

OTC Equity Issuer Notification Form

Completion of this form certifies to FINRA notification of a corporate action change request for the OTC issuer. All notifications are required to be received by FINRA no later than 10 calendar days prior to the effective date of the corporate action. Processing for the effective time in the market place is determined based upon the satisfactory review of and compliance with all information requested by FINRA. Please refer to the Required Documentation section for supplemental forms and documentation required to be submitted along with this notification form.

Company Informati	on			
COMPANY NAME:				
COMPANY ADDRESS :				
TELEPHONE:			WEBSITE:	
IS OR HAS COMPANY BEEN A SEC REP	ORTING COMPANY?	Yes, please provide SEC CIK	or File Number:	□ No
COUNTRY OF INCORPORATION:		IF U	S, STATE OF INCORPORATION:	
DATE OF INCORPORATION OR RE-INC	ORPORATION:			
Contact Information	1			
CONTACT NAME :			TITLE :	
NAME OF FIRM (If different from Com	pany):			
ADDRESS (if different from Company)				
TELEPHONE:	FACSIMILE:		EMAIL:	
Company Officers				
CURRENT OFFICER :			DATE OF APPOINTMENT:	
CURRENT OFFICER :			DATE OF APPOINTMENT:	
CURRENT OFFICER :		TITLE:	DATE OF APPOINTMENT:	
CURRENT OFFICER :		TITLE:	DATE OF APPOINTMENT:	
Security Information	n			
DOES THE ISSUE(S) TRADE ON A FORE	EIGN EXCHANGE?	es 🗌 No		
If yes, please provide the following inform	ation:			
NAME OF FOREIGN EXCHANGE:			FOREIGN ISSUE SYMBOL(S):	
SECURITY CLASS & DESCRIPTION:				

Investor protection. Market integrity.

9509 Key West Avenue t 240 386 4000 Rockville, MD www.finra.org 20850-3329

Transfer Agent Contact Information

TRANSFER AGENCY:				
ADDRESS :				
AGENT REPRESENTATIVEI:		EMAIL:		
TELEPHONE:	FACSIMILE:	WEBSITE:		
DATE OF APPOINTMENT:	If date of appointment a	s Transfer Agent is within last six months, please provide the following information:		
PRIOR TRANSFER AGENCY:		DATE OF TERMINATION:		
PRIOR AGENCY ADDRESS :				
PRIOR AGENT REPRESENTATIVE:		EMAIL:		
TELEPHONE:	FACSIMILE:			
Transaction Options (c)	heck all that apply and provide the ap	propriate supplemental forms)		
Name Change:				

NEW COM	PANY NAME:				
CURRENT	ISSUE SYMBOL:	CURRENT CUSIP #:			NEW CUSIP #:
SECURITY	CLASS & DESCRIPTION:				
IS NAME C	HANGE THE RESULT OF A MERGER OR ACQ	UISTION?	Yes	No	
LEGAL EFF	ECTIVE DATE OF CHARTER AMENDMENT:				
<u>Please co</u>	nfirm if the following actions(s) is (are) re	equired for the name	e change to be	come legally eff	fective:
1. FILING	ARTICLE OF MERGER/CERTIFICATE OF AMEN	IDMENT WITH THE SE	ECRETARY OF ST	ATE?	
C Yes	Filing date :				
Did	the Secretary of State accept the Article/Ar	nendment?	□ Yes	No	
lfn	o, please specify the reason the article/amena	lment was declined: _			
□ No	Provide specific state law why not required :				
2. BOARD	OF DIRECTORS RESOLUTION				
□Yes	Date of approval/authorization:		_		
□ _{No}	Please provide specific state law why it is no	t required:			
3. SHAREH	IOLDER RESOLUTION:				
□ Yes	Shareholder approval date: :				
□ No	Please provide specific state law why approv				
ANTICIPAT	TED EFFECTIVE DATE FOR CORPORATE ACTI	ON:			

□ Spin-Off:		
SPIN-OFF COMPANY NAME:		
CUSIP # of Spin-Off Company:	CUSIP # of Parent Entity:	
RELATIONSHIP BETWEEN SPIN-OFF AND	PARENT ENTITY:	
ANTICIPATED EFFECTIVE DATE FOR COP	RPORATE ACTION:	
Stock Split:		
	UPON SURRENDER OF OLD CERTIFICATES	
	CURRENT CUSIP #:	
SECURITY CLASS & DESCRIPTION:		STOCK SPLIT RATIO:
0		
	ARES ALLOCATED/MAILED DIRECTLY TO SHAREHOLDERS	
CURRENT ISSUE SYMBOL:	CURRENT CUSIP #:	
		STOCK SPLIT RATIO:
	PAYABLE DATE:	
New Shares to be Allocated:	Freely Tradable Shares Only Restricted Shares Only	Freely Tradable & Restricted Shares
	CURRENT CUSIP #:	
SECURITY CLASS & DESCRIPTION:		STOCK SPLIT RATIO:
C REVERSE STOCK SPLIT FO	LLOWED BY FORWARD STOCK SPLIT WITH A MANDATORY	′ CASH OUT
CURRENT ISSUE SYMBOL:	CURRENT CUSIP #:	NEW CUSIP #:
SECURITY CLASS & DESCRIPTION:		
REVERSE STOCK SPLIT RATIO:		
The following information is required	for all Corporate Action requests:	
TOTAL SHARES OUTSTANDING PRIOR TO	D CORPORATE ACTION:	AS OF DATE:
		AS OF DATE:
	NG FRACTIONAL SHARES:	

	Please confirm if the following	g actions(s) is (are) rea	quired for the stock s	plit to become le	gall	y effective
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1	. FILING CERTIFICATE OF AMENDMENT/AMENDED ARTICLES OF INCORPORATION WITH THE SECRETARY	OF STATE?
۰.	. TEING CERTIFICATE OF AMENDMENT/AMENDED ANTICEES OF INCOM ONATION WITH THE SECRETAIN	OF STATE.

Yes Anticipated filing date of the charter amendment:			
Did the Secretary of State accept the Charter Amendment?	Yes	No	
If no, please specify the reason the charter amendment was declined	l by the Secretary	y of State?	
\square No Please provide specific state law why it is not required:			
2. BOARD OF DIRECTORS RESOLUTION			
\square Yes Anticipated date of approval/authorization:			
\square No Please provide specific state law why it is not required::			
3. SHAREHOLDER RESOLUTION:			
Yes Date of approval/authorization:			
\square No \square Please provide specific state law why it is not required:			
ANTICIPATED EFFECTIVE DATE FOR CORPORATE ACTION:			

Required Documentation

Letter providing a full corporate history beginning at the original date of incorporation including all corporate changes, but not limited to, changes of control, reverse mergers, names changes, share exchanges, purchase agreements, etc. that have occurred until present day.

Documents filed with State of Incorporation including, but not limited to, Articles of Incorporation , Certificate of Merger, and Amendment to the Articles of Incorporation.

Executed and Notarized documents relating to corporate changes including, but not limited to, corporate confirmation of Shareholders Consent, Board of Director resolutions, resignation and/or appointment of corporate officers and directors, etc. For any documents not notarized, please provide a notarized Corporate Officer Certificate attesting to the authenticity of those documents.

An opinion letter from an attorney opining that the entity in question is the same corporate entity and the transaction is otherwise legal is required for Corporate Actions in which there are multiple entities involved in the transaction (e.g., merger or acquisition).

CUSIP confirmation from the CUSIP Service Bureau (212-438-6565 or www.cusip.com)

Transfer Agent Verification Form completed and submitted by current Transfer Agent. If date of appointment is within last six months, a letter from the previous Transfer Agent is required indicating status of book and records.

Issuer Transparency Caution:

Issuer acknowledges that by completing a forward stock split resulting in a per share price of less than \$.0001, the issuer's stock will not be quotable in most OTC quotation media (including the OTCBB). Issuer further acknowledges that by completing a forward stock split resulting in a per share price of less than \$.00001, trades in the issuer's stock will not be eligible for electronic trade reporting to the FINRA OTC reporting facility.

Stock Symbol Change:

Most corporate actions will require a symbol change. Symbols may neither be reserved for OTCBB or Other-OTC markets, nor can FINRA honor requests for specific issue symbols. Additionally, once a symbol is assigned, FINRA reserves the right to change the symbol and makes no guarantee that an issuer will retain their symbol indefinitely. Notification of the new stock symbol will be confirmed the day prior to the effective date in the market place.

Authoriz	ation by Corporate Office	r *Required Field
*,	(print name)	, hereby certify that the information disclosed in this request is accurate and true.
SIGNATURE:*		DATE:*

Submission of Notification and Supporting Documentation

FINRA

Operations, 5th Floor 9509 Key West Avenue Rockville, MD 20850 Telephone: 1.866.776.0800 Fax: 202.689.3533 E-mail: <u>OTCcorpactions@finra.org</u>