You may not send a completed printout of this form to the SEC to satisfy a filing obligation. You can only satisfy an SEC filing obligation by submitting the information required by this form to the SEC in electronic format online at https://www.onlineforms.edgarfiling.sec.gov.

List of Exempt in Charged Securities (See instructions beginning on page 5) Intentional mistatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.          Name of Issuer's Identity       Previous Name(s)       None       Corporation         Jurisdiction of Incorporation/Organization       Previous Name(s)       None       Corporation         Jurisdiction of Incorporation/Organization       Previous Name(s)       None       Corporation         Year of Incorporation/Organization       Street Address 1       Street Address 2         (If more than one issuer is filling this notice, check this box       and Identify additional Issuer(s) by attaching Items 1 and 2 Continuation         Street Address 1       Street Address 2         (If y       State/Province/Country       ZIP/Postal Code         (If y       State/Province/Country       Construction	۸D U.S	SSION OMB APPRC OMB Number: 32
Intentional misstatements or omisions of fact constitute federal criminal violations. See 18 U.S.C. 1001.       Estimated is hour period         Name of Issuer       Image: Section Degrammy on page 57.       Entity Type (section Degrammy on page 57.         Name of Issuer       Image: Section Degrammy on page 57.       Entity Type (section Degrammy on page 57.         Jurisdiction of Incorporation/Organization       Image: Section Degrammy on page 57.       Entity Type (section Degrammy on page 57.         Year of Incorporation/Organization       Image: Section Degrammy on page 57.       Image: Section Degrammy on page 57.         Year of Incorporation/Organization       Image: Section Degrammy on page 57.       Image: Section Degrammy on page 57.         Year of Incorporation/Organization       Section Degrammy on page 57.       Image: Section Degrammy on page 57.         Year of Incorporation/Organization       Section Degrammy on page 57.       Image: Section Degrammy on page 57.         (ff more than one losuer is filling this notice, check this box I and aldentity additional issuer(s) by attaching items 1 and 2 Continuation       Street Address 2         Street Address 1       Street Address 2       Image: Section Degrammy on page 57.         Street Address 1       Street Address 2       Image: Section Degrammy on page 57.         (If y       State/Province/Country       ZiP/Postal Code       Phone No.         (If y       State/Province/Country <t< th=""><th></th><th></th></t<>		
arm 1. Issuer's Identity       hours per f         Name of Issuer       Entity Type (Select one Corporation/Organization         Very text so Representation Corporation/Organization       First Name       Middle Name         City       Street Address 2       Corporation/Organization         City       Street Address 2       Corporation/Organization/Organization       Corporatio		
Previous Name(s)       None       Coporation         Jurisdiction of Incorporation/Organization       Imited Harmeshi         Year of Incorporation/Organization       Imited Harmeshi         Year of Incorporation/Organization       Imited Harmeshi         Ower Five Years Ago       Within Last Five Years       Imited Harmeshi         Ower Five Years Ago       Within Last Five Years       Imited Harmeshi         If more than one issuer is filing this notice, check this box       and identify additional issuer(s) by attaching Items 1 and 2 Continuation         Street Address 1       Street Address 2         City       State/Province/Country       ZIP/Postal Code         Phone No.       East Name       Middle Name         Street Address 1       Street Address 2       Imited Harmeshi         Street Address 1       Street Address 2       Imited Harmeshi         City       State/Province/Country       ZIP/Postal Code         Item 3. Related Persons       Imited Harmeshi       Imited Harmeshi         Street Address 1       Street Address 2       Imited Harmeshi         City       State/Province/Country       ZIP/Postal Code       Imited Harmeshi         City       State/Province/Country       ZIP/Postal Code       Imited Harmeshi         City       State/Province/Country </th <th></th> <th>ee 18 U.S.C. 1001. Estimated average hours per respons</th>		ee 18 U.S.C. 1001. Estimated average hours per respons
Jurisdiction of Incorporation/Organization       Corporation         Year of Incorporation/Organization       Limited Partnershi         Year of Incorporation/Organization       Business Trust         Year of Incorporation/Organization       Business Trust         Year of Incorporation/Organization       Corporation         Year of Incorporation/Organization       Business Trust         Year of Incorporation/Organization       Difference         Year of Incorporation/Organization       Corporation         Street Address 1       Street Address 2         Year of Incorporation of Response (if necessary)       Yin Postal Code         Ital Mare       Director       Promoter         Clarification of Response (if necessary)       Yin Postal Code	e of Issuer	Entity Type (Select one)
Janacutation of Incorporation/Organization		Corporation
Year of Incorporation/Organization       Immed Liability C         Year of Incorporation/Organization       General Partnersh         Select one:       Other Specify         Ower Five Years Ago       Within Last Five Years       Other Specify         If more than one issuer is filling this notice, check this box       and identify additional issuer(s) by attaching Items 1 and 2 Continuation         Street Address 1       Street Address 2         City       State/Province/Country       ZIP/Postal Code         Phone No.		Limited Partnership
Year of Incorporation/Organization		Limited Liability Company
Tear of introl/polat/div/organization   City   Street Address 1   City   Street Address 1   Street Address 2   Street Address 1   Street Address 2   Street Address 2   Street Address 3   Street Address 3   Street Address 4   Street Address 5   Street Address 6   Street Address 7   Street Address 7   Street Address 8   Street Address 8   Street Address 9   Str		General Partnership
(specify year)		
tem 2. Principal Place of Business and Contact Information         Street Address 1         Gity       State/Province/Country         City       State/Province/Country         Last Name       First Name         Middle Name         Street Address 2         City       Street Address 2         Street Address 1       Street Address 2         City       State/Province/Country         ZIP/Postal Code       Code         City       State/Province/Country         ZIP/Postal Code       Code         City       State/Province/Country         Item 4. Industry Group       Director       Promoter         Clarification of Response (if necessary)       Construction       REITS & Finance         Magriculture       Business Services       Construction         Commercial Banking       Energy       Construction         Insurance       Dil & Gas       Restaurants         Pooled Investment Fund       Biotechnology       Computers         Is below and answer the question below:       Biotechnology       Computers         Pharace Equity Fund       Health Insurance       Computers         Pharace Equity Fund       Health Insurance       Atlines & Airporst         Other Inv		
Street Address 1       Street Address 2         City       State/Province/Country       ZIP/Postal Code       Phone No.         Last Name       First Name       Middle Name         Street Address 2	_	ning Items 1 and 2 Continuation Page
City       State/Province/Country       ZIP/Postal Code       Phone No.         City       State/Province/Country       ZIP/Postal Code       Phone No.         Last Name       First Name       Middle Name         Street Address 1       Street Address 2       Street Address 2         City       State/Province/Country       ZIP/Postal Code         City       State/Province/Country       Code         Apriculture       Banking and Financial Services       Construction         Pooled Investment Fund </td <td>-</td> <td></td>	-	
tem 3. Related Persons         Last Name       First Name         Middle Name         Street Address 1       Street Address 2         Street Address 1       Street Address 2         City       State/Province/Country         ZIP/Postal Code		
izem 3. Related Persons         Last Name       First Name         Middle Name         Street Address 1         Street Address 1         Street Address 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 3 Continuation         tem 4. Industry Group       (Select one)       Business Services       Construction         Agriculture       Business Services       Construction         Insurance       Insurance       Coal Mining       Retailing         Insurance       Energy       Commercial Banking       Other Real Estate         Insurance       Insurance       Other Real Estate       Computers         Hedge Fund       Other Energy       Computers         Venture Capital Fund       Other Investment Fund       Felecting Pharmaceuticals       Other Technology         Venture Capital Fund       Pharmaceuticals       Airlines & Airports       Computers         Pharmaceuticals       Other Health Care       Other Technology       Other Technology       Other Technology		Phone No
Last Name First Name Middle Name Street Address 1  Street Address 2  Gity State/Province/Country ZIP/Postal Code Gity State/Province/Country Country ZIP/Postal Code Gity State/Province/Country Country ZIP/Postal Code Gity State/Province/Country Country Conservation Gity State/Province/Country Country Coun		
Last Name       First Name       Middle Name         Street Address 1       Street Address 2         City       State/Province/Country       ZIP/Postal Code         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 3 Continuation         ceme 4. Industry Group       (Select one)       Business Services       Construction         Agriculture       Business Services       Construction         Banking and Financial Services       Coll Mining       Retilling         Investing       Electric Utilities       Residential         Investing       Coll Mining       Retailing         Pooled Investment Fund       Other Energy       Computers         Hedge Fund       Biotechnology       Computers         Venture Capital Fund       Hospitals & Physicians       Travel         Venture Capital Fund       Pharmaceuticals       Airlines & Airports         Other Investment fund       Pharmaceuticals       Jurism & Travel Services         Computer the Investment Company       Other Health Care       Travel         Other Health Care		
Street Address 1       Street Address 2         Street Address 1       Street Address 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 3 Continuation         rem 4. Industry Group       (Select one)       Business Services       Construction         Agriculture       Business Services       Construction         Investing       Electric Utilities       Residential         Investing       Cold Mining       Retailing         Investment Banking       Environmental Services       Restaurants         Pooled Investment Fund       Dil & Gas       Restaurants         If selecting this industry group, also select one fund type below and answer the question below:       Biotechnology       Computers         Health Care       Biotechnology       Computers       Telecommunications         Venture Capital Fund       Pharmaceuticals       Airports         Venture Capital Fund       Pharmaceuticals       Lodging & Convention         Other Investment Company       Other Health Care       Travel         Other Investment Company       Other Health Care		
City       State/Province/Country       ZIP/Postal Code         City       State/Province/Country       ZIP/Postal Code         Relationship(s):       Executive Officer       Director       Promoter         Clarification of Response (if necessary)       (dentify additional related persons by checking this box       and attaching Item 3 Continuation         cern 4. Industry Group       (Select one)       Services       Construction         Agriculture       Business Services       Construction         Banking and Financial Services       Energy       Construction         Investing       Electric Utilities       Residential         Investing       Coal Mining       Restaurants         Pooled Investment Fund       Dil & Gas       Restaurants         If selecting this industry group, also select one fund type below and answer the question below:       Hedge Fund       Other Reergy       Computers         Private Equity Fund       Health Care       Other Technology       Telecommunications         Venture Capital Fund       Pharmaceuticals       Airlines & Airports         Other Investment Fund       Pharmaceuticals       Lodging & Convention         Is the issue registered as an investment company       Other Health Care       Dodging & Convention	lame	Middle Name
City       State/Province/Country       ZIP/Postal Code         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 3 Continuation         ctem 4. Industry Group       (Select one)       Security       Construction         Agriculture       Business Services       Construction         Banking and Financial Services       Energy       Construction         Investing       Electric Utilities       Restaurants         Investing       Coal Mining       Retailing         Investment Banking       Coal Mining       Retailing         Investment Fund       Dil & Gas       Retailing         If selecting this industry group, also select one fund type below and answer the question below:       Biotechnology       Computers         Hedge Fund       Dil & Gas       Telecommunications       Other Technology         Private Equity Fund       Hospitals & Physicians       Airlines & Airports         Venture Capital Fund       Pharmaceuticals       Lodging & Convention         Other Investment Fund       Pharmaceuticals       Lodging & Convention         Is the issue		
Relationship(s):       Executive Officer       Director       Promoter         Clarification of Response (if necessary)       (Identify additional related persons by checking this box       and attaching Item 3 Continuation         Clarification of Response (if necessary)       (Identify additional related persons by checking this box       and attaching Item 3 Continuation         Clarification of Response (if necessary)       (Identify additional related persons by checking this box       and attaching Item 3 Continuation         Cerem 4. Industry Group       (Select one)       Business Services       Construction         Agriculture       Business Services       Construction         Banking and Financial Services       Retirs & Finance       Residential         Insurance       Coal Mining       Other Real Estate       Restaurants         Investment Banking       Environmental Services       Retailing       Restaurants         Investment Fund       Oil & Gas       Restaurants       Technology         If selecting this industry group, also select one fund type below and answer the question below:       Health Care       Computers         Hedge Fund       Biotechnology       Other Investment Fund       Other Investment Fund       Airlines & Airports         Other Investment Fund       Pharmaceuticals       Other Health Care       Indign & Convention	Address I	
Relationship(s):       Executive Officer       Director       Promoter         Clarification of Response (if necessary)       (Identify additional related persons by checking this box       and attaching Item 3 Continuation         Clarification of Response (if necessary)       (Identify additional related persons by checking this box       and attaching Item 3 Continuation         Clarification of Response (if necessary)       (Identify additional related persons by checking this box       and attaching Item 3 Continuation         term 4. Industry Group       (Select one)       Business Services       Construction         Banking and Financial Services       Energy       REITS & Finance         Commercial Banking       Electric Utilities       Residential         Insurance       Coal Mining       Other Real Estate         Investing       Fnvironmental Services       Retailing         Investment Fund       Oil & Gas       Restaurants         Hedge Fund       Biotechnology       Computers         Private Equity Fund       Health Care       Other Technology         Venture Capital Fund       Pharmaceuticals       Lodging & Convention         St he issuer registered as an investment company under the Investment Company       Other Health Care       Tavel		
Clarification of Response (if necessary)          (Identify additional related persons by checking this box and attaching Item 3 Continuation         tem 4. Industry Group (Select one)         Agriculture       Business Services         Commercial Banking       Electric Utilities         Insurance       Electric Utilities         Investing       Electric Utilities         Investing       Energy Conservation         Oald Mining       Other Real Estate         Pooled Investment Fund       Oil & Gas         If selecting this industry group, also select one fund type below and answer the question below:       Hedge Fund         Private Equity Fund       Health Care         Other Investment Fund       Biotechnology         Venture Capital Fund       Pharmaceuticals         Other Health Care       Alfines & Airports         Other Health Care       Alfines & Airports		
Clarification of Response (if necessary)          (Identify additional related persons by checking this box and attaching Item 3 Continuation         tem 4. Industry Group (Select one)         Agriculture       Business Services         Commercial Banking       Electric Utilities         Insurance       Electric Utilities         Investing       Electric Utilities         Investing       Energy Conservation         Oald Mining       Other Real Estate         Pooled Investment Fund       Oil & Gas         If selecting this industry group, also select one fund type below and answer the question below:       Hedge Fund         Private Equity Fund       Health Care         Other Investment Fund       Biotechnology         Venture Capital Fund       Pharmaceuticals         Other Health Care       Alfines & Airports         Other Health Care       Alfines & Airports		
Clarification of Response (if necessary)          (Identify additional related persons by checking this box and attaching Item 3 Continuation         tem 4. Industry Group (Select one)         Agriculture       Business Services         Commercial Banking       Electric Utilities         Insurance       Electric Utilities         Investing       Electric Utilities         Investing       Energy Conservation         Coal Mining       Other Real Estate         Pooled Investment Fund       Other Energy         If selecting this industry group, also select one fund type below and answer the question below:       Hedge Fund         Private Equity Fund       Biotechnology         Venture Capital Fund       Hospitals & Physicians         Other Investment Fund       Pharmaceuticals         Is the issuer registered as an investment company under the Investment Company       Other Health Care	onship(s): Executive Office	
Industry Group       (Select one)         Agriculture       Business Services         Commercial Banking       Energy         Insurance       Electric Utilities         Investing       Energy Conservation         Investing       Coal Mining         Investment Banking       Environmental Services         Pooled Investment Fund       Oil & Gas         If selectring this industry group, also select one fund type below and answer the question below:       Hedge Fund         Private Equity Fund       Biotechnology         Venture Capital Fund       Hospitals & Physicians         Other Investment Fund       Pharmaceuticals         Is the issuer registered as an investment company under the Investment Company       Pharmaceuticals		
tem 4. Industry Group (Select one)         Agriculture       Business Services         Banking and Financial Services       Construction         Commercial Banking       Electric Utilities         Insurance       Energy Conservation         Investing       Environmental Services         Investing       Environmental Services         Pooled Investment Fund       Oil & Gas         If selecting this industry group, also select one fund type below and answer the question below:       Other Energy         Hedge Fund       Biotechnology         Private Equity Fund       Hospitals & Physicians         Other Investment Fund       Hospitals & Physicians         Is the issuer registered as an investment company unde the Investment Company       Other Health Care		d attaching Ham 2 Cantinuation Dag
Agriculture       Business Services       Construction         Banking and Financial Services       Energy       REITS & Finance         Commercial Banking       Electric Utilities       Residential         Investing       Energy Conservation       Other Real Estate         Investment Banking       Environmental Services       Restaurants         Pooled Investment Fund       Other Energy       Computers         If selecting this industry group, also select one fund type below and answer the question below:       Other Energy       Computers         Hedge Fund       Biotechnology       Computers       Telecommunications         Venture Capital Fund       Health Insurance       Other Technology       Airlines & Airports         Other Investment Fund       Pharmaceuticals       Other Health Care       Airlines & Airports         Is the issuer registered as an investment company under the Investment Company       Other Health Care       Airlines & Airports		attaching item 3 Continuation Page
Commercial Banking       Electric Utilities       Residential         Insurance       Energy Conservation       Other Real Estate         Investing       Coal Mining       Retailing         Investment Banking       Environmental Services       Retailing         Pooled Investment Fund       Oil & Gas       Restaurants         If selecting this industry group, also select one fund type below and answer the question below:       Other Energy       Computers         Hedge Fund       Biotechnology       Computers       Telecommunications         Venture Capital Fund       Hospitals & Physicians       Other Technology         Other Investment Fund       Pharmaceuticals       Airlines & Airports         Is the issuer registered as an investment company under the Investment Company       Other Health Care       Lodging & Convention	Agriculture	<ul> <li>Construction</li> </ul>
Insurance       Energy Conservation       Other Real Estate         Investing       Coal Mining       Retailing         Investment Banking       Environmental Services       Retailing         Pooled Investment Fund       Oil & Gas       Restaurants         If selecting this industry group, also select one fund type below and answer the question below:       Other Energy       Computers         Hedge Fund       Biotechnology       Computers         Private Equity Fund       Health Care       Other Technology         Venture Capital Fund       Pharmaceuticals       Other Health Care         Other Investment Fund       Pharmaceuticals       Lodging & Convention         Is the issuer registered as an investment company under the Investment Company       Other Health Care       Lodging & Convention		O REITS & Finance
Investing       Other Real Estate         Investing       Coal Mining         Investment Banking       Environmental Services         Pooled Investment Fund       Oil & Gas         If selecting this industry group, also select one fund type below and answer the question below:       Other Energy         Hedge Fund       Biotechnology         Private Equity Fund       Health Care         Venture Capital Fund       Hospitals & Physicians         Other Investment Fund       Pharmaceuticals         Is the issuer registered as an investment company under the Investment Company       Other Health Care		Residential
Investment Banking       Environmental Services       Retailing         Pooled Investment Fund       Oil & Gas       Restaurants         If selecting this industry group, also select one fund type below and answer the question below:       Other Energy       Computers         Hedge Fund       Biotechnology       Telecommunications         Private Equity Fund       Health Insurance       Other Technology         Venture Capital Fund       Hospitals & Physicians       Travel         Other Investment Fund       Pharmaceuticals       Airlines & Airports         Is the issuer registered as an investment company under the Investment Company       Other Health Care       Lodging & Convention		Other Real Estate
Pooled Investment Fund       Oil & Gas       Restaurants         If selecting this industry group, also select one fund type below and answer the question below:       Other Energy       Computers         Hedge Fund       Biotechnology       Telecommunications         Private Equity Fund       Health Insurance       Travel         Venture Capital Fund       Pharmaceuticals       Other Health Care       Airlines & Airports         Is the issuer registered as an investment company under the Investment Company       Other Health Care       Lodging & Convention		Retailing
If selecting this industry group, also select one fund type below and answer the question below:       Other Energy       Computers         Hedge Fund       Biotechnology       Telecommunications         Private Equity Fund       Health Care       Other Technology         Venture Capital Fund       Hospitals & Physicians       Travel         Other Investment Fund       Pharmaceuticals       Lodging & Convention         Is the issuer registered as an investment company under the Investment Company       Other Health Care       Tourism & Travel Servet	<u> </u>	$\bigcirc$
type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an investment company under the Investment Company	<u> </u>	
<ul> <li>Hedge Fund</li> <li>Private Equity Fund</li> <li>Venture Capital Fund</li> <li>Other Investment Fund</li> <li>Is the issuer registered as an investment company under the Investment Company</li> </ul>		$\bigcirc$
Image: Current and Company under the Investment Company       Image: Current and Company under the Investment Company       Image: Current and Curren	O Hedge Fund	$\bigcirc$
Other Investment Fund       Other Investment Fund       Other Investment Fund       Other Investment Company       Airlines & Airports         Is the issuer registered as an investment company under the Investment Company       Other Health Care       It of the issuer registered as an investment Company		
Is the issuer registered as an investment company under the Investment Company	õ	
company under the Investment Company	$\bigcirc$	$\bigcirc$ .
		$\bigcirc$
Act of 1940? Yes No Manufacturing		$\bigcup$
Other Banking & Financial Services	0 0	$\bigcirc$

Washington, DC 20549

# Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge' or "other investment" fund in Item 4 above)	specifyii	nte Net Asset Value Range (for issuer ng "hedge" or "other investment" fund in hove)
O No Revenues	OR CR	No Aggregate Net Asset Value
<b>O</b> \$1 - \$1,000,000		\$1 - \$5,000,000
O \$1,000,001 - \$5,000,000	0	\$5,000,001 - \$25,000,000
O \$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
O \$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
O Over \$100,000,000		Over \$100,000,000
O Decline to Disclose		Decline to Disclose
O Not Applicable		Not Applicable
Item 6. Federal Exemptions and Exclusions Cl	Ũ	
•	Investment Company Act Se	•••
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3)	
Rule 504(b)(1)(iii)	Section 3(c)(4)	Section 3(c)(12)
Rule 505	Section 3(c)(5)	Section 3(c)(13)
Rule 506	Section 3(c)(6)	Section 3(c)(14)
Securities Act Section 4(5)	Section 3(c)(7)	
Item 7. Type of Filing		
O New Notice OR O Amendme	ent	
Date of First Sale in this Offering:	OR First Sale	Yet to Occur
	]	
Item 8. Duration of Offering		
Does the issuer intend this offering to last more that	in one year?	Yes 🗌 No
Item 9. Type(s) of Securities Offered (Selec	t all that apply)	
Equity	Pooled Investme	nt Fund Interests
Debt	Tenant-in-Comm	on Securities
Option, Warrant or Other Right to Acquire	Mineral Property	Securities
Another Security	Other (describe)	
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		
warrant of other hight to Acquire Security		
Item 10. Business Combination Transaction		
Item 10. Business Combination Transaction Is this offering being made in connection with a bus transaction, such as a merger, acquisition or exchange of		′es 🗌 No
Is this offering being made in connection with a bus		′es 🗌 No
Is this offering being made in connection with a bus transaction, such as a merger, acquisition or exchange of		′es 🗌 No
Is this offering being made in connection with a bus transaction, such as a merger, acquisition or exchange of		′es 🗌 No

# FORM D

# U.S. Securities and Exchange Commission

Washington, DC 20549

ecipient Recipient CRD Number No CRD Number Associated) Broker or Dealer None (Associated) Broker or Dealer CRD Number No CRD Number treet Address 1 Street Address 2	Item 11. Minimum Investment	
ecipient Recipient CRD Number   Associated) Broker or Dealer None   Iter Address 1 Street Address 2   Iter Address 2 Integration   Iter Address 2 Integration   Iter Address 1 State/Province/Country   Iter Address 2 Integration   Iter Address 3 Integration   Iter Address 4 Integration   Iter Address 5 Integration   Iter Address 4 Integration   Iter Address 5 Integration   Iter Address 5 Integration   Iter Address 5 Integration   Iter Address 5 Integration   Iter Address 6 Integration	Minimum investment accepted from any outside investor \$	
Associated) Broker or Dealer None (Associated) Broker or Dealer CRD Number Associated) Broker or Dealer CRD Number No CRD Number treet Address 1 ity State/Province/Country ZIP/Postal Code ity State/Province/Country ZIP/Postal Code tates 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 (dentify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).) Item 13. Offering and Sales Amounts (a) Total Offering Amount (b) (c) Total Amount Sold (c) OR Indefinite (b) Total Amount Sold (c) OR Indefinite (b) Total Amount Sold (c) OR Indefinite (c) Total Remaining to be Sold (c) OR Indefinite (b) Total Amount Sold (c) OR Indefinite (c) Total Remaining to be Sold (c) OR Indefinite (b) Total Amount Sold (c) Indefinite (c) Total Remaining to be Sold (c) Indefinite (b) Total Amount Sold (c) Indefinite (c) Total Remaining to be Sold (c) Indefinite (b) Total Amount Sold (c) Indefinite (c) Total Remaining to be Sold (c) Indefinite (b) Total Amount Sold (c) Indefinite (c) Total Remaining to be Sold (c) Indefinite (b) Total Amount Sold (c) Indefinite (c) Total Remaining to be	Item 12. Sales Compensation	
Associated) Broker or Dealer None (Associated) Broker or Dealer CRD Number Associated) Broker or Dealer CRD Number (Associated) Broker or Dealer CRD Number (Associated) Broker or Dealer CRD Number (Interpreted Address 2 (Interpreted Address	Recipient	Recipient CRD Number
Intervention     Intervention <td></td> <td>No CRD Number</td>		No CRD Number
treet Address 1	(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
ity State/Province/Country ZIP/Postal Code   itates of Solicitation		No CRD Number
itates 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   Identify additional person(s) being paid compensation by checking this box   and attaching Item 12 Continuation Page(s).)   Item 13. Offering and Sales Amount    (a) Total Offering Amount   (c) Total Remaining to be Sold   (subtract (a) from (b))   Clarification of Response (if necessary)   Item 14. Investors  Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the	Street Address 1 S	Street Address 2
itates 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   Identify additional person(s) being paid compensation by checking this box   and attaching Item 12 Continuation Page(s).)   Item 13. Offering and Sales Amount    (a) Total Offering Amount   (c) Total Remaining to be Sold   (subtract (a) from (b))   Clarification of Response (if necessary)   Item 14. Investors  Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the		
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 PR   (Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)   Item 13. Offering and Sales Amounts   (a) Total Offering Amount \$   (b) Total Amount Sold \$   (c) Total Remaining to be Sold \$   (Subtract (a) from (b)) \$   Clarification of Response (if necessary)   Item 14. Investors    Check this box is the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the	City State/Province/C	Country ZIP/Postal Code
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 PR   (Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)   Item 13. Offering and Sales Amounts   (a) Total Offering Amount \$   (b) Total Amount Sold \$   (c) Total Remaining to be Sold \$   (Subtract (a) from (b)) \$   Clarification of Response (if necessary)   Item 14. Investors    Check this box if fsecurities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the		
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 PR   (Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)   Item 13. Offering Amount (a) Total Offering Amount (b) Total Amount Sold (c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if necessary)  Item 14. Investors Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the	States of Solicitation All States	
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 PR   (Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)   Item 13. Offering and Sales Amounts   (a) Total Offering Amount   \$ OR Indefinite   (b) Total Amount Sold \$ OR Indefinite   (c) Total Remaining to be Sold \$ OR Indefinite   (Subtract (a) from (b)) Clarification of Response (if necessary) OR Indefinite   Item 14. Investors Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the	AL AK AZ AR CA CO C	T DE DC FL GA HI D
RI SC SD TN TX UT VT VA WA WV WI WY PR   (Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)   Item 13. Offering and Sales Amounts   (a) Total Offering Amount \$   (b) Total Amount Sold \$   (c) Total Remaining to be Sold \$   (Subtract (a) from (b)) Clarification of Response (if necessary)   Item 14. Investors Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the		AE MD MA MI MN MS MO
(Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).)     Item 13. Offering and Sales Amounts      (a) Total Offering Amount     (b) Total Amount Sold     (c) Total Remaining to be Sold   (c) Total Remaining to be Sold     (c) Total Remaining to be Sold		
Item 13. Offering and Sales Amounts     (a) Total Offering Amount     (b) Total Amount Sold     (c) Total Remaining to be Sold   (c) Total Remaining to be Sold     (c) Total Remaining to be Sold   (c) Total Remaining to be Sold     (c) Total Remaining		
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(a) Total Offering Amount   (b) Total Amount Sold  (c) Total Remaining to be Sold (Subtract (a) from (b))  Clarification of Response (if necessary)  [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	Item 13. Offering and Sales Amounts	
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if necessary) Clarification of Response (if necessary) Item 14. Investors Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the	(a) Total Offering Amount	OR Indefinite
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Clarification of Response (if necessary)  Item 14. Investors Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the		OR Indefinite
Check this box 🗌 if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the		
Check this box 🗌 if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the		
Check this box 🗌 if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the		
Check this box 🗌 if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the		
	Item 14. Investors	
number of such non-accredited investors who already have invested in the offering:		
	number of such non-accredited investors who already have invested	in the offering:
Enter the total number of investors who already have invested in the offering:	Enter the total number of investors who already have invested in the	offering:
tem 15. Sales Commissions and Finders' Fees Expenses	How 45. Color Commissions and Finders' Free Free	

### tem 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount. \_\_\_\_

-

	Sales Commissions \$	Estimate
Clarification of Response (if necessary)	Finders' Fees \$	Estimate

# FORM D

### U.S. Securities and Exchange Commission

Washington, DC 20549

### Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

Estimate

Clarification of Response (if necessary)

#### Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

\$

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.<sup>\*</sup>

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on <u>Rule 505 for one of</u> the reasons stated in Rule 505(b)(2)(iii).

This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified 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. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

lssuer(s)	Name of Signer
Signature	Title
	Date
Number of continuation pages attached:	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

### Instructions for Submitting a Form D Notice

#### **General Instructions**

Who must file: Each issuer of securities that sells When amendment is not required: An issuer its securities in reliance on an exemption provided in Regulation D or Section 4(5) of the Securities Act of 1933 must file this notice containing the information requested with the U.S. Securities and Exchange Commission (SEC) and with the state(s) requiring it. If more than one issuer has sold its securities in the same transaction, all issuers should be identified in one filing with the SEC, but some states may require a separate filing for each issuer or security sold.

#### When to file:

o An issuer must file a new notice with the SEC for each new offering of securities no later than 15 calendar days after the "date of first sale" of securities in the offering as explained in the Instruction to Item 7. For this purpose, the date of first sale is the date on which the first investor is irrevocably contractually committed to invest, which, depending on the terms and conditions of the contract, could be the date on which the issuer receives the investor's subscription agreement or check. An issuer may file the notice at any time before that if it has determined to make the offering. An issuer must file a new notice with each state that requires it at the time set by the state. For state filing information, go to www.NASAA.org. А mandatory capital commitment call does not constitute a new offering, but is made under the original offering, so no new Form D filing is required.

o An issuer may file an amendment to a previously filed notice at any time.

o An issuer must file an amendment to a previously filed notice for an offering:

- to correct a material mistake of fact or error in the previously filed notice, as soon as practicable after discovery of the mistake or error;

- to reflect a change in the information provided in the previously filed notice, except as provided below, as soon as practicable after the change; and

- annually, on or before the first anniversary of the most recent previously filed notice, if the offering is continuing at that time.

is not required to file an amendment to a previously filed notice to reflect a change that occurs after the offering terminates or a change that occurs solely in the following information:

- the address or relationship to the issuer of a related person identified in response to Item 3;

- an issuer's revenues or aggregate net asset value;

- the minimum investment amount, if the change is an increase, or if the change, together with all other changes in that amount since the previously filed notice, does not result in a decrease of more than 10%;

- any address or state(s) of solicitation shown in response to Item 12;

- the total offering amount, if the change is a decrease, or if the change, together with all other changes in that amount since the previously filed notice, does not result in an increase of more than 10%:

- the amount of securities sold in the offering or the amount remaining to be sold:

- the number of non-accredited investors who have invested in the offering, as long as the change does not increase the number to more than 35;

- the total number of investors who have invested in the offering; and

- the amount of sales commissions, finders' fees or use of proceeds for payments to executive officers, directors or promoters, if the change is a decrease, or if the change, together with all other changes in that amount since the previously filed notice, does not result in an increase of more than 10%.

Saturdays, Sundays and holidays: If the date on which a notice or an amendment to a previously filed notice is required to be filed falls on a Saturday, Sunday or holiday, the due date is the first business day following.

Amendment content: An issuer that files an amendment to a previously filed notice must provide current information in response to all items of this Form D, regardless of why the amendment is filed.

How to file: Issuers must file this notice with the SEC in electronic format. For state filing information, go to www.NASAA.org.

Filing fee: There is no federal fiing fee. For information on state filing fees, go to www. NASAA.org.

Definitions of terms: Terms used but not defined in this form that are defined in Rule 405 and Rule 501 under the Securities Act of 1933, 17 CFR 230.405 and 230.501, have the meanings given to them in those rules.

### Item-by-Item Instructions

**Item 1. Issuer's Identity.** Identify each legal entity issuing any securities being reported as being offered by entering its full name; any previous name used within the past five years; and its jurisdiction of incorporation or organization, type of legal entity, and year of incorporation or organization within the past five years or status as formed over five years ago or not yet formed. If more than one entity is issuing the securities, identify a primary issuer in the first fields shown on the first page of the form, checking the box provided, and identify additional issuers by attaching Items 1 and 2 continuation page(s).

**Item 2. Principal Place of Business and Contact Information.** Enter a full street address of the issuer's principal place of business. Post office box numbers and "In care of" addresses are not acceptable. Enter a contact telephone number for the issuer. If you identified more than one issuer in response to Item 1, enter the requested information for the primary issuer you identified in response to that item and, at your option, for any or all of the other issuers you identified on your Item 1 and 2 continuation page(s).

**Item 3. Related Persons.** Enter the full name and address of each person having the specified relationships with any issuer and identify each relationship:

• Each executive officer and director of the issuer and person performing similar functions (title alone is not determinative) for the issuer, such as the general and managing partners of partnerships and managing members of limited liability companies; and

• Each person who has functioned directly or indirectly as a promoter of the issuer within the past five years of the later of the first sale of securities or the date upon which the Form D filing was required to be made.

If necessary to prevent the information supplied from being misleading, also provide a clarification in the space provided.

Identify additional persons having the specified relationships by checking the box provided and attaching Item 3 continuation page(s).

**Item 4. Industry Group.** Select the issuer's industry group. If the issuer or issuers can be categorized in more than one industry group, select the industry group that most accurately reflects the use of the bulk of the proceeds of the offering. For purposes of this filing, use the ordinary dictionary and commonly understood meanings of the terms identifying the industry group.

#### Item 5. Issuer Size.

• **Revenue Range** (for issuers that do not specify "Hedge Fund" or "Other Investment Fund" in response to Item 4): Enter the revenue range of the issuer or of all the issuers together for the most recently completed fiscal year available, or, if not in existence for a fiscal year, revenue range to date. Domestic SEC reporting companies should state revenues in accordance with Regulation S-X under the Securities Exchange Act of 1934. Domestic non-reporting companies should state revenues in accordance with U.S. Generally Accepted Accounting Principles (GAAP). Foreign issuers should calculate revenues in U.S. dollars and state them in accordance with U.S. GAAP, home country GAAP or International Financial Reporting Standards. If the issuer(s) declines to disclose its revenue range, enter "Decline to Disclose." If the issuer's(s') business is intended to produce revenue but did not, enter "No Revenues." If the business is not intended to produce revenue (for example, the business seeks asset appreciation only), enter "Not Applicable."

• Aggregate Net Asset Value (for issuers that specify "Hedge Fund" or "Other Investment Fund" in response to Item 4): Enter the aggregate net asset value range of the issuer or of all the issuers together as of the most recent practicable date. If the issuer(s) declines to disclose its aggregate net asset value range, enter "Decline to Disclose."

**Item 6. Federal Exemption(s) and Exclusion(s) Claimed.** Select the provision(s) being claimed to exempt the offering and resulting sales from the federal registration requirements under the Securities Act of 1933 and, if applicable, to exclude the issuer from the definition of "investment company" under the Investment Company Act of 1940. Select "Rule 504(b)(1) (not (i), (ii) or (iii))" only if the issuer is relying on the exemption in the introductory sentence of Rule 504 for offers and sales that satisfy all the terms and conditions of Rules 501 and 502(a), (c) and (d).

**Item 7. Type of Filing.** Indicate whether the issuer is filing a new notice or an amendment to a notice that was filed previously. If this is a new notice, enter the date of the first sale of securities in the offering or indicate that the first sale has "Yet to Occur." For this purpose, the date of first sale is the date on which the first investor is irrevocably contractually committed to invest, which, depending on the terms and conditions of the contract, could be the date on which the issuer receives the investor's subscription agreement or check.

Item 8. Duration of Offering. Indicate whether the issuer intends the offering to last for more than one year.

**Item 9. Type(s) of Securities Offered.** Select the appropriate type or types of securities offered as to which this notice is filed. If the securities are debt convertible into other securities, however, select "Debt" and any other appropriate types of securities except for "Equity." For purposes of this filing, use the ordinary dictionary and commonly understood meanings of these categories. For instance, equity securities would be securities that represent proportional ownership in an issuer, such as ordinary common and preferred stock of corporations and partnership and limited liability company interests; debt securities would be securities that represent ownership interests in a pooled or collective investment vehicle; tenant-in-common securities would be securities that include an undivided fractional interest in real property other than a mineral property; and mineral property securities would be securities that include an undivided interest in an oil, gas or other mineral property.

**Item 10. Business Combination Transaction.** Indicate whether or not the offering is being made in connection with a business combination, such as an exchange (tender) offer or a merger, acquisition, or other transaction of the type described in paragraph (a)(1), (2) or (3) of Rule 145 under the Securities Act of 1933. Do not include an exchange (tender) offer for a class of the issuer's own securities. If necessary to prevent the information supplied from being misleading, also provide a clarification in the space provided.

**Item 11. Minimum Investment.** Enter the minimum dollar amount of investment that will be accepted from any outside investor. If the offering provides a minimum investment amount for outside investors that can be waived, provide the lowest amount below which a waiver will not be granted. If there is no minimum investment amount, enter "0." Investors will be considered outside investors if they are not employees, officers, directors, general partners, trustees (where the issuer is a business trust), consultants, advisors or vendors of the issuer, its parents, its majority owned subsidiaries, or majority owned subsidiaries of the issuer's parent.

**Item 12. Sales Compensation.** 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. Enter the CRD number for every person identified and any broker and dealer listed that has a CRD number. CRD numbers can be found at http://brokercheck.finra.org. A person that does not have a CRD number need not obtain one in order to be listed, and must be listed when required regardless of whether the person has a CRD number. In addition, check the State(s) in which the named person has solicited or intends to solicit investors. 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 State(s) in which the named person has solicited or intends to solicit investors.

**Item 13. Offering and Sales Amounts**. Enter the dollar amount of securities being offered under a claim of federal exemption identified in Item 6 above. Also enter the dollar amount of securities sold in the offering as of the filing date. Select the "Indefinite" box if the amount being offered is undetermined or cannot be calculated at the present time, such as if the offering includes securities to be acquired upon the exercise or exchange of other securities or property and the exercise price or exchange value is not currently known or knowable. If an amount is definite but difficult to calculate without unreasonable effort or expense, provide a good faith estimate. The total offering and sold amounts should include all cash and other consideration to be received for the securities, including cash to be paid in the future under mandatory capital commitments. In offerings for consideration other than cash, the amounts entered should be based on the issuer's good faith valuation of the consideration. If necessary to prevent the information supplied from being misleading, also provide a clarification in the space provided.

**Item 14. Investors.** Indicate whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors as defined in Rule 501(a), 17 CFR 230.501(a), and provide the number of such investors who have already invested in the offering. In addition, regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, specify the total number of investors who already have invested.

Item 15. Sales Commission and Finders' Fees Expenses. The information on sales commissions and finders' fees expenses may be given as subject to future contingencies.

Item 16. Use of Proceeds. No additional instructions.

**Signature and Submission.** An individual who is a duly authorized representative of each issuer identified must sign, date and submit this notice for the issuer. The capacity in which the individual is signing should be set forth in the "Title" field underneath the individual's name.

The name of the issuer(s) on whose behalf the notice is being submitted should be set forth in the "Issuer" field beside the individual's name; if the individual is signing on behalf of all issuers submitting the notice, the word "All" may be set forth in the "Issuer" field. Attach signature continuation page(s) to have different individuals sign on behalf of different issuer(s). Enter the number of continuation pages attached and included in the filing. If no continuation pages are attached, enter "0".

# FORM D

## U.S. Securities and Exchange Commission

Washington, DC 20549

Items 1 and 2 Continuation Page

# Item 1 and 2. Issuer's Identity and Contact Information (Continued)

Name of Issuer			Entity Type (Select one)
	Previous Name(s)	None	O Corporation
			Limited Partnership
Jurisdiction of Incorporation/Organization			Image: State
			General Partnership
Year of Incorporation/Organization (Select one)			Business Trust       O       Other (Specify)
Over Five Years Ago Within Last Five Years	Yet t	to Be Formed	
(specify year)			
At your option, supply separate contact information	on for this issuer:		
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	Phone No.
Name of Issuer	Previous Name(s)	None	Entity Type (Select one)
			Corporation
Jurisdiction of Incorporation/Organization			Limited Partnership
			Limited Liability Company
			General Partnership
Year of Incorporation/Organization			Business Trust
(Select one)		- Do Formerad	Other (Specify)
Over Five Years Ago Within Last Five Years (specify year)		o Be Formed	
At your option, supply separate contact information	n for this issuer:		
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	Phone No.
	Previous Name(s)	None	Entity Type (Select one)
			Corporation
Jurisdiction of Incorporation/Organization			Limited Partnership
			Limited Liability Company
			General Partnership
Year of Incorporation/Organization			O Business Trust
(Select one)			O Other (Specify)
O Over Five Years Ago O Within Last Five Years (specify year)	O Yet 1	to Be Formed	
At your option, supply separate contact information	for this issuer:		
Street Address 1		Street Address 2	
City S		ZIP/Postal Code	Phone No.

<sup>(</sup>Copy and use additional copies of this page as necessary.) Form D 8



# U.S. Securities and Exchange Commission

Washington, DC 20549

### **Item 3 Continuation Page**

### Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City State/P	rovince/Country	ZIP/Postal Code	
Relationship(s): Executive Officer Direct	tor 🗌 Promoter		
Clarification of Response (if necessary)			
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City State/P	rovince/Country	ZIP/Postal Code	
Relationship(s): Executive Officer Direc	tor Promoter		
Clarification of Response (if necessary)			
- – – – – – – – –			
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City State/P	rovince/Country	ZIP/Postal Code	
Relationship(s): Executive Officer Direct	tor Promoter		
Clarification of Response (if necessary)			
Last Name	First Name		Middle Name
		Street Address 2	
Street Address 1			
City State/P	Province/Country	ZIP/Postal Code	
Relationship(s): Executive Officer Direc			
Relationship(s):    Evecutive()tticer     Direc			
Clarification of Response (if necessary)	ctor Promoter		

Washington, DC 20549

# **Item 12 Continuation Page**

### Item 12. Sales Compensation (Continued)

Recipient	Recipient CRD Number
	No CRD Number
(Associated) Broker or Dealer 🛛 None	(Associated) Broker or Dealer CRD Number
	No CRD Number
Street Address 1	Street Address 2
City State/Province	e/Country ZIP/Postal Code
States of Solicitation All States	
AL AK AZ AR CA CO	CT DE DC FL GA HI DD
│ IL │ IN │ IA │ KS │ KY │ LA │ │ MT │ NE │ NV │ NH │ NJ │ NM │	ME MD MA MI MN MS MO
Recipient	Recipient CRD Number
Recipient	Recipient CRD Number
	No CRD Number
Recipient          (Associated) Broker or Dealer       None	(Associated) Broker or Dealer CRD Number
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	(Associated) Broker or Dealer CRD Number
(Associated) Broker or Dealer None Street Address 1	Image: Constraint of the second se
(Associated) Broker or Dealer None	Image: Constraint of the second se
(Associated) Broker or Dealer None Street Address 1	Image: Constraint of the second se
(Associated) Broker or Dealer None Street Address 1	Image: Constraint of the second se
(Associated) Broker or Dealer None Street Address 1	Image: Constraint of the second se
(Associated) Broker or Dealer None (Associated) Broker or Dealer None Street Address 1 City State/Province States of Solicitation All States	Image: Constraint of the second se
(Associated) Broker or Dealer       None         (Associated) Broker or Dealer       None         Street Address 1       Street Address 1         City       State/Province         City       State/Province         States of Solicitation       All States         AL       AK       AZ       AR       CA       CO	CT       DE       DC       FL       GA       HI       ID
(Associated) Broker or Dealer   (Associated) Broker or Dealer   Street Address 1   City   City   State/Province     States of Solicitation   All States   AL   AK   AZ   IL   IN   IA	Associated) Broker or Dealer CRD Number     (Associated) Broker or Dealer CRD Number   Street Address 2   street Address 2     e/Country   ZIP/Postal Code     CT   DE   DC   FL   GA   HI   ID   ME   MD   MA   MI     No CRD Number     No CRD Number
(Associated) Broker or Dealer       None         (Associated) Broker or Dealer       None         Street Address 1       States Address 1         City       State/Province         City       State/Province         States of Solicitation       All States         AL       AK       AZ       AR       CA       CO         IL       IN       IA       KS       KY       LA	Associated) Broker or Dealer CRD Number     (Associated) Broker or Dealer CRD Number   No CRD Number   Street Address 2     2/Country   ZIP/Postal Code     2/Country   ZIP/Postal Code     CT   DE   DC   FL   GA   HI   ID   ME   MD   MA   MI   MN   MS   MO
(Associated) Broker or Dealer   (Associated) Broker or Dealer   Street Address 1   City   City   State/Province     States of Solicitation   All States   AL   AK   AZ   IL   IN   IA	Associated) Broker or Dealer CRD Number     (Associated) Broker or Dealer CRD Number   Street Address 2   street Address 2     e/Country   ZIP/Postal Code     CT   DE   DC   FL   GA   HI   ID   ME   MD   MA   MI     No CRD Number     No CRD Number



### U.S. Securities and Exchange Commission Washington, DC 20549

# **Signature Continuation Page**

### **Signature and Submission**

The undersigned is the duly authorized representative of the issuer(s), identied in the field beside the individual's name below.

lssuer	Name of Signer	
Signature	Title	
		Date
Issuer	Name of Signer	
Signature	Title	
		Date
lssuer	Name of Signer	
Signature	Title	
		Date
Issuer	Name of Signer	
Signature	Title	
		Date