

FORM LOE

Notice of
Limited Offering Exemption

Delaware Department of Justice Division of Securities

820 N. French Street, 5th Floor
Wilmington, DE 19801



1. Issuer's Contact Information

Issuer's Name:

Contact Person's Name:

Contact Person's Address:

Contact Person's Telephone Number:

Contact Person's E-Mail Address:

Address for Principal Place of Business (if different from above):

2. Type of Business

(Briefly described the type of business in which the issuer is engaged.)

3. Offering Amounts

Total amount to be offered (everywhere):

Total amount to be offered in Delaware:

Total amount raised so far (everywhere):

Total amount raised so far in Delaware:

4. Control Person(s) Contact Information

Enter contact information for all officers, directors, general or managing partners, and persons who own of record (or beneficially) 10 percent or more of the outstanding shares of any class of equity security of the issuer.

Name:

Title:

Address:

Telephone Number:

E-Mail Address:

Name:

Title:

Address:

Telephone Number:

E-Mail Address:

Name:

Title:

Address:

Telephone Number:

E-Mail Address:

Name:

Title:

Address:

Telephone Number:

E-Mail Address:

(Continue on a separate sheet if necessary)

5. Control Person(s) Background

Has any control person listed above ever been:

- | | | |
|---|------------------------------|-----------------------------|
| (a) convicted of a felony? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) convicted of a misdemeanor involving any aspect of the securities business? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) adjudicated bankrupt? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) a principal of any company which was reorganized in bankruptcy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) the assignor of a general assignment for the benefit of creditors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) the subject of (or a principal of a company that has been the subject of) any administrative, civil or criminal proceeding instituted by a state or federal securities regulatory agency? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the response to any of the above questions is yes, explain in detail:

(Continue on a separate sheet if necessary)

6. Investor(s) Information

(Enter contact information for each person residing in Delaware who has purchased the security that is being offered.)

Name:

Address:

Telephone Number:

E-Mail Address:

Amount Invested:

Name:

Address:

Telephone Number:

E-Mail Address:

Amount Invested:

Name:

Address:

Telephone Number:

E-Mail Address:

Amount Invested:

Name:

Address:

Telephone Number:

E-Mail Address:

Amount Invested:

(continue on a separate sheet if necessary)

7. Purchaser Representative(s) Information

(Enter contact information for any third-person representing a purchaser who resides in Delaware.)

Name of Representative:

Representative's Address:

Representative's Telephone Number:

Representative's E-Mail Address:

Name of Purchaser Represented:

Purchaser's Address:

Purchaser's Telephone Number:

Purchaser's E-Mail Address:

Name of Representative:

Representative's Address:

Representative's Telephone Number:

Representative's E-Mail Address:

Name of Purchaser Represented:

Purchaser's Address:

Purchaser's Telephone Number:

Purchaser's E-Mail Address:

Name of Representative:

Representative's Address:

Representative's Telephone Number:

Representative's E-Mail Address:

Name of Purchaser Represented:

Purchaser's Address:

Purchaser's Telephone Number:

Purchaser's E-Mail Address:

(Continue on a separate sheet if necessary)

8. Power of Attorney

The issuer hereby irrevocably appoints the Securities Commissioner for the State of Delaware, and his/her successors in office, attorney for the issuer, upon whom may be served any notice, process, or pleading in any action or proceeding against the issuer arising out of or in connection with the offer or sale of securities, or out of the violation or alleged violation of the laws of the State of Delaware, and the issuer hereby consents that any such action or proceeding against the issuer may be commenced in any court, tribunal, or administrative agency of competent jurisdiction and proper venue within Delaware by service of process upon said appointee with the same effect as if the issuer were a resident of Delaware and had lawfully been served with process in Delaware. The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said issuer.

9. Signature

The undersigned is the duly authorized representative of the issuer.

Name of Signer (Printed): _____

Title of Signer: _____

Signature: _____

Sworn to and subscribed before me this day of , 20 .

Notary

My commission expires on: