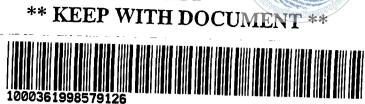
TRADE NAME APPROVAL SHEET ** EXPEDITED SERVICE ** ** KEEP WITH DO



#	1000361998579126
TRANSACTION TYPE FEES REMIT	
TN - Trade Name Registration TA - Amendment	<u> </u>
TA1 - Amendment Owner Added	
TA2 - Amendment Owner Deleted	ID # T00301754 ACK # 1000361998579126 PAGES: 0002
TA3 - Amendment Owner Name Change	A1 NAS
TA4 - Amendment Location Added	
TA5 - Amendment Location Deleted	
TA6 - Amendment Location Changed	- . -
TC - Cancellation TR - Renewal	09/08/2009 AT 11:58 A WO # 0001767943
TR - Renewal	-
Expedited Fee 50.00	
Certified Copies	
Copy Fee:	Other Change(s)
Certificate of Fact Fee:	other Change(s)
TOTAL FEES: 25.00	2
NO FEE TRANSACTION TYPES	
0.07	Code
99T - Departmental Action 99TA - Departmental Action - Name Change	
220T - Void Non-Payment	Attention:
220TA - Departmental Action - Amendment	M-11 A 31
220TA1 - Departmental Action - Owner Added	Mail to Address:
220TA2 - Departmental Action - Owner Deleted	ALL FAROOQ FOUNDATION
220TA3 - Departmental Action - Owner Name Change	6124 RICH AVE
220TA4 - Departmental Action - Location Added 220TA5 - Departmental Action - Location Deleted	CATONSVILLE MD 21228-2916
2001115 20pa anomal Action - Location Deleted	
Credit Card Check Cash	
Documents on Checks	
CRECKS	,
Approved By:	
Keyed By:	
COMMENT(S):	WORN AMT

ID:0002324905 ORDER:0001767943 :09-08-2009 11:58 AM PAID:\$75.00

Stamp Work Order and Customer Number HERE

State of Maryland Department of Assessments and Taxation Charter Division



TRADE NAME APPLICATION

1) Only one trade r			•			
TRADE NAME:	AL MADII	NA MASJID (MOSQU	E)		
						_
2) STREET ADDR			ED:			_
1808 WOODL	DR SUITE	# D				
***************************************	201126					
CITY: WOODL	7WN 		STATE:	MD	_{ZIP:} 21207	
P.O. Box address i			is form.			
•					ING THE TRADE NAM	ΛE:
	AROOQ FO				896981	
owner signs this for		additional sheet l	isting each	owner with	their address. Be sure	each
-						
4) If the owner is an	n individual or ge	eneral partnershi	p, does it h	ave a perso	nal property account	
(an "L" number)? C	heck one box	YES O NO	0			
If YES, WHAT IS T If NO, see instruction	HAT NUMBER?	To Complete Tra	ade Name	Application	_	
5) ADDRESS OF C	OWNER:		CUST ID:0002324905 WORK ORDER:0001767943			
			DATE:09	-08-2009	11:58 AM	
6124 RICH	4VE		AMT. PA	ID:\$75.00		
CATONSV	/II I E					
CITY: CATONSV	ILLE	STATE:				
e) DESCRIPTION	OF BUSINESS.					
6) DESCRIPTION	of Business:					
EASTABL	ISH MASJID A	AND ISLAMIC LE	EARING C	ENTER.		
I affirm and acknow	/ledge under per	nalties of perjury	that the fo	regoing is tru	ue and correct	
to the best of my kr 7) $1/1$						
H- H	H-WILLA	mi pou	Biolest	,		
SIGNATURE OF C					JRE OF OWNER	
SIGNATURE OF O	WAIED		-	SIGNATI	URE OF OWNER	
SIGNATURE OF U	AAIAFIZ			SIGIALI	DIVE OF OARISEIV	