

**OUTDOOR
COMMUNITY EVENT
LICENSE APPLICATION**

**1001 EAST 9TH STREET, BUILDING A
RENO, NEVADA 89512**

(775) 328-3733

www.washoecounty.us

OUTDOOR COMMUNITY EVENT LICENSE/PERMIT

Materials required for submittal

_____ Fees – check(s) made payable to “Washoe County”

Application fee

 x \$50 non-refundable application fee

Daily fee(s)

 x \$350 daily fee plus appropriate booth fees

Carnival, circus or tent show fees

_____ \$300 daily fee (maximum of \$4200) plus appropriate booth fees

 ✓ Three packets and one electronic pdf file (memory stick or DVD). Each packet shall include the completed application and event plan. The event plan must include: ✓

 ✓ Site plan showing the arrangement of all facilities; including ingress, egress, parking and camping; and, ✓

Detailed explanations for: ✓

 ✓ Security and fire protection

 N/A Water supply and facilities

 N/A Sanitation facilities

 ✓ Medical facilities and services

 ✓ Vehicle parking spaces

 ✓ Vehicle access and on-site traffic control

 ✓ Communication system

 N/A Illuminating the premises (if applicable)

 N/A Camping (if applicable)

 ✓ Cleanup and rubbish removal plan and cost estimates to return the event site to its pre-event condition

 ✓ Certified copies of articles of incorporation filed in Nevada (if applicable) ✓

 N/A Copy of partnership papers (if applicable)

 ✓ Insurer Information and copy of insurance policy specific to event (copy must be furnished prior to the issuance of the license) ✓

Submission Materials (continued)

- ✓ Property ownership affidavit and permission to conduct event signed by each property owner(s) and notarized (separate form for each property owner) ✓
- ✓ Vendor list ✓
- ✓ Statement of Assets ✓
- ✓ Statement of Liabilities ✓
- ✓ Personal history of all applicants (to include corporate officers and partners) ✓
- N/A Names and addresses of any person contributing, investing or having an expected financial interest greater than \$500 in producing the event
- N/A Names and addresses of any person expected to provide, for consideration, services or activities ancillary to or in conjunction with the event
- ✓ Release of claims and authorization to release information signed by each applicant (to include corporate officers and partners) and notarized ✓

LOCAL HEROES PARADE APPLICATION – 2021

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LOCAL HEROES PARADE - 2021

Parade Overview

Incline Village Crystal Bay Community and Business Association, under the guidance of Executive Director, Linda Offerdahl, are planning a parade on July 3rd to honor our local heroes and veterans. Heroes come in all sizes and shapes. Incline Village is home to some awesome heroes. Invited to participate in the parade will be our active Veterans Club, members of the Duffield Foundation and family, hospital workers, Sherriff's officers, fire department personnel, snowplow crew, Rotary Club of Tahoe-Incline, and Rotary Club of Incline Village. In addition, we will invite classic cars, clubs, and associations of Incline Village, Mariachi, and Jazz bands from Incline High School. We anticipate about 200 participants.

Logistics: The large vehicles of NLTFPD, WCSO and NDOT will be staged on the west side of Village along Incline Way. Village will be blockaded, and these vehicles will be fed into the parade route. The car and float staging will be on both sides of Incline Way, east of Village, in the order of their parade appearance. Walkers will be organized in groups, in compliance with COVID rules at the time of the event, in the 926 Incline Way parking lot. The parade will go along Incline Way to Country Club Drive where barriers are set up and turn left and then left again into the Sierra Nevada University parking lot.

OUTDOOR COMMUNITY EVENT APPLICATION

(Requires a non-refundable \$50 application fee)

Application date: May 3, 2021

Applicant Information

Applicant's name: Incline Village Crystal Bay Business and Community Association
Mailing address: 969 Tahoe Blvd. Incline Village NV 89451
Street or PO Box City State Zip code
Phone: 775-771-5859 (Business) 775-771-5856 (Home) _____ (Cell)
Email: linda@ivcba.org

All applicants, to include corporate officers or partners must complete a personal history form

Is the applicant a(n): Corporation Partnership Individual

If a corporation or a partnership, list corporate officers or partners:

Name	Address	Title
Linda Offerdahl	969 Tahoe Blvd., Incline Village, NV 89451	Executive Director
Mike Young	969 Tahoe Blvd. Incline Village, NV 89451	Secretary/Treasurer

Event Information

Name of Event: Local Heroes Parade
Date(s) of Event: July 3, 2021 Hours of operation: 8 a.m. to 11:30 a.m.
Location of Event: Incline Way at Village, 1 mile to Sierra Nevada University at Country Club Blvd.
Assessor Parcel Number(s): _____
Description of Event: Community parade honoring our Veterans. We expect entries to include cars, bike riders, floats, bands, walkers and horses.

Name of the designated event representative who will be on-site during the event and who has authority to bind the applicant: Linda Offerdahl

Will an admission fee be charged for your event? Yes No

If yes, amount and type of fee(s): _____

When will fee be collected? Pre-sales At entrance

Approximate number of participants and other persons: 200
Approximate number of customers and spectators: audience spread over 1 mile on two sides of the road in groups no larger than 25.
Approximate maximum number of persons on any one day of the event: 200

Will food and/or beverages be served? Yes No

(all food and beverage vendors must have the appropriate Washoe County Health District permits)

Will alcoholic beverages be served? Yes No

(all intoxicating liquor vendors must be individually licensed with Washoe County Business License)

Will there be live music? Yes No

OUTDOOR COMMUNITY EVENT LICENSE

Insurer Information

(see Insurance, Hold Harmless & Indemnification Requirements)

Name of Insurer: United States Liability Insurance/Menath Insurance Policy number: [REDACTED]

Attach copy of insurance policy specific to event (must be furnished prior to the issuance of the license)

Address of Insurer: 1325 Airmotive Way, Suite 320 Reno NV 89502
Street City State Zip code

Limits of liability: \$1,000,000/100,000/5,000

HISTORY OF SIMILAR EVENTS

(attach additional sheets if needed)

Describe the history of all similar events conducted, operated or promoted by the applicant. Include, at a minimum, event names, types, dates, locations, permits or licenses issued.

IVCBA is a new community business organization that has never conducted a parade.

Vendor List

(attach additional sheets if needed)

Name of Vendor	Type of service or product
Dale Smith Designs	site plan
Silver State Barricades	barricades and cones
Menath Insurance	insurance policy

See Attached

**OUTDOOR COMMUNITY EVENT
AFFIDAVIT OF PROPERTY OWNERSHIP
and/or PERMISSION TO CONDUCT EVENT**

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, Rob Valli being duly sworn, depose, and say that I am an owner* of property involved in this outdoor community event and I do hereby:

(check appropriate box)


Affirm that I am an applicant for the below named proposed outdoor community event and also own the property or properties on which the event will be conducted

OR

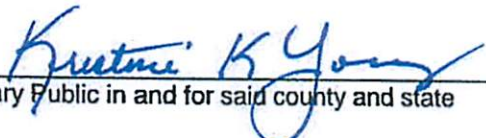
Affirm that I give permission to the applicants for the below named proposed outdoor community event to conduct the event on the following property or properties which I own:

Assessor Parcel Number(s): 127 040 10

Proposed Outdoor Community Event: Local Heroes Parade

Signed 

Subscribed and sworn to before me this 27 day of April, 2021


Notary Public in and for said county and state

My commission expires: July 8 2021



*Owner refers to the following. Please mark the appropriate box.

- OWNER/JOINT OWNER
- CORPORATE OFFICER/PARTNER
- POWER OF ATTORNEY (Provide copy of Power of Attorney)
- AGENT (Notarized letter from property owner giving legal authority to agent)
- LETTER FROM GOVERNMENT AGENCY WITH STEWARDSHIP

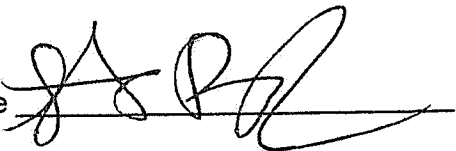

Outdoor Community Event Application

CALIFORNIA NOTARIAL CERTIFICATE (JURAT)

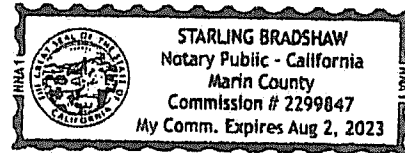
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Marin

Subscribed and sworn to (or affirmed) before me on this 26th day of April,
2021, by Ronan Papikoud, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.

Signature 

(Seal)



Incline Village Crystal Bay Community & Business Association

Balance Sheet
As of April 30, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking (6427)	160,962.98
Total Bank Accounts	\$160,962.98
Accounts Receivable	
Accounts Receivable (A/R)	666.64
Total Accounts Receivable	\$666.64
Other Current Assets	
Undeposited Funds	150.00
Total Other Current Assets	\$150.00
Total Current Assets	\$161,779.62
TOTAL ASSETS	\$161,779.62
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	1,125.00
Total Accounts Payable	\$1,125.00
Total Current Liabilities	\$1,125.00
Total Liabilities	\$1,125.00
Equity	
Unrestricted Assets	9,282.90
Net Income	151,371.72
Total Equity	\$160,654.62
TOTAL LIABILITIES AND EQUITY	\$161,779.62

OUTDOOR COMMUNITY EVENT

PERSONAL HISTORY

(complete a separate form for each applicant, to include corporate officers and partners)

Name in full: Linda Ann Offerdahl
First Middle Last

List ALL other names you have been known by: Linda [Redacted]

Residence address: 593 Lariat Circle Incline Village, NV 89451
Street City State Zip Code

Residence phone: N/A Business phone: cell 775-771-5856

Name of your present business or employer: IVCBA

Business address: 969 Tahoe Blvd. Incline Vlg, NV, 89451 Visitor Bureau
Street City State Zip Code address

Type of business: IVCBA Comm/business Assoc Position: Executive Director

How long engaged in this business: 8 months

Date of birth: [Redacted] Age: [Redacted] Place of birth: [Redacted]

List cities in which you have lived during the last ten years:
Dates From and To City State
1988 - to present Incline Village

I, the undersigned, have answered all questions in this application and to the best of my knowledge all answers are true and correct. I further understand that disclosure of any false, misleading or incorrect answers could result in the denial of the license. The filing of the application does not authorize the conducting of any event for which a license is required, and any carrying on of such event before a license is issued may also be grounds for denial of a license.

Linda Offerdahl
Printed name of applicant

L Offerdahl
Signature of applicant

4/22/21
Date

Note - Business Address is more mailing purposes + meeting room only. We work remotely

OUTDOOR COMMUNITY EVENT
PERSONAL HISTORY

(complete a separate form for each applicant, to include corporate officers and partners)

Name in full: Michael Allen Young
First Middle Last

List ALL other names you have been known by: Mike Young

Residence address: _____

Street City State Zip Code

Residence phone: 775-771-2381 Business phone: 775-831-7300

Name of your present business or employer: Chase International

Business address: 917 Tahoe Blvd. Incline Village NV 89451
Street City State Zip Code

Type of business: Real Estate Position: Broker Sales

How long engaged in this business: 15+yr

Date of birth: [redacted] Age: [redacted] Place of birth: [redacted]

List cities in which you have lived during the last ten years:

Dates From and To City State
6/30/88 Incline Village NV

I, the undersigned, have answered all questions in this application and to the best of my knowledge all answers are true and correct. I further understand that disclosure of any false, misleading or incorrect answers could result in the denial of the license. The filing of the application does not authorize the conducting of any event for which a license is required, and any carrying on of such event before a license is issued may also be grounds for denial of a license.

Michael A. Young
Printed name of applicant
Michael A. Young
4/22/21
Date

Michael A. Young
Signature of applicant

**OUTDOOR COMMUNITY EVENT
RELEASE OF CLAIMS**

(complete a separate form for each applicant, to include corporate officers and partners)

The undersigned has filed with Washoe County Business License an application for outdoor community event license. In consideration of the assurance by the Board of County Commissioners that no vote on said application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to criminal history background, associates and finances, the undersigned does for himself, his heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the County of Washoe, Washoe County Sheriff's Office, Washoe County Commission, and Washoe County Business License from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has or may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned application.

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for an outdoor community event license with Washoe County Business License, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information of a confidential or privileged nature.

I hereby release you, your organization and others from liability or damage, which may result from furnishing the information requested. This release will expire 180 days after the date signed.

I, the undersigned, have read this release and understand all its terms; I execute it voluntarily and with full knowledge of its significance.

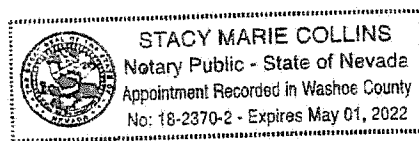
IN WITNESS WHEREOF, I have executed this release at 940 Southwood Blvd Suite 203 on the Incline Village, NV
27 day of April, 20 21.

<u>Linda Offerdahl</u> Printed name of applicant	<u>Mike Young</u> Signature of applicant
<u>Mike Young</u>	<u>L. Offerdahl</u>

Subscribed and sworn to before me this 27 day of April, 20 21

[Signature] Washoe County Nevada
Notary Public in and for said county and state

My commission expires: May 01, 2022



I Stacy Collins Notary Public approve both signatures on one page for Outdoor Event.

**OUTDOOR COMMUNITY EVENT
INSURANCE, HOLD HARMLESS AND INDEMNIFICATION REQUIREMENTS**

Pursuant to Washoe County Code section 25.303, any applicant for a Washoe County outdoor community event license must ensure the following requirements are met to the satisfaction of the Washoe County Risk Management Division before the outdoor community event license may be issued.

INDEMNIFICATION & HOLD HARMLESS

As respects acts, errors or omissions relating to the event, APPLICANT agrees to indemnify and hold harmless COUNTY, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, liability or consequential damages of any kind or nature arising directly or indirectly out of the event or any activity leading up to, during, or following the event, excepting those which arise out of the sole negligence of the COUNTY.

APPLICANT further agrees to defend COUNTY and assume all costs, expenses and liabilities of any nature to which COUNTY may be subjected as a result of any claim, demand, action or cause of action arising out of the negligent acts, errors or omissions of APPLICANT or its agents concerning the event.

INSURANCE REQUIREMENTS

COUNTY requires that APPLICANT purchase General Liability Insurance as described below against claims for injuries to persons or damages to property which may arise from or in connection with the event by APPLICANT, its agents, representatives, or employees. The cost of all such insurance shall be borne by APPLICANT.

APPLICANT shall maintain coverage and limits no less than \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit, to apply separately to this event.

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division prior to the event. COUNTY reserves the right to request additional documentation, financial or otherwise prior to giving its approval of the deductibles and self-insured retention and prior to issuing the license. The COUNTY Risk Manager prior to the change taking effect must approve any changes to the deductibles or self-insured retentions.

APPLICANT shall provide COUNTY with a certificate of insurance that identifies COUNTY, its officers, agents, employees and volunteers as additional insured's.

NOTE: A certificate of insurance complying with the provisions stated above is not required with the outdoor community business license application, but must be furnished prior to the issuance of the license.

I hereby agree to the all of the provisions stated above:

<u>Local Heroes Parade</u>	<u>July 3, 2021</u>
Name of Event	Date(s) of Event
<u>Linda Offerdahl</u>	<u><i>L. Offerdahl</i></u>
Applicant's name (printed)	Applicant's signature
Date: <u>4/27/21</u>	

LOCAL HEROES PARADE - 2021

Detailed Explanation For:

Traffic

Please see attached Traffic Plan developed by Dale Smith Designs with the input of:

Anthony Miceli – Washoe County Sherriff's Office

Corey Solferino - Washoe County Sherriff's Office

Dell Rawley – CERT

Howard Beckerman – CERT

Tim Kelly – IVGID

Josh Palmer – Nevada Pacific

Kevin Schiesz – Sierra Nevada University

Linda Offerdahl – IVCBA

Pamela Sheldon – Rotary Club of Tahoe-Incline

We will order 35 barriers from Silver State to block roads and driveways, indicated by the red dashes on the map. The Sherriff's department will be strategically placing them the morning of July 3. CERT volunteers will augment the WCSO in manning the barriers.

Security and Fire Protection

There will be no need for security beyond the presence of the WCSO. An application to the NLTFPD will be filed, after this application has been approved, to notify them of closed roads.

Water Supply and Facilities

Not applicable

Sanitation Facilities

Not applicable

Medical Facilities and Services

The Incline Village paramedics are stationed less than a mile from the beginning of the parade route.

Vehicle Parking Spaces

Permission has been granted by the owners of both 926 and 923 Incline Way to park vehicles on their property (see page 7 of Application).

Attachments

LOCAL HEROES PARADE – INCLINE VILLAGE – 2021

Submitted April 29, 2021

Articles of Incorporation

Secretary of State Certificate

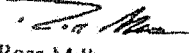
Certificate of Liability

Traffic Control Plan



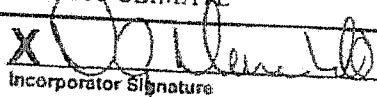
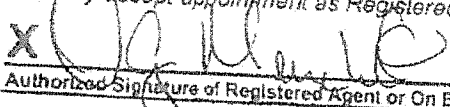
ROSS MILLER
 Secretary of State
 204 North Carson Street, Suite 4
 Carson City, Nevada 89701-4520
 (775) 684 5708
 Website: www.nvsos.gov

**Nonprofit
 Articles of Incorporation**
 (PURSUANT TO NRS CHAPTER 82)

Filed in the office of  Document Number
 20090468366-14
 Filing Date and Time
 06/03/2009 7:42 AM
 Filing Number
 E0311412009-8

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	INCLINE COMMUNITY BUSINESS ASSOCIATION		
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: Name <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) <u>OR</u> <input type="checkbox"/> Office or Position with Entity (name and address below) <u>D. G. MENCHETTI</u> Name of Noncommercial Registered Agent <u>OR</u> Name of Title of Office or Other Position with Entity <u>683 CRISTINA DRIVE</u> <u>INCLINE VILLAGE</u> Nevada 89451 Street Address City Zip Code <u>PO BOX 7100</u> <u>INCLINE VILLAGE</u> Nevada 89452 Mailing Address (if different from street address) City Zip Code		
3. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age, attach additional page if more than four directors/trustees)	1) <u>LINDA OFFERDAHL</u> Name <u>593 LARIAT CIRCLE</u> <u>INCLINE VILLAGE</u> NV 89451 Street Address City State Zip Code 2) <u>LYNN MCGINTY</u> Name <u>PO BOX 6777</u> <u>INCLINE VILLAGE</u> NV 89450 Street Address City State Zip Code 3) <u>MINDY WEGENER</u> Name <u>PO BOX 5937</u> <u>INCLINE VILLAGE</u> NV 89450 Street Address City State Zip Code 4) _____ Name _____ Street Address City State Zip Code		
4. Purpose: (required, continue on additional page if necessary)	The purpose of the corporation shall be <u>DEVELOP AND PROMOTE A HEALTHY BUSINESS CLIMATE</u>		
5. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	<u>D. G. MENCHETTI</u> Name  <u>PO BOX 7100</u> <u>INCLINE VILLAGE</u> NV 89452 Address City State Zip Code		
6. Certificate of Acceptance of Appointment of Registered Agent:	<u>I hereby accept appointment as Registered Agent for the above named Entity.</u>  Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity JUNE 2, 2009 Date		

This form must be accompanied by appropriate fees.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-11-07)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number Best Time to Call

DATE OF THIS NOTICE: 06-29-2009
EMPLOYER IDENTIFICATION NUMBER: 27-0448179
FORM SS 4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999 0023
[Barcode]

INCLINE COMMUNITY BUSINESS
ASSOCIATION
* TERRY JONES
969 TAHOE BLVD
INCLINE VLG, NV 89451



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06 29 2009

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1 800-829-4933

INCLINE COMMUNITY BUSINESS
ASSOCIATION
% TERRY JONES
969 TAHOE BLVD
INCLINE VLG, NV 89451

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax exempt status to non-profit organizations. Publication 557, *Tax Exempt Status for Your Organization*, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax exempt status, most organizations will need to complete either Form 1023, *Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code*, or Form 1024, *Application for Recognition of Exemption Under Section 501(a)*. Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service
PO Box 192
Covington, KY 41012 0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at www.irs.gov for the most current information on your filing requirements and on provisions of the Pension Protection Act of 2006 that may affect you.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1 800-829 3676 (TTY/TDD 1-800 829 4559) or visit your local IRS office.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 07 2009

INCLINE COMMUNITY BUSINESS
ASSOCIATION
969 TAHOE BLVD
INCLINE VILLAGE, NV 89451

Employer Identification Number:

DLN:

17053272392029

Contact Person:

JOAN C KISER

ID# 31217

Contact Telephone Number:

(877) 829 5500

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Effective Date of Exemption:

June 3, 2009

Contribution Deductibility:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

Sincerely,

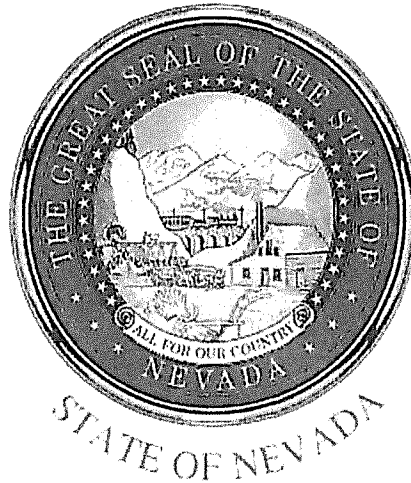


Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221 NC

Letter 948 (DO/CB)

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Incline Village Crystal Bay Association

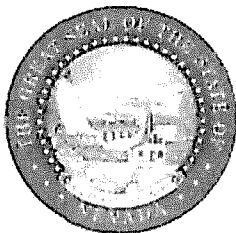
Nevada Business Identification # NV20091350317

Expiration Date: 06/30/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B202104011559660

You may verify this certificate
online at <http://www.nv.sos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 04/01/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

