State State Of Nevada	Business Number <b>E0344752013-3</b>
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	Number of Pages <b>2</b>

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

**CHECK ONLY IF APPLICABLE**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

**For nonprofit entities formed under NRS chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

**For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

- No - no additional form is required
- Yes - the "Charitable Solicitation Registration Statement" is required.
- The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**\*\*Failure to include the required statement form will result in rejection of the filing and could result in late fees.\*\***

