

# OPPORTUNITY ZONE CERTIFICATION

Please note that the business should complete Part One of this form and then forward to the local Opportunity Zone coordinator. The OZ coordinator will have the information certified in Part Two and forward it to DCA. DCA will acknowledge the Certification and provide copies back to the business, the local OZ coordinator and the Department of Revenue.

The information provided below is intended to validate the location of a business in a currently designated Opportunity Zone (OZ). Please complete all detail requested.

## **Part One:**

Name of Business: Supporting Initiatives to Redistribute Unused Medicine, Inc.

Address Location within OZ: 1780 Corporate Dr. Suite 420, Norcross, GA 30093

Mailing Address, if different from above: 3000 El Camino Real Building 4, Suite 200

#8979, Palo Alto, CA 94306

By signing below, I hereby certify that the business location above is within the eligible boundaries of a designated Opportunity Zone as defined in O.C.G.A. 48-7-40.1(c)(4) and the business intends to claim a job tax credit for this location on it's Georgia Income Tax Return.



Signature of Officer

19 March 2018

Date

Kiah Williams

Printed Name of Officer

650-488-7434

Phone Number

Secretary

Title

kiah@sirum.org

Email Address

## **Part Two:**

### *Local Opportunity Zone Jurisdiction*

Census Block Group of OZ Location (12-digit number): \_\_\_\_\_

Jurisdiction and Name of Opportunity Zone Area \_\_\_\_\_

Parcel Number of OZ location: \_\_\_\_\_

By signing below, I certify that I am an authorized representative of a valid Opportunity Zone jurisdiction and that the business location detailed above is within the currently designated boundaries of the Opportunity Zone.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Representative

\_\_\_\_\_  
Title

### *Department Use Only*

Mailing Address:  
Job Tax Credit Program Coordinator  
Georgia Department of Community Affairs  
60 Executive Park South, N.E.  
Atlanta, GA 30329

Accepted:

\_\_\_\_\_  
Date

\_\_\_\_\_  
By

**\*\*\* A COPY OF THIS COMPLETED CERTIFICATION FORM MUST BE ATTACHED TO THE TAX RETURN FILED WITH THE DEPARTMENT OF REVENUE WHEN CLAIMING THE TAX CREDIT\*\*\***