

UNIFORM NOTICE OF REGULATION A – TIER 2 OFFERING

Pursuant to Section 18(b)(3), (b)(4), and/or (c)(2) 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"/>

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. Identification of Offering

Type of filing: New Notice Amendment Renewal

SEC File Number for this offering:

Date of SEC qualification of this offering: OR Not yet qualified by SEC

Item 5. Information about the Offering

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

Total offering amount \$

Item 6. Related Persons

Directions: Provide contact information for all executive officers, directors, and promoters.

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address Line 1	Street Address Line 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		
<input type="text"/>		

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address Line 1	Street Address Line 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		
<input type="text"/>		

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address Line 1	Street Address Line 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		
<input type="text"/>		

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	<input type="checkbox"/> No CRD Number
<input type="text"/>	<input type="text"/>	

(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. Jurisdictions where securities will be sold

Mark the jurisdictions below where securities will be sold and to which this notice filing is directed, and include the number of securities and offering amount for each jurisdiction:

Jurisdiction	No. of shares or Units	Amount (\$)	Jurisdiction	No. of Shares or Units	Amount (\$)
<input type="checkbox"/> Alabama			<input type="checkbox"/> Montana		
<input type="checkbox"/> Alaska			<input type="checkbox"/> Nebraska		
<input type="checkbox"/> Arizona			<input type="checkbox"/> Nevada		
<input type="checkbox"/> Arkansas			<input type="checkbox"/> New Hampshire		
<input type="checkbox"/> California			<input type="checkbox"/> New Jersey		
<input type="checkbox"/> Colorado			<input type="checkbox"/> New Mexico		
<input type="checkbox"/> Connecticut			<input type="checkbox"/> New York		
<input type="checkbox"/> Delaware			<input type="checkbox"/> North Carolina		
<input type="checkbox"/> District of Columbia			<input type="checkbox"/> North Dakota		
<input type="checkbox"/> Florida			<input type="checkbox"/> Ohio		
<input type="checkbox"/> Georgia			<input type="checkbox"/> Oklahoma		
<input type="checkbox"/> Guam			<input type="checkbox"/> Oregon		
<input type="checkbox"/> Hawaii			<input type="checkbox"/> Pennsylvania		
<input type="checkbox"/> Idaho			<input type="checkbox"/> Puerto Rico		
<input type="checkbox"/> Illinois			<input type="checkbox"/> Rhode Island		
<input type="checkbox"/> Indiana			<input type="checkbox"/> South Carolina		
<input type="checkbox"/> Iowa			<input type="checkbox"/> South Dakota		
<input type="checkbox"/> Kansas			<input type="checkbox"/> Tennessee		
<input type="checkbox"/> Kentucky			<input type="checkbox"/> Texas		
<input type="checkbox"/> Louisiana			<input type="checkbox"/> Utah		
<input type="checkbox"/> Maine			<input type="checkbox"/> U.S. Virgin Islands		

<input type="checkbox"/> Maryland	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Vermont	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Massachusetts	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Virginia	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Michigan	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Washington	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Minnesota	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> West Virginia	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mississippi	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Wisconsin	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Missouri	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Wyoming	<input type="text"/>	<input type="text"/>

Item 9. 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 ensured that any broker-dealer, issuer-dealer, or securities salesperson licensing requirements have been satisfied in those jurisdictions that require such licensing.
- 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.

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<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		
<input type="text"/>		

Last Name	First Name	Middle Name
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Relationship(s):	<input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)		
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Last Name	First Name	Middle Name
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Street Address Line 1	Street Address Line 2	
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City	State/Province/Country	ZIP/Postal Code
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Recipient	Recipient CRD Number	<input type="checkbox"/> No CRD Number
(Associated) Broker or Dealer (if applicable)	(Associated) Broker or Dealer CRD Number	<input type="checkbox"/> No CRD Number
Street Address Line 1	Street Address Line 2	
City	State/Province/Country	ZIP/Postal Code
Jurisdictions of Solicitation: <input type="checkbox"/> 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
<input type="checkbox"/> Puerto Rico <input type="checkbox"/> U.S. Virgin Islands		

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(Associated) Broker or Dealer (if applicable)	(Associated) Broker or Dealer CRD Number	<input type="checkbox"/> No CRD Number
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City	State/Province/Country	ZIP/Postal Code
Jurisdictions of Solicitation: <input type="checkbox"/> All States		
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<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
<input type="checkbox"/> Puerto Rico <input type="checkbox"/> U.S. Virgin Islands		

Attach additional Item 7 continuation pages if necessary.