UNIFORM NOTICE FILING OF REGULATION A – TIER 2 OFFERING

Pursuant to Section 18(b)(3), (b)(4), and/or (c)(2) of the Securities Act of 1933

Item 1. Issuer's Identity

| Name of Issuer | Previous Name(s) None | Entity Type (Select one) • Corporation |
|--|---|---|
| Indialization of Incompanding/Opension | | C Limited Partnership |
| Jurisdiction of Incorporation/Organization | | C Limited Liability Company |
| | | C General Partnership |
| Year of Incorporation/Organization: | | O Business Trust |
| real of meorpolation/Organization. | | Other (Specify) |
| CIK Number for Issuer: | | |
| Item 2. Principal Place of Business | | |
| Street Address Line 1 | Street Address Line 2 | |
| City | State/Province/Country ZIP/Postal Cod | e Phone No. |
| City | Zit/Tosat coa | Thone Ivo. |
| Item 3. Contact Person | | |
| Directions: Provide the name and contact informati | ion for the person to contact with questions about th | ne filing of this notice. |
| Last Name | First Name Firm | n Name |
| | | |
| Street Address Line 1 | Street Address Line 2 | |
| City | State/Province/Country | ZIP/Postal Code |
| | , | |
| Phone No. Fax | E-mail | |
| | | |
| Item 4. Identification of Offering | | |
| Type of filing: New Notice Amend | dment C Renewal | |
| SEC File Number for this offering: | | |
| | | |
| Date of SEC qualification of this offering: | OR Not yet qualified b | y SEC |
| Item 5. Information about the Offering | | |
| Does the issuer intend this offering to last more that | an one year? Yes No | |
| Total offering amount \$ | | |

Item 6. Related Persons

| Directions: Provide contact information for all ex- | ecutive officers, directors, and pron | noters. |
|--|--|---|
| Last Name | First Name | Middle Name |
| | | |
| Street Address Line 1 | Street Address I | Line 2 |
| | | |
| City | State/Province/Country | ZIP/Postal Code |
| | | |
| Relationship(s): | Director Promoter | |
| Clarification of Response (if Necessary)□ | | |
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| Last Name | First Name | Middle Name |
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| Street Address Line 1 | Street Address I | Line 2 |
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| City | State/Province/Country | ZIP/Postal Code |
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| Relationship(s): | Director Promoter | |
| Clarification of Response (if Necessary)□ | | |
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| Last Name | First Name | Middle Name |
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| Street Address Line 1 City | Street Address I State/Province/Country | Line 2 |
| Street Address Line 1 City Relationship(s): | Street Address I State/Province/Country | Line 2 |
| Street Address Line 1 City Relationship(s): Executive Officer | Street Address I State/Province/Country Director Promoter | ZIP/Postal Code |
| Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Identify additional related persons by checking the | Street Address I State/Province/Country Director Promoter | ZIP/Postal Code |
| Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Identify additional related persons by checking the Item 7. Sales Compensation | Street Address I State/Province/Country Director Promoter is box and attaching Item 6 Cont | ZIP/Postal Code tinuation Page(s). |
| Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Identify additional related persons by checking the Item 7. Sales Compensation Directions: Enter the requested information for ear other similar compensation in cash or other consistence than five persons to be listed are associated | Street Address I State/Province/Country Director Promoter is box and attaching Item 6 Contact Contact Promoter ch person that has been or will be presented in connection with sales of persons of the same broker or dealer | ZIP/Postal Code tinuation Page(s). paid directly or indirectly any commission or f securities in the offering, including finders. If er, enter only the name of the broker or dealer, its |
| Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Identify additional related persons by checking the Item 7. Sales Compensation Directions: Enter the requested information for ear other similar compensation in cash or other considered more than five persons to be listed are associated CRD number and street address, and the jurisdiction in the control of the control | Street Address I State/Province/Country Director Promoter is box and attaching Item 6 Contact Properson that has been or will be precedent in connection with sales of persons of the same broker or dealer ons in which the named person has | ZIP/Postal Code tinuation Page(s). paid directly or indirectly any commission or f securities in the offering, including finders. If er, enter only the name of the broker or dealer, its |
| Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Identify additional related persons by checking the Item 7. Sales Compensation Directions: Enter the requested information for ear other similar compensation in cash or other consistence than five persons to be listed are associated | Street Address I State/Province/Country Director Promoter is box and attaching Item 6 Contact Contact Promoter ch person that has been or will be presented in connection with sales of persons of the same broker or dealer | ZIP/Postal Code tinuation Page(s). paid directly or indirectly any commission or f securities in the offering, including finders. If er, enter only the name of the broker or dealer, its |
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| Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Identify additional related persons by checking the Item 7. Sales Compensation Directions: Enter the requested information for ear other similar compensation in cash or other considered more than five persons to be listed are associated CRD number and street address, and the jurisdiction in the control of the control | Street Address I State/Province/Country Director Promoter is box and attaching Item 6 Contact Properson that has been or will be precedent in connection with sales of persons of the same broker or dealer ons in which the named person has | ZIP/Postal Code tinuation Page(s). paid directly or indirectly any commission or f securities in the offering, including finders. If er, enter only the name of the broker or dealer, its s solicited or intends to solicit investors. No CRD Number |

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| City | | | | | State/Pr | ovince/Cou | ntry | | ZIP/Posta | l Code | _ | |
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| ☐ MT | ☐ NE | □ NV | □ NH | □ NJ | □ NM | □ NY | ☐ NC | □ ND | □ОН | □ок | OR | PA |
| □ RI | □ SC | ☐ SD | ☐ TN | ☐ TX | UT | □ VT | □ VA | □ WA | \square WV | □ WI | □ WY | |
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| Identify | additional | person(s) |) being pai | d compens | sation by ch | ecking th | is box 🔲 an | d attaching l | Item 7 Con | tinuation Pa | ige(s). | |
| Item 8 | . Jurisdi | ictions v | where sec | curities | will be so | ld | | | | | | |
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| Minnesota Minnesota | | | ■ Washington | | |
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| Missouri Missouri | | | ☐ Wisconsin | | |
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| Item 9. Signature | and Submission | | | | |
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| | he issuer hereby represer | | ~ | | |
| | ts previously or subseque cated above are hereby in | | Securities and Exchange C rence with this notice. | ommission under the f | ile number for this |
| consent that a venue within effect as if the | any such action or proceed the jurisdiction in which e undersigned was organ | eding against it may this notice is filed aized or created und | ection with, the sale of security be commenced in any course by service of process upon ler the laws of that jurisdict any notice, process, or pleasure. Name | ort of competent jurisdi the officers so designation and have been serv | iction and proper ated with the same wed lawfully with |
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| | s ensured that any broke ose jurisdictions that rec | | ler, or securities salesperso | n licensing requiremen | its have been |
| • The issuer ha | s included the required f | filing fees (if any) v | with the submission of this i | notice to each jurisdicti | ion indicated. |
| | d this notice, knows the authorized person. | contents to be true | , and has duly caused this n | otice to be signed on it | ts behalf by the |
| Signature | | | Name of Signer (Print) | | |
| | | | | | |
| Title | | | Date | | |
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Item 6. Related Persons, Continuation Page

| Last Name | First Name | Middle Name |
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| Street Address Line 1 | Street Address | Line 2 |
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| City | State/Province/Country | ZIP/Postal Code |
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| Relationship(s): | ☐ Director ☐ Promoter | |
| Clarification of Response (if Necessary) | <u> </u> | |
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| Last Name | First Name | Middle Name |
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| Street Address Line 1 City Relationship(s): Executive Officer | Street Address State/Province/Country Director Promoter | Line 2 |
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| Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) | Street Address State/Province/Country Director Promoter | Line 2 |
| Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name | Street Address State/Province/Country Director Promoter First Name | Line 2 ZIP/Postal Code Middle Name |
| Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name | Street Address State/Province/Country Director Promoter | Line 2 ZIP/Postal Code Middle Name |
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| Clarifica | ation of Re | esponse (if | Necessar | y)□ | | | | | | | | |
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| ☐ MT | □ NE □ SC | □ NV □ SD | ☐ NH ☐ TN | □ NJ □ TX | □ NM □ UT | □ NY □ VT | □ NC □ VA | □ ND □ WA | □ OH □ WV | □ OK □ WI | ☐ OR ☐ WY | ☐ PA |
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| (Associated) Broker or Dealer (if applicable) | | | | (Associated) Broker or Dealer CRD Number | | | | 1 | No CRD Number | | | |
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| Jurisdic | tions of So | olicitation: | E | All State | s | | | | | | | |
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Attach additional Item 7 continuation pages if necessary.