**Retention Rate Form**

Organization Name: Click or tap here to enter text.

Direct Questions to:

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

I certify that the information reported below is accurate to the best of my ability. Should I knowingly falsify this form, I understand a penalty may be assessed to my overall GAAP submission.

Name: Click or tap here to enter text. Date: Click or tap here to enter text.

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