

### Form ID: Application for EDGAR Access

Applicant Type

Indicate whether the applicant is a company or individual  Company  Individual

Access codes will be used to submit draft registration or draft offering statement.

**Note: The Name of Applicant must be in English!**  
Please enter the name of applicant as specified in its charter.  
Also, the value that you enter below may be conformed to meet EDGAR standards. Click [here](#) for details.

Name of Applicant\* :

Mailing Street 1\*

Mailing Street 2\*

Mailing City\*

Mailing State/Country\*

Mailing Zip/Postal Code\*

Phone\*

**Note:** If the potential filer does not have a TIN, enter "00-0000000" below.

Tax Identification Number (TIN)  
(DD-DDDDDD)\*

### Form ID: Filer Information

Refer to Volume I of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

"Doing Business As" Name :

**Note:** The Foreign Name is intended to be the name of your company in any language other than English.

Foreign Name :

Business address same as mailing address. Business address is required if not the same.

Business Street 1

Business Street 2

Business City

Business State/Country

Business Zip/Postal Code

State of Incorporation\*

Fiscal Year End (MM/DD)\*

## Form ID: Contact Information

### Contact for EDGAR Information, Inquiries, and Access Codes

Refer to Volume I of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

Contact Name	<input type="text" value="Rebecca Vigil"/>
Contact address same as Registrant General Information address. Contact address is required if not the same.	<input type="checkbox"/>
Contact Street 1	<input type="text" value="7840 S 700 E"/>
Contact Street 2	<input type="text"/>
Contact City	<input type="text" value="SANDY"/>
Contact State/Country	<input type="text" value="UT"/>
Contact Zip/Postal Code	<input type="text" value="84070"/>
Contact Phone	<input type="text" value="801-521-5301"/>

**Note:** The E-mail address below is where your new CIK will be sent after form submission and review. It is very important that you enter it correctly. To help ensure accuracy, you must enter it twice.

E-mail Address	<input type="text" value="edgar@colonialfilings.com"/>
Re-enter E-mail Address	<input type="text" value="edgar@colonialfilings.com"/>

### Contact for SEC Account Information and Billing Invoices

Refer to Volume I of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

Contact Name*	<input type="text"/>
Contact address same as Registrant General Information address. Contact address is required if not the same.	<input checked="" type="checkbox"/>
Contact Street 1	<input type="text"/>
Contact Street 2	<input type="text"/>
Contact City	<input type="text"/>
Contact State/Country	<input type="text"/>
Contact Zip/Postal Code	<input type="text"/>
Contact Phone*	<input type="text"/>

## Form ID: Signature

**Note:** Only a duly authorized person - such as a partner, president, treasurer, corporate secretary, officer, or director - may sign this application on behalf of the applicant.

Refer to Volume I of the [EDGAR Filer Manual](#) for instructions on how to complete this section. If applicant is an individual, the applicant must sign the Form.

Signature*	<input type="text"/>
Date (MM/DD/YYYY)*	<input type="text"/>
Title/Position*	<input type="text"/>

## Form ID: Notarized Authentication

Signature of Authorized Person*	<input type="text"/>
Printed Name of Signature*	<input type="text"/>

**Title of Person Signing\***

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**Notary Signature & Seal to be Placed Here\***

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