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 Jurisdiction of Incorporation/Organization Year of Incorporation/Organization:	Previous Name(s) None	Entity Type (Select one) Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify)
CIK Number for Issuer:		
Item 2. Principal Place of Business Street Address Line 1 City	Street Address Line 2 State/Province/Country ZIP/Postal Coo	de Phone No.
Item 3. Contact Person		
	tion for the person to contact with questions about t	•
Last Name	First Name First	m Name
Street Address Line 1	Street Address Line 2	
City	State/Province/Country	ZIP/Postal Code
Phone No. Fax Item 4. Identification of Offering	E-mail	
Type of filing: New Notice Amend SEC File Number for this offering: Date of SEC qualification of this offering:	OR Not yet qualified l	by SEC
Item 5. Information about the Offering Does the issuer intend this offering to last more that		
Total offering amount \$	in one year. List Livo	

Item 6. Related Persons

Directions: Provide contact information for all ex	ecutive officers	, directors, and promoters.		
Last Name	First Name		Midd	le Name
Street Address Line 1		Street Address Line 2		
0.4	Gt. 4	/D /O 4		7ID/D 4 1 C 1
City	State	/Province/Country		ZIP/Postal Code
Relationship(s): Executive Officer Clarification of Response (if Necessary)	Director	Promoter		
Last Name	First Name		Midd	le Name
Street Address Line 1		Street Address Line 2		
	Q	/D : /G :		710/0 + 1.0 1
City	State	/Province/Country		ZIP/Postal Code
Relationship(s):	Director	Promoter		
Clarification of Response (if Necessary)				
Last Name	First Name		Midd	le Name
Last Name	First Name		Midd	le Name
Last Name Street Address Line 1	First Name	Street Address Line 2	Midd	le Name
			Midd	
		Street Address Line 2 /Province/Country	Midd	le Name ZIP/Postal Code
Street Address Line 1			Midd	
Street Address Line 1 City			Midd	
Street Address Line 1 City Relationship(s): Executive Officer	State	/Province/Country	Midd	
Street Address Line 1 City	State	/Province/Country	Midd	
Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary)	State	/Province/Country Promoter		
Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Identify additional related persons by checking the	State	/Province/Country Promoter		
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	State. Director	/Province/Country Promoter taching Item 6 Continuation	on Page(s).	ZIP/Postal Code
Street Address Line 1 City Relationship(s): Executive Officer Clarification of Response (if Necessary) Identify additional related persons by checking the	State. Director as box and at ach person that I deration in conrespons of the s	Province/Country Promoter taching Item 6 Continuation nas been or will be paid direction with sales of securitation broker or dealer, enter	on Page(s). rectly or inditities in the ofer only the na	zIP/Postal Code rectly any commission or fering, including finders. If the me 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 consist more than five persons to be listed are associated	State. Director as box and at ach person that I deration in conrespons of the s	Province/Country Promoter taching Item 6 Continuation as been or will be paid direction with sales of securisame broker or dealer, enter the named person has solicities.	on Page(s). rectly or inditities in the ofer only the na	zIP/Postal Code rectly any commission or fering, including finders. If the me 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 earther similar compensation in cash or other consist more than five persons to be listed are associated CRD number and street address, and the jurisdict	State. Director ach person that I deration in conresons of the sions in which the	Province/Country Promoter taching Item 6 Continuation as been or will be paid direction with sales of securisame broker or dealer, enter the named person has solicities.	on Page(s). rectly or inditities in the ofer only the nated or intend	zIP/Postal Code rectly any commission or fering, including finders. If the me 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 earther similar compensation in cash or other consist more than five persons to be listed are associated CRD number and street address, and the jurisdict Recipient	State. Director ach person that I deration in compersons of the sions in which the Recipient CRI	Province/Country Promoter taching Item 6 Continuation of the paid direction with sales of securitation with sales of securitati	on Page(s). rectly or inditities in the ofter only the nated or intended in the ofter only the	zIP/Postal Code rectly any commission or fering, including finders. If ame of the broker or dealer, its s to solicit investors.

City						State/P	rovince/Cou	intry		ZIP/Posta	Code	
Jurisdic	tions of So	licitation:		All State	S							
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□ IL	☐ IN	☐ IA	☐ KS	☐ KY	☐ LA	☐ ME	☐ MD	☐ MA	☐ MI	☐ MN	☐ MS	□ МО
☐ MT	□ NE	□ NV	□ NH	□ NJ	□ NM	□ NY	□ NC	□ ND	□ОН	□ ok	OR	□ PA
□ RI	□ SC		☐ TN	□ TX	UT	□ VT	□ VA	□ WA	□ WV	□ WI	■ WY	
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Identify	additional	person(s)	heing paid					d attaching	Item 7 Con	tinuation Pa	ge(s)	
-		-	where sec	_	-	_		g			8-(3).	
			where sec int for each			nd to whi	ch this notic	e filing is di	rected, and	include the	number o	of
	urisdiction	•	No. of sha Unit	ares or	Amour	nt (\$)	Juris	diction		Shares or nits	Amou	ınt (\$)
Alab	ama						Montan	ıa				
Alas	ka						Nebrasl	ка				
Arizo	ona						Nevada					
Arka	nsas						New Ha	mpshire				
Calif	ornia						New Jer	rsey				
Colo	rado						New Mo	exico				
Conr	necticut						New Yo	rk				
Dela Dela	ware						North C	arolina				
Distr	rict of Colu	mbia					North D	akota				
Flori	da						Ohio					
Geor	gia						Oklahor	ma				
Haw:	aii						Oregon					
Idah	o						Pennsy	lvania				
Illino	ois						Puerto I	Rico				
India	na						Rhode I	sland				
Iowa							South C	Carolina				
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Kent Kent	ucky						Tennes	see				
Louis	siana						Texas					
☐ Mair	ie						Utah					
Mary Mary	land						U.S. Vir	gin Islands				
Mas:	sachusetts						☐ Vermon	t				
□ Mich							☐ Virginio					

☐ Minnesota		☐ Washington	
Mississippi Mississippi		☐ West Virginia	
Missouri		☐ Wisconsin	
		☐ Wyoming	
Item 9. Signature an	nd Submission		
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By filing this notice, the i	ssuer hereby represents that	:	
		led with the Securities and Exchange C rated by reference with this notice.	commission under the file number for this
which this notice action or proceed consent that any venue within the effect as if the un	e is filed as its agent for serveding against it arising out of such action or proceeding a capital jurisdiction in which this nearly designed was organized or	vice of process upon whom may be serve, or in connection with, the sale of seculogainst it may be commenced in any contoice is filed by service of process upon	art of competent jurisdiction and proper the officers so designated with the same tion and have been served lawfully with
		Address	
	nsured that any broker-deale e jurisdictions that require su	er, issuer-dealer, or securities salespersonch licensing.	n licensing requirements have been
• The issuer has in	icluded the required filing fe	ees (if any) with the submission of this	notice to each jurisdiction indicated.
The issuer has read the undersigned duly aut		ts to be true, and has duly caused this n	otice to be signed on its behalf by the
Signature		Name of Signer (Print)	
Title		Date	
<u> </u>			

Item 6. Related Persons, Continuation Page

Directions: Provide contact information for a necessary.	all executive officers,	directors, and promoters. A	Attach additional continuation pages if
Last Name	First Name		Middle Name
Street Address Line 1		Street Address Line 2	
[City	State/	 Province/Country	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 Address Line 2	
City	State	 Province/Country	ZIP/Postal Code
City	State	1 Tovince/Country	ZII/I ostal Code
Relationship(s): Executive Officer Clarification of Response (if Necessary)	Director	Promoter	
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	
Clarification of Response (if Necessary)			
Last Name	First Name		Middle Name
Street Address Line 1		Street Address Line 2	
Succe radices Line 1		Succi Address Line 2	
City	State/	Province/Country	ZIP/Postal Code
Relationship(s): Executive Officer	Director	Promoter	
Clarification of Response (if Necessary)			

Item 7. Sales Compensation, Continuation Page

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. Attach additional continuation pages if necessary.

Recipier	nt				Recipien	t CRD Nu	nber					
									□ N	o CRD Nur	nber	
(Associated) Broker or Dealer (if applicable)				(Associat	(Associated) Broker or Dealer CRD Number							
									□ N	o CRD Nur	nber	
Street A	ddress Lir	ne 1					Street Add	ress Line 2				
City						State/Pro	ovince/Cou	ntry		ZIP/Posta	l Code	
Jurisdict	ions of Sc	olicitation:		All State	es							
\square AL	☐ AK	\square AZ	AR	CA	CO	CT	DE	DC	☐ FL	☐ GA	☐ HI	
	□ IN	☐ IA	☐ KS	☐ KY	☐ LA	☐ ME	☐ MD	☐ MA	☐ MI	☐ MN	☐ MS	☐ MO
☐ MT	☐ NE	□ NV	□ NH	□ NJ	☐ NM	□ NY	☐ NC	□ ND	□ОН	☐ OK	OR	PA
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Attach additional Item 7 continuation pages if necessary.