**Form SA-SAA**(Rev. 11/2015)



ElaineF.Marshall, Secretary of State

**State Agency Amendment 2017**

**Previous Registration Information**

State Agency:

Physical Business Address of State Agency:

Name and Title of State Agency’s Authorized Officer:

Mailing Address of State Agency’s Authorized Officer:

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Telephone No. of State Agency’s Authorized Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:

E-Mail Address of State Agency’s Authorized Officer:

**Amended Registration Information**

Physical Business Address of State Agency:

Name and Title of State Agency’s Authorized Officer:

Mailing Address of State Agency’s Authorized Officer:

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Telephone No. of State Agency’s Authorized Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:

E-Mail Address of State Agency’s Authorized Officer:

**Certification of Amendment**

I hereby certify that all information disclosed in the “State Agency Amendment Statement” is true, complete, and correct in accordance with G.S. §120C-206(c).

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Signature of Authorized Officer Date

**Preparer Information if Other than Authorized Officer**

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Signature of Preparer Date