

State of Arizona Intrastate Crowdfunding Exemption Notice Filing Form Pursuant to
A.R.S. § 44-1844(A)(22)



**ARIZONA CORPORATION COMMISSION
SECURITIES DIVISION
1300 W. WASHINGTON, THIRD FLOOR
PHOENIX, AZ 85007
(602) 542-4242**

www.azcc.gov/divisions/securities

Email: SEC-AOD@azcc.gov

This form is to be used to submit a notice filing in connection with the securities offering exemption provided pursuant to A.R.S. § 44-1844(A)(22).

1. Issuer Information

Name of Issuer: _____ Type of Entity: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

2. Offering Use of Proceeds

Please describe the intended use of the offering proceeds, including any amounts to be paid, as compensation or otherwise, to any owner, executive officer, director, managing member or other person occupying a similar status or performing similar functions on behalf of the Issuer. Please attach additional sheets if more space is needed:

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3. Involved Persons

Please provide the identity of all persons who will be involved in the offer or sale of securities on behalf of the Issuer. Please attach additional sheets if more space is needed:

Full Name: _____ Role: _____
Last First M.I.

Full Name: _____ Role: _____
Last First M.I.

Full Name: _____ Role: _____
Last First M.I.

Full Name: _____ Role: _____
Last First M.I.

Full Name: _____ Role: _____
Last First M.I.

Full Name: _____ Role: _____
Last First M.I.

4. Ownership Interests

Please provide the identity of each person who owns more than ten percent of the ownership interests of any class of securities of the Issuer. Please attach additional sheets if more space is needed:

Full Name: _____ Owned: _____ %
Last First M.I.

Full Name: _____ Owned: _____ %
Last First M.I.

Full Name: _____ Owned: _____ %
Last First M.I.

Full Name: _____ Owned: _____ %
Last First M.I.

Full Name: _____ Owned: _____ %
Last First M.I.

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5. Executive Officers, Directors, and Managing Members

Please provide the identity of the executive officers, directors and managing members of the Issuer and any other individuals who occupy a similar status or perform similar function. Please attach additional sheets if more space is needed:

Full Name: _____ Title: _____
Last First M.I.

Full Name: _____ Title: _____
Last First M.I.

Full Name: _____ Title: _____
Last First M.I.

Full Name: _____ Title: _____
Last First M.I.

Full Name: _____ Title: _____
Last First M.I.

Full Name: _____ Title: _____
Last First M.I.

6. Exemption Claim and Acknowledgement

Pursuant to A.R.S. § 44-1844(A)(22), the above Issuer is claiming an exemption for the transaction described herein and such notice is provided by the completion and filing of this form. The Issuer further acknowledges that, pursuant to A.R.S. § 44-1844(A)(22)(e), if the required information contained on this Notice becomes inaccurate for any reason, the Issuer will file an amendment in writing within thirty days.

Issuer Rep: _____ Title: _____
Print Name

Signature Date: _____

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7. Depository Information

Please provide the following information for the physical or virtual bank, institution or other repository in which investor monies or proceeds, or both, from the offering will be deposited.

Company Name: _____ Phone: _____

Website: _____ Email: _____

Address: _____
Street Address *Suite #*

_____ _____
City *State* *ZIP Code*

Contact Name: _____ Title: _____