COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS. SUPREME JUDICIAL COURT EQUITY NO. [*fill in court docket #*]

 )

[NAME OF CHARITY], )

 )

 Plaintiff, )

 )

 v. )

 )

 )

ANDREA JOY CAMPBELL, AS SHE IS )

THE ATTORNEY GENERAL OF THE )

COMMONWEALTH OF MASSACHUSETTS, )

 )

 Defendant. )

 )

MOTION FOR ENTRY OF JUDGMENT

Now comes the Plaintiff in the above matter and moves that a Judgment be entered in the form

attached hereto.

Assented to:

ANDREA JOY CAMPBELL NAME OF CHARITY

ATTORNEY GENERAL By Its Attorney,

Through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Attorney General Name

Non-Profit Organizations/ Address

Public Charities Division Phone Number

One Ashburton Place Email address

Boston, MA 02108 BBO#

(617) 727-2200

BBO#

Date:

CERTIFICATE OF SERVICE

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_, I served a copy of the above upon the following by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Andrea Joy Campbell

Attorney General of the Commonwealth of Massachusetts

Non-Profit Organizations/Public Charities Division

One Ashburton Place

Boston, MA 02108

*Defendant*

[NAME OF CHARITY RECEIVING ASSETS]

Street Address

City, State, ZIP

*Other interested party*

[Repeat for any other Charity Receiving Assets]

*Other interested party*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Attorney

 Address

 Phone Number

 Email address

 BBO#