Form D-4

State of New Hampshire

Department of State
Bureau of Securities Regulation

Print Reset

No. _____
Rec'd _____
App'd _____
Fee _____
Granted _____

Issuer-Dealer Notice Filing Application

1. Name of Issuer _____.
(give full name)

2. Business Address _____.
(Street and Number or PO Box) (Town) (Zip)

3. State of Formation _____.

4. Description of Securities Sold (Include price per unit, type, and aggregate value) _____

_____.

5. Date of first sale _____.

6. Name or names of the representative or representatives of the issuer who are engaged in the sale of the securities _____

_____.

7. Indicate whether any such agent has been convicted of a felony and include the date and place of the conviction _____

_____.

No license will be issued until all blanks in this form are properly filled out. The application shall be signed by that person or persons who are authorized to do so by the issuer's board of directors or other governing body.

Signed _____ Date signed _____

Notarized:

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, _____

_____
Signature of Notary Public

_____
Date of Expiration