

NAME AND ADDRESS OF SHAREHOLDERS

NAME AND ADDRESS OF SHAREHOLDERS				No. of shares allotted	Type of shares
1.					
Name					
Address:					
City:		State:			

2.					
Name					
Address:					
City:		State:			

3.					
Name					
Address:					
City:		State:			

4.					
Name					
Address:					
City:		State:			

5.					
Name					
Address:					
City:		State:			

6.					
Name					
Address:					
City:		State:			

SIGNATURE _____
(Director)

Presented for filing by:

NAME		ACCR. NO.	
ADDRESS:		E-MAIL:	
TELEPHONE NO:		DATE:	