

Navajo Nation
Division of Economic Development
Post Office Box 663
Window Rock, AZ 86515



Business Regulatory Dept.
(928) 871-7365
871-6714
Fax: (928) 871-7381

Website: www.navajobusiness.com

NAVAJO NATION CORPORATION CODE

ANNUAL REPORT

For Fiscal Year Ending _____

Pursuant to Navajo Nation Corporation Code, Article X, Section 3175, 3179, and Subchapter 4 Section 3418.

Directions: Answer all questions in each section of this Annual Report and return with your fee payable to:

NAVAJO NATION
Business Regulatory Department
Division of Economic Development
Post Office Box 663
Window Rock, Arizona 86515

A. CORPORATION INFORMATION

File No.: _____
(Office Use Only)

1. Corporation Name
P.O. Box (if any)
City, State, Zip Code
2. Federal Employer ID Number (FEIN): _____
3. If Foreign Corporation, principal address in Navajo Indian Country
(if different from above)
4. Type of Corporation:
5. Name of Navajo Nation Registered Agent (if new, must complete change of Registered Agent Form, include fee)
Street Address (NOT P.O. BOX - if no street address, include map)
6. Fiscal Year Ends.

B. Brief statement of the character of Business in which the corporation is actually engaged in Navajo Indian Country. _____

C. Capitalization: Close Corporation - list capital units (not required for Nonprofit Corporation).

Numbers of Shares	Class	Series	Par Value Per Share or Statement That Shares are Without Par Value	Capital Units

D. Shareholders directions: Fill in name of shareholder of record holding more than 20% of any class of shares issued by the corporation. Including persons beneficially holding such shares through nominees. (If additional space is needed, attach a separate sheet. (IF NONE, SO STATE).

Shareholder Name	Shareholder Name
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Shareholder Name	Shareholder Name
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E. Foreign Corporation are reminded that any amendments to their Articles of Incorporation or changes of information in their Application for Certificate of Authority require filing of an amended application. (Contact Department for Form.)

F. CLOSE CORPORATION

Name of Manager	Date taking Office:
Street Address	Date term expires
P.O. Box	
City	State Zip Code

NOTE: ALL CORPORATIONS MUST LIST THEIR OFFICERS AND DIRECTORS. Attach additional sheets if necessary. Dates taking office must be included.

G. OFFICERS

H. DIRECTORS

Name	Name
Street Address	Street Address
P.O. Box	P.O. Box
City, State, Zip Code	City, State, Zip Code
Date taking office	Date taking office
Date when term expires	Date when term expires

I. STATEMENT OF FINANCIAL CONDITION

BALANCE SHEET

The following form must be completed. If no business was conducted this fiscal year, then so state, form is required.

ASSETS	AMOUNT	TOTAL
Cash		
Trade notes and accounts receivable		
(a) Less allowance for bad debts		
Inventories		
Government Obligations:		
(a) U.S. and instrumentalities		
(b) State, subdivisions thereof, etc.		
Other current assets		
Loans to shareholders		
Mortgage and Real Estate loans		
Other investments		
Buildings/other fixed depreciable assets		
(a) Less accumulated depreciation		
Depletable assets		
(a) Less accumulated depletion		
Land (net of any amortization)		
Intangible assets (amortizable only)		
(a) Less accumulated amortization		
Other assets		
Total Assets -		
LIABILITIES AND CAPITAL		
Accounts payable		
Mtges.. Notes, bonds payable/1 yr. or less		
Other current liabilities		
Loans from Shareholders		
Mtges.. Notes, bonds payable/1 yr. or more		
Other liabilities		
Total Liabilities -		
Capital Stock: (a) Preferred Stock		
(b) Common Stock		
Paid-in-or capital surplus		
Retained earnings - Appropriated		
Retained earnings - Unappropriated		
Less cost of treasury stock		
Total Capital -		
Total Liabilities and Capital -		

J. AGRICULTURAL COOPERATIVES - per Subchapter 4, Section 3418. Annual Reports are required and should include the following:

1. Name of the Association
2. Principal place of business
3. General statement of its business operations during the fiscal year.
4. The amount of capital stock paid up
5. Number of members and amount of membership fee received.
6. If a non-stock association, the total expenses of operation
7. The amount of its indebtedness/liability, and its balance sheets.

K. Under penalties of Navajo Nation law, I, _____ declare that I am authorized to execute this annual report on behalf of the Corporation, that I have examined this report and have made reasonable efforts to verify the accuracy of the information contained herein, and I am informed and believe thereon state that the information contained herein is true, correct and complete.

By: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____

REMINDER: Form must be signed, a fee of \$25.00 payable to Navajo Nation, Business Regulatory Department and the Financial Statement Completed.