

ANNUAL LICENSE FEE REPORT

OF THE _____ BURIAL ASSOCIATION
 OF _____ OKLAHOMA

STATE BURIAL BOARD
 c/o Oklahoma Funeral Board
 3700 N. Classen, Suite 175
 Oklahoma City, OK 73118

- (1) Enter total income received from members during the preceding
 calendar year of 20 _____ (Amount from line 2 of form A-2) \$ _____
- (2) Enter 4%, the Annual License Fee Rate, of
 the amount stated in (1) _____ \$ _____
- (3) Remit the amount stated on line (2), which is the Association's annual license fee, to the Oklahoma Funeral Board
 with this report. If fee is not postmarked by June 30th, a penalty of \$250.00 will be imposed.

STATE OF OKLAHOMA

COUNTY OF _____ SS

_____, President _____, Secretary
 of the _____ Burial Association of _____.

Oklahoma,

being first duly sworn, each for himself deposes, and says that they are the above described officers of said Association,
 and that the foregoing statement of total income received by the said Association from its members during the calendar year
 stated is full, complete and true, according to the best of their information, knowledge and belief, respectively.

Subscribed and Sworn to before me this

_____ day of _____, 20_____

My Commission Expires _____

 President

 Notary Public

 Secretary

IMPORTANT: Every Burial Association must file this Report with an Annual License Fee equal to 4% of the total income
 received from members during the preceding calendar year to the State Board of Embalmers on or before June 30th of
 each year as a condition precedent to the renewal of its annual license.

WHITE - State Board's Copy • CANARY - Association's Copy