## State of New Hampshire

## Department of State Sureau of Securities Regulation

No	
Rec'd	
App'd	
Fee	
Granted	

Application for License for New Hamp	shire Issuer-Dealer	
The undersigned hereby applies for a license authorizing it to sell in Hampshire Blue Sky Law and makes the following statement:  1. Name of applicant		der the New
Address of applicant		
3. Telephone No		
4. Date of incorporation or organization, and place:		
5. Type of Organization: Corporation Partnership/LLP	LLC Proprietorship	Other
Are you actually engaged in business in this state?		
7. Give the names, residences, business addresses, capacity and principals, officers, directors, managers or managing agents.  Name  Residence	Business Address	Capacity and Title
8. In what other states have you ever applied for a securities licen		
9. In what other state are you licensed or registered?		
10. State briefly the general plan and character of the business of which it is proposed to deal, and the method of transacting busines correspondence or otherwise.		
11. Type and amount of securities for which qualification is requested		
12. Date and month of end of fiscal year	_	

There are attached hereto and made a part hereof: (a) Copy of charter, articles of incorporation, or limited liability company, or limited partnership agreement certified by proper state official. (b) Copy of by-laws certified by Clerk of the Corporation. (c) Certified copies of Profit and Loss Statement and Balance Sheet as of last December 31, or close of fiscal year. (d) Pro-forma Balance Sheet (if new entity with no operating history). (e) Copy of offering memorandum or prospectus. (f) Three references as to the business repute and character of applicant, from unaffiliated persons, including names, addresses, and telephone numbers. (g) Form D-1, properly executed, by each of the persons signing below. (h) There is enclosed herewith the fee due on filing this application. (Corporate seal if incorporated) THIS APPLICATION MUST BE SIGNED BY ALL THE OFFICERS, PRINCIPALS, DIRECTORS, MANAGERS, MANAGING AGENTS, OR PARTNERS OF THE CORPORATION OR OTHER LEGAL ENTITY. Signature Signature Date Date DOB SS# DOB SS# Signature Date Signature Date DOB DOB SS# SS# Signature Date Signature Date SS# SS# DOB DOB STATE OF COUNTY OF Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_

**Notary Public** 

My commission expires \_\_\_\_\_