STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 1, 2008.

Paul LaPointe
Special Deputy Secretary of State
Certificate of Assumed Name
Pursuant to General Business Law, §130

1. NAME OF ENTITY
   The Big Bam Foundation, Inc.

2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE):
   ____ Business Corporation Law
   ____ Education Law
   ____ Insurance Law
   ____ Other (specify law):
   ___ Limited Liability Company Law
   ___ Not-for-Profit Corporation Law
   ___ Revised Limited Partnership Act

3. ASSUMED NAME
   Breast Treatment Task Force

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET, IF NONE, INSERT OUT-OF-STATE ADDRESS)
   11 Penn Plaza
   Suite 5072
   New York, NY 10001

5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME
   ____ ALL COUNTIES (if not, circle county[ies] below)

   Albany  Clinton  Genesee  Monroe  Orleans  Saratoga  Tompkins
   Allegany  Columbia  Greene  Montgomery  Oswego  Schenectady  Ulster
   Bronx  Cortland  Hamilton  Nassau  Otsego  Schoharie  Warren
   Broome  Delaware  Herkimer  ____ New York  Putnam  Schuyler  Washington
   Cattaraugus  Dutchess  Jefferson  Niagara  Queens  Seneca  Wayne
   Cayuga  Erie  Kings  Oneida  Rensselaer  Steuben  Wakefield
   Chatauqua  Essex  Lewis  Onondaga  Richmond  Suffolk  Wyoming
   Chemung  Franklin  Livingston  Ontario  Rockland  Sullivan  Yates
   Chenango  Fulton  Madison  Orange  St. Lawrence  Tioga

6. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTIONS UNDER THE ASSUMED NAME.
   Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county[ies] circled in paragraph 5. If the entity does not have a specific location where it will conduct business under the assumed name please check the statement below.)

   11 Penn Plaza
   Suite 5072
   New York, NY 10001

   ____ No New York State Business Location
INSTRUCTIONS FOR SIGNATURE: If corporation, by an officer; if limited partnership, by a general partner; if limited liability company, by a member or manager or by an attorney-in-fact or authorized person for such corporation, limited partnership, or limited liability company.

Wendy Luftig, Director  
Name and Title  
Signature

CERTIFICATE OF ASSUMED NAME  
OF  
The Big Bam Foundation, Inc.  
(Insert Entity Name)  
Pursuant to §130, General Business Law

DELANEY #30

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a $25 fee. The Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or transacts business: $100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and $25 for each county outside New York City. All checks over $100 must be certified.
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 501(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written request of person. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CC)
BIG BAN FOUNDATION INC

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations