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

CORPOR	
TOWN	ARIZONA CORPORATION COMMISSION
State State + 12	SECURITIES DIVISION
	<b>1300 W. WASHINGTON, THIRD FLOOR</b>
F	PHOENIX, AZ 85007
Of the state of th	(602) 542-4242
DITAT DEUS	www.azcc.gov/divisions/securities
0 * 1912 * L	Email: <u>SEC-AOD@azcc.gov</u>

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. Issue	r Information			
Name of Issuer:			Ty E	vpe of ntity:
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:

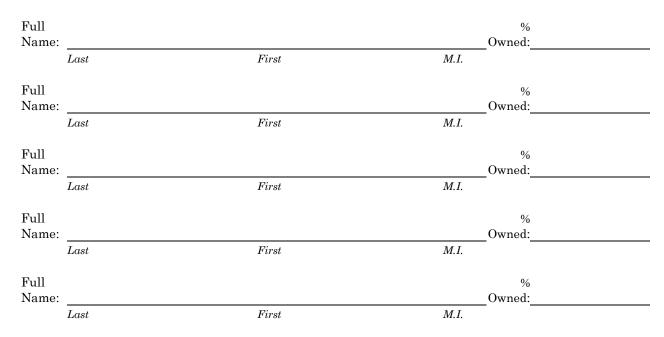
## 3. Involved Persons

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	<i>M.I.</i>	
Full				
Name:				Role:
	Last	First	<i>M.I.</i>	· · · · · · · · · · · · · · · · · · ·
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Full				
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Name:				Role:
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т. 11				
Full				
Name:				Role:
	Last	First	<i>M.I.</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:



## 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:			Т	itle:
	Last	First	<i>M.I.</i>	
Full Name:			Т	itle:
	Last	First	M.I.	
Full Name:			Т	itle:
	Last	First	M.I.	<u>-</u>
Full Name:			Т	itle:
	Last	First	M.I.	
Full Name:			Т	'itle:
	Last	First	M.I.	
Full Name:			Т	itle:
	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:
nep.	Print Name	110e.

Signature

Date:

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7. Depos	sitory Information			
		mation for the physical or vir es or proceeds, or both, from		
Company Name:		Phone:		
Website:		Email:		
Address:	Street Address			Suite #
	City		State	ZIP Code
Contact Name:		Title:		