

Colonial Stock Transfer Co, Inc.
 66 Exchange Place
 Salt Lake City, UT 84111
 Tel: 801-355-5740 Fax: 801-355-6505
 www.colonialstock.com

ISSUER INFORMATION LIST

Authorizations Key
 SL: Shareholder Lists
 TR: Transfer Reports
 CL: Control Logs
 RR: Approve Restriction Removals
 SI: Authorize Share Issuances

Company Name: _____ **Date:** _____

Please list all officers, directors, and 10% owners. Please also include any company employees or outside contacts that may be authorized to order reports, approve restrictions or authorize share issuances on behalf of the company.

<u>Non-Affiliate?</u>	<u>Name</u>	<u>Title</u>	<u>Email</u>	<u>Authorizations</u>				
1 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
2 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
3 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
4 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
5 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
6 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
7 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
8 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
9 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
10 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
11 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI
12 <input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> SL	<input type="checkbox"/> TR	<input type="checkbox"/> CL	<input type="checkbox"/> RR	<input type="checkbox"/> SI

COMPANY AUDITOR

SL TR CL RR SI

Auditor: _____
 Address: _____
 City, State, Zip _____

Contact Person: _____
 Contact Phone: _____
 Contact Email: _____

COMPANY SECURITIES COUNSEL

SL TR CL RR SI

Firm: _____
 Address: _____
 City, State, Zip _____

Contact Person: _____
 Contact Phone: _____
 Contact Email: _____

As duly authorized officers of the Issuer, we hereby certify that the above-listed persons include all affiliates of our company as of the date hereof. We also grant Colonial Stock Transfer Co, Inc. ("Colonial") authority to act upon the applicable authorizations for each person, as listed above, without additional approval from the Issuer. We agree to notify Colonial in writing should any of the above authorized persons or their authorizations change.

Authorized Officer's Signature

Authorized Officer's Signature

Print Name

Print Name

Title

Title

(Minimum of 2 Officer signatures required)