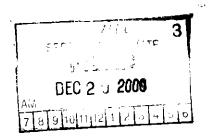
## CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

Dec 19 2024

REFERENCE ID: 1782418



## STATE OF SOUTH CAROLINA SECRETARY OF STATE NONPROFIT CORPORATION NOTIFICATION BY EXISTING CORPORATION



## TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-31-1707 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation submits the following:

1. The name of the nonprofit corpor	ation is <u>South Carolin</u>	a Association of USA Tra	ack & Field, Inc.	
2. Check the appropriate box as to s  a.[v] The corporation was in South Carolina as of	acorporated in South C	Carolina on August 21, 198 uth Carolina, but was quali	4 fied to do business	
3. The registered office of the nonp	rofit corporation in the	state of South Carolina is		
	2 Pepperhill Circle Street Address			
Myrtle Beach	Horry	South Carolina	<u> 29588-8854</u>	
City	County	State Zip Co	ode	
The name of the registered agent of	the nonprofit corporal	ion at that office is		
Richard C. Austin	Trafel	Sinten		
Name	77 T	Signature		
If the principal office of the nonpro- incorporation as a domestic nonpro- business as a foreign nonprofit corp- list the corporation's current address	ofit corporation or applioration is no longer the	ication for certificate of au	thority to transact	
P.O. Box 144 Murrells Inlet Georgetown South Carolina 29576  Street Address City State Zip Code  The corporation hereby elects to be designated as either a public benefit, religious, or mutual benefit corporation by checking the appropriate box. Check either box (a), (b), or (c) whichever is applicable. Check only one box.				
a. [v] The nonprofit corporation is	a public benefit corpor	ation.		
b.   The nonprofit corporation is	a religious corporatio	n.		
c.     The nonprofit corporation is	a mutual benefit corpo	ration.		

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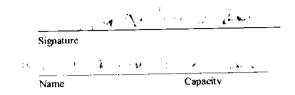
REFERENCE ID: 1782418

South Carolina Association of USATrack & Field, Inc.

Name of Corporation

Mull HammoneL RETARY OF STATE OF SOUTH CAROLINA

Date_	<u> </u>



## FILING INSTRUCTION

- 1. Two copies of this form, the original and either a duplicate original or a conformed copy, must by filed.
- 2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of space on the form.
- 3. This form must be accompanied by the filing fee of \$1 0.00 payable to the Secretary of State.

Return to: Secretary of State P.O. Box I I 350

Columbia, SC 2921 1