



**STATE OF HAWAII**  
**DEPARTMENT OF THE ATTORNEY GENERAL**  
**TAX & CHARITIES DIVISION**  
425 QUEEN STREET  
HONOLULU, HAWAII 96813  
(808) 586-1480

**NOTICE OF INTENT TO CEASE SOLICITATION ACTIVITY AND  
REQUEST FOR DEACTIVATION OF CHARITABLE ORGANIZATION REGISTRATION**

Charitable Organization's Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Principal Officer's Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
(President/Vice President/Treasurer/Secretary)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ is no longer  
Print name Name of organization

soliciting contributions directly or indirectly in the State of Hawaii in any manner, and currently has no plans to do so, effective immediately. I understand this deactivation request will be granted if the attorney general is satisfied that the organization has met all obligations under Chapter 467B, Hawaii Revised Statutes ("HRS"). I understand this deactivation request is not finalized until the attorney general provides a confirmation of deactivation in writing. I understand that if the organization wants to solicit from or within the State of Hawaii in the future, it must first reactivate its registration with the attorney general. I acknowledge and understand the organization is still responsible to file any pending annual filings that are due, and pay the associated fees and costs, even after the deactivation request has been processed.

I also certify that I am an officer authorized by the above-named organization to sign this form on its behalf. I understand that the execution of this form is subject to Section 710-1063, HRS, which makes the submission of an unsworn falsification to a government authority a misdemeanor.

**Signature:** I certify that I am authorized to submit this form on behalf of the above-named organization.

Principal Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position Title: \_\_\_\_\_  
(President/Vice President/Treasurer/Secretary)

**Please Note: Notice/Request will not be processed unless signed by the principal officer of the organization.**  
Form Revised: May 2022