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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

OMB No 1545-1150 2012

Open to Public Inspection

Ange Greater Hattlesburg Home Builders, Inc. Game Number and street (or PO box, if mail is not delivered to street address) Room/suite E Teleph	If the organization is not attach Schedule B 990-EZ, or 990-PF) receipts are normally d (see instructions) But if II,
Number and street (or P O box, if mail is not delivered to street address) Room/suite E Teleph	Exemption or if the organization is not attach Schedule B 990-EZ, or 990-PF) receipts are normally d (see instructions) But if II, ** 146,75 for Part I) 2 3 106,65 4 1,05
City or town, state or country, and ZIP + 4 F Group	Exemption or f the organization is not attach Schedule B 990-EZ, or 990-PF) receipts are normally d (see instructions) But if II,
City or town, state or country, and ZIP + 4 F Group	if the organization is not attach Schedule B 990-EZ, or 990-PF) receipts are normally if (see instructions) But if II. \$ 146,75 for Part I) 2 3 106,65 4 1,05
City or town, state or country, and ZIP + 4 Pending Hattiesburg MS 39401 H Check	if the organization is not attach Schedule B 990-EZ, or 990-PF) receipts are normally if (see instructions) But if II. \$ 146,75 for Part I) 2 3 106,65 4 1,05
ting Method ☐ Cash ☒ Accrual Other (specify) ► H Check ► required to the organization is not a section 509(a)(3) ☒ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form 990, If the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross at than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required to instantion chooses to file a return, be sure to file a complete return as 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions Check if the organization used Schedule O to respond to any question in this Part 1 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than	if the organization is not attach Schedule B 990-EZ, or 990-PF) receipts are normally if (see instructions) But if II. \$ 146,75 for Part I) 2 3 106,65 4 1,05
ting Method	If the organization is not attach Schedule B 990-EZ, or 990-PF) receipts are normally d (see instructions) But if II,
required to mpt status (check only one) -	attach Schedule B 990-EZ, or 990-PF) receipts are normally d (see instructions) But if II,
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Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than	1 2 3 106,69 4 1,09
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Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than	1,00
Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than	5c
Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than	5c
Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than	30
Gross income from gaming (attach Schedule G if greater than	
\$15,000)	1 1
	4 1
Gross income from fundraising events (not including \$ of contributions	1
from fundraising events reported on line 1) (attach Schedule G if the	
sum of such gross income and contributions exceeds \$15,000) · · · · · · · 6b 30,764	4 {
Less. direct expenses from gaming and fundraising events · · · · · · · 6c 16,155	
Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	} }
line 6c)	6d 16,27
Gross sales of inventory, less returns and allowances]]
Less cost of goods sold	}
Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
Other revenue (describe in Schedule O)	8 6,53
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 130,59
Grants and similar amounts paid (list in Schedule O)	10
Benefits paid to or for members	11 78,98
Salanes, other compensation, and employee benefits	12
Professional fees and other payments to independent contractors	13 57
Occupancy, rent, utilities, and maintenance	14
	15 1,12
	16 35,85
Total expenses. Add lines 10 through 16	17 116,53
Excess or (deficit) for the year (Subtract line 17 from line 9)	
Net assets or fund halances at beginning of year (from line 27 column (A)) (must saree with	18 14,05
end-of-year finite reported on prior year's return)	19 179.77
Other changes in not accests or find halances (explain in Schodule O)	
Other Granges in riet assets of fullo balances (explain in Schedule O)	20
Alst and to a fined below on at and of more Combined by a 40 through 00	21 193,83 Form 990-EZ (201
_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

	n 990-EZ (2012) Greater Hattiesburg Home	Builders, Inc	!	64-0	5987	786 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					_
	Check if the organization used Schedule O to respond to	any question in this Pai	rt II	· · · · · · · · · · · · ·	<u></u>	· · · · · · · · 🛛
	`			inning of year	ļ	(B) End of year
22	eren, erenige, ene moenneme	· · · · · · · · · · · · ·	J.———	214,449	22	218,860
	Land and buildings			0_	23	0
24	Other assets (describe in Schedule O)	• • • • • • • • • • • • •		164,789	24	2,198_
25	Total assets			379,238	25	221,058
26	Total liabilities (describe in Schedule O)			199,461	26	27,223
	Net assets or fund balances (line 27 of column (B) must agree w			179,777	27	193,835
Pa	art III Statement of Program Service Accomplis	·				Expenses
	Check if the organization used Schedule O to respond to			· · · · · · □	(Req	uired for section
Wh	at is the organization's primary exempt purpose? Builders ed	lucation,certif	ication, promo	ot	501(c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplishments for each	of its three largest pro	oram services		orga	nizations and section
	neasured by expenses in a clear and concise manner, describe the				4947	(a)(1) trusts, optional
pers	sons benefited, and other relevant information for each program title	!			for of	thers)
28	GHHBA focuses on formal builder education,	informing				
	builders of market news, and promotion of	the residental				
	construction industry.					
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here · · · ·	▶ 🔲	28a	78,981
29						
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here · · · ·	▶ 🔲	29a	
30						
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here · · · ·	▶ 🔲	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here	▶ 🔲	31a	
32	Total program service expenses (add lines 28a through 31a)	· · · · · · · · · · ·	· · · · · · · · · · ·		32	78,981
Pa	art IV List of Officers, Directors, Trustees, and Key Employ	rees List each one ever	n if not compensated	(see the instructi	ons fo	
	Check if the organization used Schedule O to respond to	any question in this Pa	art IV	<u>.</u> <u>.</u> <u>.</u>		
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation	contributions to empl	ا ۵۵۰	(e) Estimated amount of other compensation
See	990 OFOV	devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensation		ouler compensation
Pat	rick Ward				T	
Pas	st President	2	L c	<u> </u>	o	0
	1 Rodgers				Ī	
<u> 22</u> A	soc. BOD/Code & Standards Chair	1			ol	0
Lee	Everett					
Pre	esident	11_	i (ol .	o	0
Jei	rvis Mims					
Lii	fe Time Board member	o	1 0	o)	o	0
	vin Stafford			Ţ		
	Te Time Board Member				٥	0
	vid Saulters					
Vic	ce President	2		ol	ol	0
Joi	nathan Boone					
	sociate Board Member	o	1 .	al .	٥l	0
	Le Hamlett					
	cretary/Treasurer	2		s	o	0
	aig Flanagan		<u>`</u>	1		
	lder Board Member	2	1)	اه	0
	rt Williamson		 `	1	-+	<u>ٽ</u>
	visoty Board	О	1	<u>, </u>	٥	0
	chard Hiatt		<u> </u>		─~	
	cernate Builder Board Member	0	(0	0
	nathan Shows		ļ `	<u> </u>	~∸	<u>~</u>
•	sociate Board memeber - Financial	1		,	o	0
	rbara Wilson		<u> </u>	ή	- 	
-	rogiate Board Member		1	J		•

	90-EZ (2012) Greater Hattiesburg Home Builders, Inc. 64-05987	86	F	age 3
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	···		<u>· LJ</u>
•	Did the experience according any complicant activity act resources and to the IDCO IS IDCO.		Yes	No
3	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	22		.,
4	detailed description of each activity in Schedule O	33		X
~	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	ĺ	x
5 2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	3.4	 	<u> ^ </u>
, o u	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	335		-
Ī	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1000		^
-	during the year? If "Yes," complete applicable parts of Schedule N	36	1	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	1	 	 ^ -
	Did the organization file Form 1120-POL for this year?	37b	1	Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	- 0.0		<u> </u>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1	x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		 	 ^`
39	Section 501(c)(7) organizations Enter	1		ļ
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		\
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			1
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		}	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·		1	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X_
41	List the states with which a copy of this return is filed			
12 a	The organization's books are in care of Association Management Systems, Inc. Telephone no 601-5	82-3	330	
	Located at ▶ 629 North Main Street Hattiesburg, MS ZIP+4 ▶ 39401			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	ļ	- 1	
	and Financial Accounts.		İ	
C	At any time during the calendar year, did the organization maintain an office outside of the US?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country			_
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	· [_
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a	<u></u>	Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1		
	completed instead of Form 990-EZ	44b		X_

Form 9	990-EZ (2012) Greater Hattiesk	ourg Home Builde	rs, Inc.			64-05	98786		age 4
40	Delitha and interest and an extraction of							Yes	No
46	Did the organization engage, directly or indirectly, in to candidates for public office? If "Yes," complete S	· -					. 46		x
Par	t VI Section 501(c)(3) organizations		<u> </u>		· · · · · ·	· · · · · ·	. 40	.—	
	All Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines								
	50 and 51	•			•	•			
	Check if the organization used Sch	nedule O to respond	to any qu	estion in	this Part V	<u>′I </u>		<u>.</u>	. 🗆
								Yes	No
47	Did the organization engage in lobbying activities or	• •		-				}	1
	year? If "Yes," complete Schedule C, Part II						. 47	ļ	
48	Is the organization a school as described in section		•				48		ļ
49a	Did the organization make any transfers to an exem		organization?		• • • • • •	• • • • • •	49a	+	
50	If "Yes," was the related organization a section 527 of	-	· · · · · · ·	· · · · · · ·	· · · · · · ·		· 49b	<u> </u>	l
30	Complete this table for the organization's five highes employees) who each received more than \$100,000		-			•			
	employees) who each received more than \$100,000				(d) Health				
	(a) Name and title of each employee	(b) Average hours per week	(c) Rep	ortable ensation	contributions	to employee	(e) Estima		
	paid more than \$100,000	devoted to position	1 .	/1099-MISC)	benefit plans, comper		other o	ompensat	tion
					i				
)			
						}			
			_		ļ. <u> </u>				
			1		}	}			
	Total number of other ampleyage made year \$100.00	0	<u> </u>		L				
f 51	Total number of other employees paid over \$100,00 Complete this table for the organization's five highes		ont contracts	ro who ooch	roomand me	ro than			
31	\$100,000 of compensation from the organization.			ors with each	rreceived inc	ne man			
	Troops of compensation from the organization.	there is the log of the log of the	<u> </u>		_				
(a)	Name and address of each independent contractor paid more than	\$100,000	(b)	Type of service	e 	(c)) Compensati	on 	
						·			
						ı			
									
			l						
			 						
d	Total number of other independent contractors each	receiving over \$100,000		<u> </u>					
52	Did the organization complete Schedule A? Note: A	-		4947(a)(1)					
	nonexempt chantable trusts must attach,a complete	d Schedule A			<u>.</u>	. <u>.</u>	∵ ∏ Ye	s 🛛	No
Under	penalties of perjury, I declare that I have examined this return, include	ding accompanying schedules ar	nd statements, ar	nd to the best of	my knowledge a	nd belief, it is			
true, c	correct, and complete Declaration of preparer (other than officer) is t	pased on all information of which	preparer has an	y knowledge					
	Lee Everett $/\lambda$								
Sig				_	Date 5	-6-	13		
Her			 -				(,)		
	Type or print name and title						1 ac		
		reparer's signature		Date	1 -	heck I if	PTIN		
Paid		HARLES H JUNEK I	II JD C	<u> </u>		elf-employed	200395	632	
Prep					Firm's E	IN P			
Use	Only Firm's address 702 SOUTHEAST C					***		_	
	HATTIESBURG MS 3				Phone r		268-013 · 図 va		No
мау	the IRS discuss this return with the preparer shown a	nove / See instructions	- · · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	<u> </u>	S [_]	No (2012)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Greater Hattiesburg Home Bu	ilders, Inc				64-0	598786
Part I Fundraising Activities		_		swered "Yes" to	Form 990, Part	V, line 17.
Form 990-EZ filers are no 1 Indicate whether the organization raise				ties. Check all that an	nlv	·
a Mail solicitations	sea tanas imoagn		_	of non-government gra		
b Internet and email solicitations				of government grants		
c Phone solicitations		g 🗌	Special fund	Iraising events		
d 🔲 In-person solicitations						
2a Did the organization have a written o	-	_		_	_	
or key employees listed in Form 990						Yes No
b If "Yes," list the ten highest paid indiv		tundraisers)	pursuant to a	igreements under whi	ch the fundraiser is t	o be
compensated at least \$5,000 by the	organization					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
	<u>.</u>	Yes	No		col (i)	
1						
2						
3						
4						
5					·	
6						
7						
8						
9						
10						
3 List all states in which the organization				tions or has been notif	fied it is exempt from	1
registration or licensing	ii is registered or i		or continu	action of the been from	it io exempt nom	
rogionation or modificating						
					·	
					<u> </u>	
			····	·· · · · · · · · · · · · · · · · · · ·		
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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add coi (a) through Golf Tourn Fish Tourn 3 col (c)) (total number) (event type) (event type) Revenue Gross receipts 12,795 16,375 1,344 30,514 2 Less Contributions Gross income (line 1 minus line 2) 12,795 16,375 1,344 30,514 Cash prizes Noncash prizes Rent/facility costs · · · · · · · Direct Expenses Food and beverages Entertainment Other direct expenses 7,155 6,442 2,558 16,155 10 Direct expense summary Add lines 4 through 9 in column (d) **16,155**) 14,359 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue · · · · · · · 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 64-0598786 Greater Hattiesburg Home Builders, Inc. 01. Description of other revenue (Part I, line 8) Description Amount Patronage Dividends 12 51 Rebates 124 **HBAM** Meeting Sponsor 5,750 594 Membership Meeting Sponsor 02. Description of other expenses (Part I, line 16) Description Amount Food & Lodging 826 156 Travel 120 Bank Charges 114 Office Supplies 1,038 Credit Card Expenses 2,466 Insurance 1,883 Web Site 6,951 Management Fees 20,065 Donations 429

64

1,215

532

03. Description of other assets (Part II, line 24)

Beginning of Year

End of Year

Category

Telephone

Bad Debts

Business Gifts

Construction Advertising

Schedule O (Form 990 or 990-EZ) (2012)			Page 2
Name of the organization		Employer identification number	r
Greater Hattiesburg Home Builders	, Inc.	64-0598786	
Accounts Receivable	9,361	2,198	
Construction In Progress	155,428	0	
04. Description of total	liabilities (Part II	line 26)	
Category	Beginning of Year	End of Year	
Accounts Payable	0	780	
Construction Draws	155,885	0	
Deferred Dues	35,576	18,443	
ADP Pledge	8,000	8,000	
			
			
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Form 990_OfOv (2012) Greater Hattiesburg Home Builders, Inc. 64-0598
List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

1 List air officers, directors, trustees, and key employees for the	year even ii they were	o not compensated.		
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Carter Callaway				
Builder Board Member	1	0	o	0
				0
John Cummings	'			
Associate Board Member	1	0		0
				
				
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990 **2012** Page 1 **Overflow Statement** Name(s) as shown on return Greater Hattiesburg Home Builders, Inc. 64-0598786 SPECIAL EVENTS INCOME Description Amount 1,344 Community Officals Event $\frac{16,375}{16}$ Fishing Tournament 12,795 Golf Tournament $\frac{250}{250}$ Seminars Total: 30,764 SPECIAL EVENTS EXPENSES Amount Description Community Officals Event 2,558 Fishing Tournament 6,442 Golf Tournament 7,155 Total: 16,155 MEMBER BENEFITS Description Amount Aweards 675 Christmas Party 2,598 Conferences and meetings 800 Construction Promotion 445 $\frac{749}{249}$ Dues 337 Duplication $\overline{714}$ Insurance Meetings Expense 21,808 Membership Management Fees 14,312 22,865 National Dues 366 Postage Printing 240 State Dues 11,640 Telephone 358 1,574 Web Site Total: 78,981 PROFESSIONAL FEES Description Amount 570 Accountant <u>570</u> Total:

990 Name(s) as shown on return Greater Hattiesburg Home Builders, Inc. Page 2 FEIN 64-0598786

PRINTING, SHIPPING, POSTAGE - READERSHIP EXPENSES

Description		Amount		
Postage		\$	437	
Duplication			403	
Printing			287	
	Total:	\$	1,127	

GREATER HATTIESBURG HOME BUILDERS, INC. EIN-64-0598786

The legal name of the entity is GREATER HATTIESBURG HOME BUILDERS, INC. as registered with the Mississippi Secretary of State's office. Please see attached printout from the Mississippi Secretary of State.

Please correct the records to reflect the correct legal name.

