

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**DIVISION OF INSURANCE – SECURITIES REGULATION**

124 S. Euclid Ave., 2nd Floor, Pierre, South Dakota 57501  
Tel: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance

**MODEL ACCREDITED INVESTOR EXEMPTION UNIFORM NOTICE OF TRANSACTION**

**NOTICE OF SALE OF SECURITIES PURSUANT TO ACCREDITED INVESTOR EXEMPTION**

---

1. Issuer

Name:

Address:

---

2. Form of Organization (Check One)

Corporation

Unincorporated Association

Limited Liability Company

Limited Partnership

Other (Specify)

Issuer's state of Incorporation or jurisdiction or organization

Date of Incorporation or Organization

---

3. Officers and Directors (or persons acting in a similar capacity)

Names, Address, and Phone Numbers:

---

---

---

---

---

---

---

---

4. This offering:

Description of Security:	Debt	Equity (common or preferred)	Convertible security
	Partnership interest	Other (specify)	
Number of securities to be offered			
Agregate dollar amount			

5. Description of business:

---

---

---

---

---

---

---

---

By filing this Notice of Transaction, the Issuer of these securities hereby represents that:  
The Issuer is familiar with the conditions that must be satisfied to be entitled to the Accredited Investor Exemption of the state in which this notice is filed and understands that the Issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer \_\_\_\_\_  
(print or type)

Name \_\_\_\_\_  
(print or type)

Signature \_\_\_\_\_

Title \_\_\_\_\_  
(print or type)

Date \_\_\_\_\_