FIRM REINSTATEMENT APPLICATION

One registration satisfies the registration requirement for all offices of the firm (Oklahoma Accountancy Act, Section 15.15A).

Section 15.15 of the Oklahoma Accountancy Act (Law) specifies that the Board shall register any firm seeking to provide professional services to the public. All such registrations shall expire on the last day of June of each year and may be renewed annually for a period of one (1) year by registrants in good standing upon filing the registration and upon payment of the annual fee not later than June 30 of each year. A firm whose registration is automatically revoked pursuant to this section may be reinstated by the Board upon payment of a fee to be set by the Board.

Proof that the firm is in good standing with the Oklahoma Secretary of State must accompany this form (Law: Section 15.15A[B][3]). Proof consists of a plain copy of a Certificate of Good Standing from the Secretary of State.

ANSWER ALL QUESTIONS OR INDICATE "N/A"

1. *Name of firm: ________________________________
   *Must be exactly as shown on the Professional Certificate issued by the Oklahoma Secretary of State.

   Mailing address: ____________________________________________ (Address)
   ____________________________________________ (City)
   ____________________________________________ (State)
   ____________________________________________ (Zip)

2. Percentage of ownership held by non-CPAs: _________________

3. List the total number of CPA/PAs on staff (do not include contract employees): ________________

4. If this firm has ownership or affiliation with another public accounting firm, please indicate below.
   __________________________________________________________
   __________________________________________________________

5. Date the firm will begin providing service to Oklahoma clients: ________________

6. Names of all officers, directors and shareholders/members (owners) who are a resident of Oklahoma

   If an officer, show beside each name the title of the specific office held; indicate directors by "D" and shareholders/members by "S"; indicate non CPA shareholders/members by "N-CPA":

   Names of Resident Officers, Directors and Shareholders/Members   Oklahoma CPA Certificate No.
   __________________________________________________________________________
   __________________________________________________________________________

   (use continuing sheets if necessary)
7. Does the firm perform attestation engagements*? _____ Yes _____ No
   (*This includes, but is not limited to, the performance of audits, reviews and agreed upon procedures)

8. Does the firm perform compilations? _____ Yes _____ No

9. Does the firm perform attestation engagements for governmental entities? _____ Yes _____ No

10. Has your firm had a peer review? _____ Yes* _____ No**

11. If “No” to Question 10, provide the engagement date of the first audit or review engagement performed:
    ____________________ (Not applicable if you only perform compilations).

   If applicable, attach the peer review enrollment confirmation form indicating proof of enrollment in a Board
   approved Sponsoring Organization’s peer review program.

<table>
<thead>
<tr>
<th>Pass Reports</th>
<th>Pass with Deficiencies or Fail Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Peer Review Report</td>
<td>☐ Peer Review Report</td>
</tr>
<tr>
<td>☐ Final Letter of Acceptance from the Sponsoring Organization</td>
<td>☐ Letter of Comments</td>
</tr>
<tr>
<td>☐ Enrollement in an OAB approved peer review program is required within 12 months of performing initial audit or review engagement.</td>
<td>☐ Letter of Response</td>
</tr>
</tbody>
</table>

12. Please check all types of work in which the firm is engaged:

   ____ Attest Services   ____ Compilations   ____ Advisory Services
   ____ Tax Return Preparation   ____ Tax Planning   ____ Investment Counseling
   ____ Financial Planning   ____ Consulting    ____ Management Services
   ____ Litigation Support   ____ Bookkeeping Services
   ____ Other

13. List separately each office of the firm located in Oklahoma:

   a. ____________________
   b. ____________________
   c. ____________________

   (use continuing sheets to list additional offices)

*If the office of the firm is located within the State of Oklahoma, the person appointed by the shareholders of the
firm to be responsible for the administration of that office must be domiciled in Oklahoma.
14. Specify by the letter above which office is to receive the documents to renew the registration of the firm each year. _______

15. Required: Each staff CPA or PA employed by the firm and serving Oklahoma clients must hold a permit to practice, unless practicing under mobility.

Does every CPA and PA on your staff who serves Oklahoma clients hold a valid Oklahoma permit to practice or enter the state under the provisions of Section 15.12A of the Act? _____Yes _____No  (Code: 10:15-25-4[c]) If no, please attach an explanation

16. List all states in which the firm or its predecessor has applied for or been issued a permit or its equivalent within the five (5) years immediately preceding the filing of this application (Law: Section15.15A(B)(1):

__________
(use continuing sheets if necessary)

17. Has any shareholder, partner, owner of the firm or its predecessor ever had a permit or its equivalent denied, revoked or suspended from practice by any Federal or State regulatory authority or foreign country or are any charges or investigations pending at this time? _____Yes _____No
If Yes, attach a written explanation.

Section 15.15A(C) of the Oklahoma Accountancy Act requires the following to be reported by letter to the Board within 30 calendar days from the date of occurrence:

- Changes in the partners or shareholders of the firm;
- Changes in the structure of the firm;
- Changes in the designated manager of the firm;
- Changes in the number or location of offices of the firm;
- Denial, revocation, or suspension of certificates, licenses, permits, or their equivalents to the firm or its partners, shareholders, or employees other than in this state.

I certify that all the information provided on this registration and permit application is true and correct and that I have not omitted or suppressed any information which would have a bearing on the registration.

Signature: ____________________________________________
Shareholder/Partner/Member/Owner/Designated Manager Date

Email Address: ____________________________________________

FEE SCHEDULE

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
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<tbody>
<tr>
<td>Reinstatement Application Fee (Non-Refundable)</td>
<td>$100</td>
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<tr>
<td>Registration and Permit Fee:</td>
<td>$150</td>
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<tr>
<td>(Code: 10:15-27-8, 10:15-27-9 and 10:15-27-10)</td>
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</tr>
<tr>
<td>Total:</td>
<td>$250</td>
</tr>
</tbody>
</table>

Please be aware that most information provided to the OAB is considered an open record and may be released, except where such release is specifically prohibited by the Oklahoma Accountancy Act, the Oklahoma Open Records Act, or the Federal Privacy Act (i.e., social security numbers, transcripts, examination grades, etc.).