N A GROUP PROXY VOTING FORM -- DATE_____GROUP_____

Proxy for GSSANA Group Voting At Area Service Committee

Please fill the following Information. You may submit by email, mail, or Representative authorized by Group. This form if mailed or emailed, must be received within five business days of the ASC meeting. www.Gssana.org or mail to GSSANA, P.O. Box # 27, Scranton, Pa. 18504.

1. If your GSR is unable to attend the ASC meeting, email or mail this form. Our group has authorized the following N.A. Member:_____ to report our voting results to the ASC meeting for this month only.

2. The Group Has Voted on the following: ***YES / NO / ABSTAIN***

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For appointment of a Group Representative: This proxy must be signed by the group GSR and at least one other vote eligible group member, or, by two or more Group members who are eligible to vote, as per Group Policy.

GSR_____ VOTE ELIGIBLE GROUP MEMBER_____

OR Two other vote eligible group members: 1._____

2._____