## UNIFORM NOTICE OF FEDERAL CROWDFUNDING OFFERING Form U-CF

Pursuant to Section 18(b)(4)(C) of the Securities Act of 1933

## **Item 1. Issuer's Identity**

Name of Issuer	Previous Name(s) None	Entity Type (Select one)  © Corporation		
Jurisdiction of Incorporation/Organization		C Limited Partners hip		
Junisdiction of incorporation/Organization		C Limited Liability Company		
		○ General Partnership		
Year of Incorporation/Organization:		© Business Trust		
ou of morporation organization		Other (Specify)		
CIK Number for Issuer:				
Item 2. Principal Place of Business				
Street Address Line 1	Street Address Line 2			
Cin	State Description of Countries 770.	/Dagtal Calla		
City	State/Province/Country ZIP/	Postal Code		
Phone No.	Website			
Item 3. Contact Person				
Directions: Provide the name and contact informat	ion for the person to contact with questions about	the filing of this notice.		
Last Name	First Name Fi	m Name		
Street Address Line 1	Street Address Line 2			
Street Address Line 1	Street Address Line 2			
City	State/Province/Country	ZIP/Postal Code		
Phone No. Fax	E-mail			
<b>Item 4. Information about the Offering</b>				
Type of filing: New Notice Amen	dment Renewal Total offering am	ount \$		
SEC File Number for this offering:	Date of first sale:			
Does the issuer intend this offering to last more that	an one year?			
Has 50% or more of the aggregate offering amoun other than the state where the issuer has its princip		Yes No		
If yes, indicate the state where 5	0% or more of the offering amount has been sold:			

## **Item 5. Identification of Intermediary** Name of funding portal or broker CRD Number Jurisdiction of principal place of business Identification of electronic crowdfunding platform (e.g. website address or app.) Item 6. Related Persons Directions: Provide contact information for all executive officers, directors, and promoters. Last Name First Name Middle Name Street Address Line 1 Street Address Line 2 State/Province/Country City ZIP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address Line 1 Street Address Line 2 State/Province/Country ZIP/Postal Code City Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address Line 1 Street Address Line 2 City State/Province/Country ZIP/Postal Code Relationship(s): Executive Officer Promoter Director Clarification of Response (if Necessary) Identify additional related persons by checking this box $\square$ and attaching Item 6 Continuation Page(s).

## **Item 7. Sales Compensation**

Title

Directions: Enter the requested information for each person that has been or will be paid directly or indirectly any commission or other similar compensation in cash or other consideration in connection with sales of securities in the offering, including finders. If more than five persons to be listed are associated persons of the same broker or dealer, enter only the name of the broker or dealer, its CRD number and street address, and the jurisdictions in which the named person has solicited or intends to solicit investors. Recipient Recipient CRD Number No CRD Number (Associated) Broker or Dealer (if applicable) (Associated) Broker or Dealer CRD Number No CRD Number Street Address Line 1 Street Address Line 2 State/Province/Country ZIP/Postal Code City Jurisdictions of Solicitation: All States □ AR □ CA  $\square$  AK  $\square$  AZ  $\Box$  CO CT CT □ DE □ DC □ FL □ GA □ HI ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA  $\square$  ME  $\square$  MD  $\square$  MA  $\square$  MI  $\square$  MN ■ MS ■ MO □ NE ☐ NJ □ NY ☐ NC  $\square$  MT □ NV □ NH  $\square$  NM ☐ ND OH OK □ OR □ PA ☐ TN □ RI  $\square$  SC  $\Box$  TX UT □ VA □ WV □ WI WY U.S. Virgin Islands Puerto Rico Identify additional person(s) being paid compensation by checking this box  $\square$  and attaching Item 7 Continuation Page(s). **Item 8. Signature and Submission** By filing this notice, the issuer hereby represents that: All documents previously or subsequently filed with the Securities and Exchange Commission under the file number for this offering indicated above are hereby incorporated by reference with this notice. The issuer hereby irrevocably appoints the Securities Administrator or other legally designated officer of the jurisdiction(s) in which this notice is filed as its agent for service of process upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the jurisdiction in which this notice is filed by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that jurisdiction and have been served lawfully with process in that jurisdiction. It is requested that a copy of any notice, process, or pleading served hereunder be mailed to: Name Address The issuer has included the required filing fees (if any) with the submission of this notice to each jurisdiction indicated. The issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Signature Name of Signer (Print)

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tem 6. Related Persons, Continuat	tion Page	
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Directions: Provide contact information for a necessary.	all executive officers, directors, and promoters.	Attach additional continuation pages if
Last Name	First Name	Middle Name
Street Address Line 1	Street Address Line 2	
Street Address Line 1	Street Address Line 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s): Executive Officer	Director Promoter	
Clarification of Response (if Necessary)		
Last Name	First Name	Middle Name
Street Address Line 1	Street Address Line 2	
3:4	State (Descripes (Country)	ZIP/Postal Code
City	State/Province/Country	ZIP/Postal Code
Relationship(s): Executive Officer	Director Promoter	
Clarification of Response (if Necessary)		
Last Name	First Name	Middle Name
Street Address Line 1	Street Address Line 2	
City	State/Province/Country	ZIP/Postal Code
Relationship(s): Executive Officer	Director Promoter	
Clarification of Response (if Necessary)		
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Last Name	First Name	Middle Name
Street Address Line 1	Street Address Line 2	
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City	State/Province/Country	ZIP/Postal Code

Relation	ship(s):	Execu	itive Offic	er [	Director		Promot	er					
Clarifica	tion of Re	esponse (if	f Necessar	y)									
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Attach additional Item 7 continuation pages if necessary.