UNIFORM NOTICE OF FEDERAL CROWDFUNDING OFFERING Form U-CF

Pursuant to Section 18(b)(4)(C) of the Securities Act of 1933

Item 1. Issuer's Identity

Name of Issuer	Previous Name(s) None	Entity Type (Select one) Corporation
Jurisdiction of Incorporation/Organization		C Limited Partnership
Jurisdiction of incorporation/Organization		☐ Limited Liability Company
		General Partnership
Year of Incorporation/Organization:		O Business Trust
real of meorpotation organization.		Other (Specify)
CIK Number for Issuer:		
Item 2. Principal Place of Business		
Street Address Line 1	Street Address Line 2	
City	Itata/Duarinas/Country 7	ZIP/Postal Code
City	state/Province/Country Z	IP/Postai Code
Phone No.	Vebsite	
Item 3. Contact Person		
Directions: Provide the name and contact information	on for the person to contact with questions abo	out the filing of this notice.
Last Name	First Name	Firm Name
Street Address Line 1	Street Address Line 2	
Street Address Line 1	Succe Address Ellic 2	
City	State/Province/Country	ZIP/Postal Code
Phone No. Fax	E-mail	
Item 4. Information about the Offering		
Type of filing: New Notice Amendm	nent	amount \$
SEC File Number for this offering:	Date of first sale:	:
Does the issuer intend this offering to last more than	one year? Yes No	
Has 50% or more of the aggregate offering amount i other than the state where the issuer has its principal		e Yes No
If yes, indicate the state where 509	% or more of the offering amount has been so	ld:

Item 5. Identification of Intermediary Name of funding portal or broker CRD Number Identification of electronic crowdfunding platform (e.g. website address or app.) Jurisdiction of principal place of business Item 6. Related Persons Directions: Provide contact information for all executive officers, directors, and promoters. Last Name First Name Middle Name Street Address Line 1 Street Address Line 2 City State/Province/Country ZIP/Postal Code Relationship(s): Director Promoter Executive Officer Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address Line 1 Street Address Line 2 City State/Province/Country ZIP/Postal Code Relationship(s): Director Promoter Executive Officer Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address Line 2 Street Address Line 1 City State/Province/Country ZIP/Postal Code Relationship(s): Director Promoter Executive Officer Clarification of Response (if Necessary) Identify additional related persons by checking this box \square and attaching Item 6 Continuation Page(s).

Item 7. Sales Compensation

Title

Directions: Enter the requested information for each person that has been or will be paid directly or indirectly any commission or other similar compensation in cash or other consideration in connection with sales of securities in the offering, including finders. If more than five persons to be listed are associated persons of the same broker or dealer, enter only the name of the broker or dealer, its CRD number and street address, and the jurisdictions in which the named person has solicited or intends to solicit investors. Recipient Recipient CRD Number No CRD Number (Associated) Broker or Dealer CRD Number (Associated) Broker or Dealer (if applicable) No CRD Number Street Address Line 1 Street Address Line 2 State/Province/Country City ZIP/Postal Code Jurisdictions of Solicitation: All States ☐ AR Γ CA \Box CO \Box CT □ DC □ AL \Box AK \Box AZ DE □ FL □ GA ПН ☐ IN ☐ IA ☐ KS KY ☐ LA \square ME \square MD ☐ MA \prod MI ☐ MN ☐ MS ☐ MO □ NE NH □ NJ □ NM NY □ NC □ ND \square MT □ NV OH OK \square OR \square PA ☐ RI TN TX UT □ VA □ WA □ WV □ WI □ WY Puerto Rico U.S. Virgin Islands Identify additional person(s) being paid compensation by checking this box \square and attaching Item 7 Continuation Page(s). **Item 8. Signature and Submission** By filing this notice, the issuer hereby represents that: All documents previously or subsequently filed with the Securities and Exchange Commission under the file number for this offering indicated above are hereby incorporated by reference with this notice. The issuer hereby irrevocably appoints the Securities Administrator or other legally designated officer of the jurisdiction(s) in which this notice is filed as its agent for service of process upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the jurisdiction in which this notice is filed by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that jurisdiction and have been served lawfully with process in that jurisdiction. It is requested that a copy of any notice, process, or pleading served hereunder be mailed to: Name Address The issuer has included the required filing fees (if any) with the submission of this notice to each jurisdiction indicated. The issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Signature Name of Signer (Print)

Date

Item 6. Related Persons, Continuation Page								
Directions: Provide contact information for all execunecessary.	utive officers, d	irectors, and promoters. Attac	ch additi	onal continuation pages if				
Last Name	First Name		le Name					
Street Address Line 1		Street Address Line 2						
City	State/F	Province/Country		ZIP/Postal Code				
Relationship(s):	irector	Promoter						
Clarification of Response (if Necessary)								
Last Name	First Name		Midd	Middle Name				
Past Name	Thist ivalle		Vilda	ic i valle				
Street Address Line 1	1	Street Address Line 2	-					
City	State/P	Province/Country		ZIP/Postal Code				
Relationship(s): Executive Officer Director Promoter								
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Clarification of Response (if Necessary)								
Last Name	First Name		Middle Name					
Street Address Line 1		Street Address Line 2						
City	C4=4=/F)		ZID/Deetel Cede				
City	State/P	Province/Country	ZIP/Postal Code					
Relationship(s): \square Executive Officer \square D	irector	Promoter						
Clarification of Response (if Necessary)								
Last Name	First Name		Midd	la Nama				
Last Ivalic	THST Name		Iviida	Middle Name				
Street Address Line 1	J	Street Address Line 2	1					
City	State/F	Province/Country		ZIP/Postal Code				
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Clarific	ation of R	esponse (i	f Necessar	y)									
Item 7	'. Sales (Compen	sation, (Continua	ation Pag	ge							
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City						State/Pi	rovince/Co	untry		ZIP/Posta	al Code		
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					Puerto R	ico 🗆	U.S. Virgir	n Islands					

Attach additional Item 7 continuation pages if necessary.