

Sept. 10, 2007

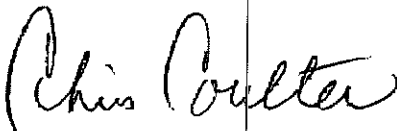
Jane Leslie
City Clerk
City of Rochester Hills

Dear Ms. Leslie:

I am an officer of the executive board of APFIM (Adams Parents for Instrumental Music), the parent booster organization for instrumental music programs at Rochester Adams High School. On Saturday, Oct. 20, 2007, APFIM will sponsor Fall Fantasmic!, a day-long, community-wide event at Rochester Adams High School featuring magic/illusion shows, a haunted house, musical performances and a silent auction. We will also be holding raffle drawings, which is why we're applying for the raffle license.


If you have any questions, please contact me at cacoulter@wowway.com or 248-420-1458. Thank you for your consideration.

Sincerely,



Chris Coulter
Vice President of Fundraising, APFIM

HIGHLANDER PRIDE ROCHESTER ADAMS BANDS



James F. Ferden, Director of Instrumental Music

Rochester Adams High School
3200 West Tienken Road
Rochester Hills, Michigan 48306-3734
Phone: 248.726.5375
Email: jferden@rochester.k12.mi.us

Wind Ensemble
Symphony Band
Concert Band
Jazz Band
Marching Band

Fall Fantasmic Fundraiser Saturday, October 20, 2007

Dear Friend, Neighbor, or Business Owner:

Thanks for considering a tax-deductible donation for our Fall Fantasmic Fundraiser. Adams Parents for Instrumental Music (APFIM) is a non-profit, 501(c) (3) organization that raises money for the enrichment of our music students to include guest clinicians, purchase of new instruments, musical performance trips, and educational camps.

We welcome all contributions! Some suggestions are:

- Merchandise
- Trips, family timeshares, vacation properties
- Sporting events (Tigers, Pistons, Red Wings, Lions, U of M, Michigan State)
- Theatre or concert tickets
- Gift Certificates
- Cash or checks payable to APFIM

Your gift will be auctioned or raffled to the attendees of our Fall Fantasmic Fundraiser on Saturday, October 20, 2007 at Adams High School. We expect 2,000 or more guests to join in the fun. All donors will be acknowledged in our program.

Business/Donor Name: _____
 Business Contact: _____
 Complete address: _____
 Telephone Number: _____
 Email address: _____

Items
 donated: _____

Donation Value: \$ _____

List how you would like to be acknowledged in our program:

Thank you so much for your support!
ROCHESTER ADAMS HIGH SCHOOL - A NATIONAL EXEMPLARY SCHOOL

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 13 1988

Employer Identification Number:
38-2939051

DLN:
17053269812038

Contact Person:
D. A. DOWNING

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
March 1995

Addendum Applies:
No

ADAMS PARENTS FOR INSTRUMENTAL
MUSIC
3200 W TIENKEN RD
ROCHESTER HILLS, MI 48306-3734

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

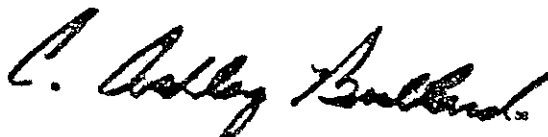
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

Letter 1050 (DO/CG)

MICHIGAN DEPARTMENT OF COMMERCE - CORPORATION AND SECURITIES BUREAU

Date Received JUN 27 1994	
JUL 15 1994	

(FOR BUREAU USE ONLY)

FILED

JUL 18 1994

Administrator
MICHIGAN DEPARTMENT OF COMMERCE
Corporation & Securities Bureau

EFFECTIVE DATE:

Name
MARY C. CAUGHLIN

Address
183 LONGFORD DR.

City State ZIP Code
ROCHESTER HILLS, MI. 48309

Document will be returned to the name and address you enter above.

725-929

ARTICLES OF INCORPORATION

For use by Domestic Nonprofit Corporations

(Please read information and instructions on last page)

Pursuant to the provisions of Act 162, Public Acts of 1982, the undersigned corporation executes the following Articles:

ARTICLE I

The name of the corporation is:

Adams Parents For Instrumental Music

ARTICLE II

The purpose or purposes for which the corporation is organized are:

To be maintained as a non-profit music education support organization.

ARTICLE III

The corporation is organized upon a NON STOCK basis.
(STOCK OR NONSTOCK)

- If organized on a stock basis, the total number of shares which the corporation has authority to issue is _____
_____. If the shares are, or are to be, divided into classes, the designation of each class, the number of shares in each class, and the relative rights, preferences and limitations of the shares of each class are as follows:

JF

ARTICLE III (cont.)

2. a. If organized on a nonstock basis, the description and value of its real property assets are: (if none, insert "none")

NONE

b. The description and value of its personal property assets are: (if none, insert "none")

NONE

c. The corporation is to be financed under the following general plan: ~~From Financing~~ will be obtained thru membership, fund raisers + contributions.

d. The corporation is organized on a MEMBERSHIP basis.
(MEMBERSHIP OR DIRECTORSHIP)

ARTICLE IV

2. The address of the registered office is:

3200 W. TIENKEN ROAD - ROCHESTER HILLS, Michigan 48306
(STREET ADDRESS) (CITY) (ZIP CODE)

The mailing address of the registered office if different than above:

_____, Michigan _____
(STREET ADDRESS) (CITY) (ZIP CODE)

The name of the resident agent at the registered office is:

W. DENNIS FRALICK

ARTICLE V

The name(s) and address(es) of the incorporator(s) is (are) as follows:

Name

Residence or Business Address

MARY HOWARTH 2165 Chalet Dr.
Rochester, MI 48309

MARY CAUGHLIN - 183 LONGFORD DR, ROCH. HILLS, 48309

Use space below for additional Articles or for continuation of previous Articles. Please identify any Article being continued or added. Attach additional pages if needed.

I (We), the incorporator(s) sign my (our) name(s) this 24TH day of June, 1994

Mary K. Howarth

President

Mary C. Coughlin

Treasurer

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
NONPROFIT CORPORATION INFORMATION UPDATE



2006

FOR BUREAU USE ONLY	
Identification Number 725929	Corporation name ADAMS PARENTS FOR INSTRUMENTAL MUSIC
Resident agent name and mailing address of the registered office JAMES FERDEN 3200 W. TIENKEN ROAD ROCHESTER HILLS MI 48306	
<p>FILED</p> <p>OCT 12 2006</p> <p>By Department Bureau of Commercial Services</p>	
<p>RECEIVED</p> <p>\$20 SEP 21 2006</p> <p>Dept of LEG</p>	
The address of the registered office 3200 W. TIENKEN ROAD ROCHESTER HILLS MI 48306	

To certify there are no changes from your previous filing check this box and proceed to Item 6. If the resident agent and/or registered office has changed complete items 1-6. If only officer and director information has changed complete items 4-8.

1. Mailing address of registered office in Michigan (may be a P.O. Box)	2. Resident Agent
3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)	

4. Describe the purpose and activities of the corporation during the year covered by this report:

5.	NAME	BUSINESS OR RESIDENCE ADDRESS
If different than President	President (Required)	
	Secretary (Required)	
	Treasurer (Required)	
	Vice President	
If different than Officers	Director (Required)	
	Director	
	Director	

6. This report is due on or before October 1, 2006. The filing fee is \$20.00.

Please make your check or money order payable to the State of Michigan.
Return to: Michigan Department of Labor & Economic Growth
Bureau of Commercial Services, Corporation Division
P.O. Box 30767
Lansing, MI 48909
(517) 241-6470

Signature of authorized officer or agent <i>[Signature]</i> DAVID STAMPEL	Title Treasurer	Date 9/16/06	Phone (Optional) 248-375-2757
---	---------------------------	------------------------	---

**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
NONPROFIT CORPORATION INFORMATION UPDATE**



2007

Due October 1, 2007 File Online at www.michigan.gov/fileonline

Identification Number 725929	Corporation name ADAMS PARENTS FOR INSTRUMENTAL MUSIC
Resident agent name and mailing address of the registered office JAMES FERDEN 3200 W. TIENKEN ROAD ROCHESTER HILLS MI 48306	
The address of the registered office 3200 W. TIENKEN ROAD ROCHESTER HILLS MI 48306	

To certify there are no changes from your previous filing check this box and proceed to Item 6. If the resident agent and/or registered office has changed complete Items 1-6. If only officer and director information has changed complete Items 4-6.

1. Mailing address of registered office in Michigan (may be a P.O. Box)	2. Resident Agent
3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)	

4. Describe the purpose and activities of the corporation during the year covered by this report:

To support the instrument music programs at Adams High School

5.	NAME	BUSINESS OR RESIDENCE ADDRESS
If different than President	President (Required) <i>Kathy Miller</i>	<i>3200 W Tienken Rd RH 48306</i>
	Secretary (Required) <i>Joyce Schram</i>	<i>"</i>
	Treasurer (Required) <i>Karen Mallender</i>	<i>"</i>
	Vice President <i>Chris Coulter</i>	<i>"</i>
If different than Officers	Director (Required) <i>Kathy Miller</i>	<i>"</i>
	Director	
	Director	

6. Report due October 1, 2007.

Filing fee \$20.00.

Please make your check or money order payable to the State of Michigan.

Return to: Michigan Department of Labor & Economic Growth
Bureau of Commercial Services, Corporation Division
P.O. Box 30767
Lansing, MI 48909
(517) 241-6470

Signature of authorized officer or agent <i>K. Miller</i>	Title <i>Treasurer</i>	Date <i>9/4/07</i>	Phone (Optional) <i>248-656-6633</i>
--	---------------------------	-----------------------	---



Charitable Gaming Division
 Box 30023, Lansing, MI 48909
 OVERNIGHT DELIVERY:
 101 E. Hillsdale, Lansing MI 48933
 (517) 335-5780
 www.michigan.gov/cg

LOCAL GOVERNING BODY RESOLUTION FOR CHARITABLE GAMING LICENSES
 (Required by MCL.432.103(9))

At a _____ meeting of the _____
REGULAR OR SPECIAL TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD

called to order by _____ on _____
DATE

at _____ a.m./p.m. the following resolution was offered:
TIME

Moved by _____ and supported by _____

that the request from _____ of _____,
NAME OF ORGANIZATION CITY

county of _____, asking that they be recognized as a
COUNTY NAME

nonprofit organization operating in the community for the purpose of obtaining charitable

gaming licenses, be considered for _____.
APPROVAL/DISAPPROVAL

APPROVAL	DISAPPROVAL
Yeas: _____	Yeas: _____
Nays: _____	Nays: _____
Absent: _____	Absent: _____

I hereby certify that the foregoing is a true and complete copy of a resolution offered and
 adopted by the _____ at a _____
TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD REGULAR OR SPECIAL
 meeting held on _____.
DATE

SIGNED: _____
TOWNSHIP, CITY, OR VILLAGE CLERK

PRINTED NAME AND TITLE

ADDRESS

COMPLETION: Required.
 PENALTY: Possible denial of application.
 BSL-CG-1153(R10/06)