



## NONPROFIT MAINTENANCE AGREEMENT

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

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

I agree to retain Ms. Juanita Smith, Nonprofit Consultant and owner of Visualizations for \_\_\_\_\_ year (s) to maintain the \_\_\_\_\_ Nonprofit Organization's filings for the legal entities that require Annual filings for \$500.00 per year. I understand that if there are no filings required for any specific year the \$500.00, would carry over to the following year and no additional funds would be required.

For the year (s) I have enclosed the amount of \$\_\_\_\_\_ in order to invoke this maintenance agreement.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Consultant

\_\_\_\_\_  
Date

Form along with payment may be mailed to:

**Visualizations**  
**P.O. Box 40103**  
**Downey, CA 90239**