

Schedule 3

OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE & INDUSTRY
KOSRAE STATE GOVERNMENT
P.O. Box 600
Tofol, Kosrae, FM 96944
Phone: (691) 370-3044/2044 Fax: (691) 370-2066

Permit No. _____
Original Issue Date of Permit: _____
Date this Report Received: _____

ANNUAL REPORT
of
KOSRAE STATE FOREIGN INVESTMENT PERMIT HOLDER

This form must be completed and submitted, along with any annual fee, by every holder of a Kosrae State Foreign Investment Permit on or before each anniversary of the original issue date of the Permit. Answer every question. Attach additional sheets if necessary.

- 1. Name of holder: _____
- 2. Name(s) of business (if different): _____
- 3. Address of principal office:

In Kosrae State	Outside Kosrae State
_____	_____
_____	_____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
e-mail: _____	e-mail: _____

4. Name and address of registered agent in Kosrae State: _____

5. Date on which business was commenced: _____

6. Other FSM states in which holder is engaged in business: _____

7. Did holder file an annual report for last year? ___ Yes ___ No
If not, explain why: _____

8. Form of holder's business entity:

Sole proprietorship (individual) ___
Partnership ___
 General ___
 Limited ___
 Formed under the laws of _____
Corporation ___
 For profit ___
 Nonprofit ___
 Formed under the laws of _____
Joint Venture ___
Other (please specify): _____

9. If the form of holder's business entity is different than on the original permit application or the most recent annual report, explain why: _____

10. Unless they are already on file with the Director, attach copies of the organic documents of the business entity indicated above (for example, partnership agreement, joint venture agreement, or, if a corporation, charter, articles of incorporation, and bylaws). Include any amendments to date of those documents.

11. State the aggregate percentage of the holder which is owned by citizens or governments of the FSM or legal entities wholly owned by such citizens or governments. ___ % Any other person is considered a noncitizen.

12. List all noncitizens (or state there are none, if applicable) who hold a substantial ownership interest in the holder, as defined in Section 15.303 of the State Foreign Investment Act: _____

13. Provide the following information for the holder and for each noncitizen owner of a substantial ownership interest in the holder. Attach additional sheets if necessary. If any answer is "yes", provide details.

Has this person been convicted of a felony or crime of moral turpitude in the FSM, any state of the FSM, or any foreign jurisdiction during the prior 10 years?
___ Yes ___ No

Has this person ever had a foreign investment permit canceled by the FSM or any of its states? ___ Yes ___ No

Is this person now indebted to any government, citizen, or resident of the FSM?
___ Yes ___ No

14. State the amount of capital invested in Kosrae State since the original permit application. \$ _____
How much of this was in cash? \$ _____
What form(s) did the rest of it take? _____

How much of this invested capital has been withdrawn from Kosrae State? \$ _____

15. What percentage of holder's "gross revenues" during the past year, as defined for purposes of the FSM national gross revenue tax, were derived from the bona fide sale of goods or services to nonresidents of Kosrae State (that is, to persons residing outside the FSM or in other states of the FSM or to persons just visiting Kosrae State)? ____%

16. How many employees does the holder have at this time? _____

How many of those employees are FSM citizens? _____

(Note: Employment must be calculated on the basis of full time equivalents (FTEs) as defined in the State Foreign Investment Regulations.)

17. Have you attached additional sheets to this form? ___ Yes ___ No

If so, how many? _____

Under penalty of law, the undersigned states that he or she is the holder or a duly authorized representative of the holder, that he or she has read the foregoing report and understands its contents, and that those contents are true and complete to the best of his or her knowledge and belief.

Signature: _____

Printed name: _____

Title or position with applicant: _____

Address (if different than applicant's): _____

Signed and sworn before me this ____ day of _____, _____.

[SEAL]

Notary Public
My commission expires: _____