



BARBARA K. CEGAVSKE  
 Secretary of State  
 555 East Washington Ave., #5200  
 Las Vegas, Nevada 89101  
 Phone (702) 486-2440  
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 Website: www.nvsos.gov

**Nevada Form N-9**  
**Claim of Exemption From**  
**Securities Registration**  
**PAGE 1**

ABOVE SPACE FOR OFFICE USE ONLY

Expedite Service Request:  24 Hours \$100.00  Same Day \$200.00

1. The undersigned hereby claims an exemption from securities registration pursuant to:   
 (cite authority)

2. The following information is submitted:

Name of issuer

Address of issuer

Street Address

City

State

Zip Code

Telephone:

Fax:

3. Issuer's state of incorporation or jurisdiction of organization:

Date of incorporation or organization:

4. Issuer's fiscal year end date:

5. Form of organization: (check one)

Corporation

Limited-Liability Company

Limited Partnership

Other (specify)

6. Type of business: (check one)

Manufacturing

Service

Real Estate

Other (specify)

7. Submitted by:

Name of submitter

Address of submitter

Street Address

City

State

Zip Code

Position with issuer:

Telephone:

8. Type of security:  Debt  Equity  Other (describe)

9. Title of class of securities to be sold in this offering:

10. Total number of shares or units of securities to be sold in this offering:



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**PAGE 2**

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11. Aggregate dollar amount of the offering:
12. Price per share or unit of securities to be sold:
13. Total number of purchasers other than accredited investors to whom securities are to be sold:
14. Total number of shares/dollar amount of securities claimed to be exempt:
15. Past securities sales. List all securities sold by the issuer within the 12 months preceding the filing of this form. Attach a plain 8 1/2" x 11" sheet if additional space needed.

Date of Sale	Description of Security	Amount	Basis on which securities were sold, i.e. Exemption or Registration under Federal Securities Act of 1933

16. If this filing is made pursuant to the exemption provided by NAC 90.519 a marked copy of the Preliminary Official Statement or other disclosure document is attached.
17. The following fee is enclosed in the form of a check payable to the Secretary of State, Securities Division.
- Filing Fee
- Expedite Fee        No Fee Required
- Total Enclosed  (cite authority)

18. Signature: The undersigned officer or person acting in a similar capacity has duly caused this notification to be filed on behalf of the issuer.

Issuer:       Date:

**X** \_\_\_\_\_ Name and Title:   
 (signature)

NOTE: For acknowledgment, enclose one additional copy of this filing and a self-addressed stamped envelope.

**\*\*\*FOR OFFICIAL USE ONLY\*\*\***

Date/Time Received: \_\_\_\_\_ File Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Entered By: \_\_\_\_\_

Date Exemption Expires: \_\_\_\_\_