## 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)	Entity Type (Select one)
Iurisdiction of Incorporation/Organization		C Limited Partnership
		C Limited Liability Company
Jurisdiction of Incorporation/Organization       Corporation         Jurisdiction of Incorporation/Organization       Cimited Lability Comp         Year of Incorporation/Organization:       Business         Year of Incorporation/Organization:       Business         CIK Number for Issuer:       Business         Item 2. Principal Place of Business       Street Address Line 2         City       State/Province/Country         ZIP/Postal Code       Phone No.         Website       Street Address Line 2         Directions: Provide the name and contact information for the person to contact with questions about the filing of this notice.         Last Name       First Name         Street Address Line 1       Street Address Line 2         City       State/Province/Country         ZIP/Postal Code       Phone No.         Phone No.       First Name         Street Address Line 1       Street Address Line 2         City       State/Province/Country         ZIP/Postal Code       Phone No.         Fax       E-mail         Image: Street Address Line 2       Phone No.         Fax       E-mail         Steet Address Line 2       Phone No.         Fax       E-mail         Stee Fiel Number for this offering:		🔿 General Partnership
Year of Incorporation/Organization:		C Business Trust
		Other (Specify)
CIK Number for Issuer:		
Item 2. Principal Place of Business		
Street Address Line 1	Street Address Line 2	
Cim	State (Descines (Country)	D/Dantal Carla
	State/Province/Country Zi	P/Postal Code
Phone No.	Website	
Item 3. Contact Person		
Directions: Provide the name and contact information	on for the person to contact with questions about	ut the filing of this notice.
Last Name	First Name	Firm Name
Street Address Line 1	Street Address Line 2	
City	State/Province/Country	ZIP/Postal Code
Phone No. Fax	E-mail	
Item 4. Information about the Offering		
Type of filing: O New Notice O Amend	lment 🔘 Renewal 🛛 Total offering a	mount \$
SEC File Number for this offering:	Date of first sale:	
Does the issuer intend this offering to last more that	n one year? 🔽 Yes 🗌 No	
Has 50% or more of the aggregate offering amount other than the state where the issuer has its principal		Yes No
If yes, indicate the state where 50	% or more of the offering amount has been solo	d:

# Item 5. Identification of Intermediary

Name of funding portal or broker		CRD Number	
Jurisdiction of principal place of business	Identification of electronic cr	owdfunding platform (e.g. website address or a	pp.)
Item 6. Related Persons			
Directions: Provide contact information for all exe	cutive officers, directors, and pre-	omoters.	
Last Name	First Name	Middle Name	_
Street Address Line 1	Street Addres	s Line 2	
City	State/Province/Country	y ZIP/Postal Code	
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
Last Name	First Name	Middle Name	
Street Address Line 1	Street Addres		
		S Line 2	
City	State/Province/Country	y ZIP/Postal Code	
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
Last Name	First Name	Middle Name	
Street Address Line 1	Street Addres	s Line 2	_
City	State/Province/Country	y ZIP/Postal Code	
Relationship(s): Executive Officer	Director Promoter	J	
Clarification of Response (if Necessary)			

Identify additional related persons by checking this box  $\Box$  and attaching Item 6 Continuation Page(s).

#### Item 7. Sales Compensation

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.

Recipier	nt				Recipien	t CRD Nui	nber		ΓN	lo CRD Nur	nber	
(Associa	nted) Brok	er or Deale	er (if appli	cable)	(Associa	ted) Broke	r or Dealer	CRD Numbe	r	lo CRD Nur		
Street A	ddress Lin	e 1					Street Add	ress Line 2				
City						State/Pro	ovince/Cou	intry	ZIP/Postal Code			
Jurisdict	ions of So	licitation:	Γ	All State	s	I				I		
🗌 AL	🗌 AK	AZ	🗖 AR	CA	СО	СТ	DE	DC	🗌 FL	GA	🗌 HI	🗌 ID
🗌 IL	🗌 IN	IA IA	🗌 KS	🗌 KY	LA	ME	MD	MA	MI	MN	MS MS	MC
MT	NE	NV	🗌 NH	🗌 NJ	NM	🗌 NY	NC	🔲 ND	🗌 OH	🗖 ОК	C OR	PA
🗖 RI	SC SC	🗖 SD	TN	TX 🗌	UT UT Puerto R	VT Rico	U.S. Virgin	WA Uslands	WV	🗖 WI	WY	

Identify additional person(s) being paid compensation by checking this box 🗌 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

• 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)
Title	Date

### Item 6. Related Persons, Continuation Page

Directions: Provide contact information for all executive officers, directors, and promoters. Attach additional continuation pages if necessary.

Last Name	First Name	Middle Name
Street Address Line 1	Street Addr	ress Line 2
City	State/Province/Coun	try ZIP/Postal Code
Relationship(s): Executive Officer	Director Promote	er
Clarification of Response (if Necessary)		
Last Name	First Name	Middle Name
Street Address Line 1	Street Addr	ress Line 2
City	State/Province/Coun	try ZIP/Postal Code
Relationship(s): Executive Officer	Director Promote	э <b>г</b>
Clarification of Response (if Necessary)		
Last Name	First Name	Middle Name
Street Address Line 1	Street Addr	ress Line 2
City	State/Province/Coun	try ZIP/Postal Code
P		
Relationship(s): Executive Officer	Director Promote	er
Relationship(s): Executive Officer Clarification of Response (if Necessary)	Director Promote	er
	Director Promote	er Middle Name
Clarification of Response (if Necessary)		Middle Name
Clarification of Response (if Necessary) Last Name	First Name	middle Name

Relation	nship(s):	Execu	tive Offic	er 🛛	Director		Promote	er						
Clarific	ation of R	esponse (it	f Necessar	y)										
 Item 7	. Sales (	Compen	sation, C	Continua	ation Pag	je								
other si more th CRD nu	milar com an five per umber and	pensation i rsons to be	in cash or listed are ress, and th	other cons associate he jurisdic	sideration in d persons of	n connection f the same	on with sale broker or c	be paid dire es of securiti lealer, enter has solicite	es in the off only the na	fering, incl me of the b	uding find oroker or d	ers. If ealer, its		
Recipient					Recipien	Recipient CRD Number								
1									ſ	No CRD Nu	mber			
Associ	ated) Brok	ter or Deal	er (if appl	icable)	(Associa	ted) Broke	er or Dealei	r CRD Numł	ber					
I									<b>N</b>	No CRD Nu	mber			
treet A	ddress Lin	e 1				2	Street Addr	ress Line 2						
City						State/Pro	ovince/Cou	ntry		ZIP/Posta	ll Code			
riadiat	ions of So	ligitation	-	A 11 Ge /						<u> </u>				
AL	AK		🗆 AR	All State	s	🗖 СТ	🗖 DE	DC	🗖 FL	GA	🗖 ні	🗖 ID		
		IA IA	☐ KS			ME	MD	MA	MI	MN	MS			
MT	□ NE	NV	□ NH	🗖 NJ	NM	NY	NC	□ ND	ОН	🗆 ОК	C OR	PA		
RI	SC	SD	TN	TX	🔲 UT	VT	VA	WA	WV	WI	WY WY			
				Γ	Puerto Ri	ico 🔲	U.S. Virgin	Islands						
Recipie	nt				Recipien	t CRD Nu	mber		-					
										No CRD Number				
(Associ	ated) Brol	ker or Deal	ler (if appl	icable)	(Associa	ted) Broke	er or Dealer	r CRD Numł	ber					
									1	No CRD Nu	mber			
Street A	Address Li	ne 1					Street Add	lress Line 2						
City						State/Province/Country			ZIP/Postal Code					
[1]	tions of C		-			<u> </u>				I				
AL	AK	olicitation:	ar 🗆	All Stat	es	СТ СТ	🗖 DE	DC	🗖 FL	GA	🗖 HI	🗖 ID		
		IA IA	KS			ME	MD	MA	MI		MS			
MT	NE	NV	NH	🗖 NJ	NM	NY	NC	ND	🗖 ОН	🗖 ОК	C OR	PA		
RI	SC	🗖 SD	TN	TX 🗌	🗌 UT	VT	VA	<b>W</b> A	WV	WI WI	WY WY			
					🔲 Puerto F	Rico 🔽	U.S. Virgin	n Islands						

Attach additional Item 7 continuation pages if necessary.