

# 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 <input type="text"/>	Previous Name(s) <input type="checkbox"/> None <input type="text"/> <input type="text"/> <input type="text"/>	Entity Type (Select one) <input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> General Partnership <input type="radio"/> Business Trust <input type="radio"/> Other (Specify) <input type="text"/>
Jurisdiction of Incorporation/Organization <input type="text"/>		
Year of Incorporation/Organization: <input type="text"/>		
CIK Number for Issuer: <input type="text"/>		

### Item 2. Principal Place of Business

Street Address Line 1 <input type="text"/>	Street Address Line 2 <input type="text"/>	
City <input type="text"/>	State/Province/Country <input type="text"/>	ZIP/Postal Code <input type="text"/>
Phone No. <input type="text"/>	Website <input type="text"/>	

### Item 3. Contact Person

Directions: Provide the name and contact information for the person to contact with questions about the filing of this notice.

Last Name <input type="text"/>	First Name <input type="text"/>	Firm Name <input type="text"/>
Street Address Line 1 <input type="text"/>	Street Address Line 2 <input type="text"/>	
City <input type="text"/>	State/Province/Country <input type="text"/>	ZIP/Postal Code <input type="text"/>
Phone No. <input type="text"/>	Fax <input type="text"/>	E-mail <input type="text"/>

### Item 4. Information about the Offering

Type of filing:  New Notice  Amendment  Renewal      Total offering amount \$

SEC File Number for this offering:       Date of first sale:

Does the issuer intend this offering to last more than one year?  Yes  No

Has 50% or more of the aggregate offering amount in this offering been sold to residents of a state other than the state where the issuer has its principal place of business?  Yes  No

If yes, indicate the state where 50% or more of the offering amount has been sold:

**Item 5. Identification of Intermediary**

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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**

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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

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)

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)

Identify additional related persons by checking this box  and attaching Item 6 Continuation Page(s).

## Item 7. Sales Compensation

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   
City  State/Province/Country  ZIP/Postal Code

Jurisdictions of Solicitation:  All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	

Puerto Rico  U.S. Virgin Islands

Identify additional person(s) being paid compensation by checking this box  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)   
Title  Date

**Item 6. Related Persons, Continuation Page**

Directions: Provide contact information for all executive officers, directors, and promoters. Attach additional continuation pages 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)

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)

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)

Last Name  First Name  Middle Name

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City  State/Province/Country  ZIP/Postal Code

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

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### Item 7. Sales Compensation, Continuation Page

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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. Attach additional continuation pages if necessary.

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   
City  State/Province/Country  ZIP/Postal Code

Jurisdictions of Solicitation:  All States  
 AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  ID  
 IL  IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS  MO  
 MT  NE  NV  NH  NJ  NM  NY  NC  ND  OH  OK  OR  PA  
 RI  SC  SD  TN  TX  UT  VT  VA  WA  WV  WI  WY  
 Puerto Rico  U.S. Virgin Islands

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Recipient  Recipient CRD Number   No CRD Number

(Associated) Broker or Dealer (if applicable)  (Associated) Broker or Dealer CRD Number   No CRD Number

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 AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  ID  
 IL  IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS  MO  
 MT  NE  NV  NH  NJ  NM  NY  NC  ND  OH  OK  OR  PA  
 RI  SC  SD  TN  TX  UT  VT  VA  WA  WV  WI  WY  
 Puerto Rico  U.S. Virgin Islands

Attach additional Item 7 continuation pages if necessary.