

APPLICATION FOR COORDINATED REVIEW OF REGULATION A OFFERING

Form CR-3(b)

The Applicant hereby requests coordinated multi-jurisdictional review of an application for registration of an offering being made in reliance on the exemption from federal registration under Section 3(b) of the Securities Act of 1933 and Regulation A adopted thereunder.

Please note this coordinated review program is not available to offerings registered under Section 5 of the Securities Act of 1933. Blank check offerings do not qualify for this coordinated review program. This program may not be available to an offering even if the offering fits within the initial screening criteria.

The state of Washington is acting as the Administrator of the coordinated review program. There is no additional fee for coordinated review.

The coordinated review process will take a minimum of 30 days. The Applicant should consider this time frame and file the application as soon as possible after filing with the Securities and Exchange Commission.

The Applicant agrees to resolve comments through the Lead Disclosure and the Lead Merit examiners until such time as the Lead examiners agree that the comment(s) should be resolved through direct contact between the Applicant and the jurisdiction with the unresolved comment(s).

Jurisdictions of Application

Set forth below are the jurisdictions participating in this coordinated review program. This coordinated review program is available only if the issuer intends to register in two or more of the participating jurisdictions. Please indicate the jurisdictions in which you intend to file an application to register the offering through coordinated review. **Issuers are cautioned to identify all jurisdictions in which they intend to utilize the coordinated review process. In accordance with the review protocol, it may not be possible to include additional jurisdictions at a later date.**

<input type="checkbox"/> Alabama (M)	<input type="checkbox"/> Indiana (M)	<input type="checkbox"/> Nebraska (M)	<input type="checkbox"/> South Carolina (D)
<input type="checkbox"/> Alaska (D)	<input type="checkbox"/> Iowa (M)	<input type="checkbox"/> Nevada (D)	<input type="checkbox"/> South Dakota (D)
<input type="checkbox"/> Arkansas (M)	<input type="checkbox"/> Kansas (M)	<input type="checkbox"/> New Hampshire (D)	<input type="checkbox"/> Tennessee (M)
<input type="checkbox"/> California (M)	<input type="checkbox"/> Kentucky (M)	<input type="checkbox"/> New Jersey (D)*	<input type="checkbox"/> Texas (M)
<input type="checkbox"/> Colorado (D)	<input type="checkbox"/> Louisiana (D)	<input type="checkbox"/> New Mexico (M)	<input type="checkbox"/> US Virgin Islands (D)
<input type="checkbox"/> Connecticut (D)	<input type="checkbox"/> Maine (M)	<input type="checkbox"/> North Carolina (D)	<input type="checkbox"/> Utah (D)
<input type="checkbox"/> Delaware (D)	<input type="checkbox"/> Maryland (D)	<input type="checkbox"/> North Dakota (M)	<input type="checkbox"/> Vermont (M)
<input type="checkbox"/> District of Columbia (D)*	<input type="checkbox"/> Massachusetts (M)	<input type="checkbox"/> Ohio (M)	<input type="checkbox"/> Virginia (M)
<input type="checkbox"/> Georgia (D)	<input type="checkbox"/> Michigan (M)	<input type="checkbox"/> Oklahoma (M)	<input type="checkbox"/> Washington (M)
<input type="checkbox"/> Hawaii (D)	<input type="checkbox"/> Minnesota (M)	<input type="checkbox"/> Oregon (M)	<input type="checkbox"/> West Virginia (D)*
<input type="checkbox"/> Idaho (M)	<input type="checkbox"/> Mississippi (M)	<input type="checkbox"/> Puerto Rico (M)	<input type="checkbox"/> Wisconsin (D)
<input type="checkbox"/> Illinois (D)	<input type="checkbox"/> Missouri (M)	<input type="checkbox"/> Pennsylvania (M)	<input type="checkbox"/> Wyoming (D)
	<input type="checkbox"/> Montana (M)	<input type="checkbox"/> Rhode Island (D)	

M = Merit Review Jurisdiction

D = Disclosure Review Jurisdiction

*NOTE: While DC, NJ and WV are disclosure review jurisdictions, they reserve the right to make substantive comments consistent with the coordinated review protocol.

The Applicant understands that any application filed in a jurisdiction subsequent to the initial filing may be reviewed separately and may involve application of non-coordinated review standards. The Applicant should understand that the merit jurisdictions participating in this program will be using certain NASAA Guidelines and/or Statements of Policy as the uniform standard. For information on the standards to be applied, please review the statements of policy at <http://www.coordinatedreview.org>. Please note that some of these policies have been modified for purposes of the coordinated review program as detailed in the Review Protocol available at <http://www.coordinatedreview.org/regulation-a/>.

Consent to Service of Process

The Applicant irrevocably appoints the Securities Administrator or other legally designated officer of the jurisdiction in which the issuer maintains its principal place of business and any jurisdiction in which this application is filed, as its agents for service of process, and agrees that these persons may accept service on its behalf, of any notice, process or pleading, and further agrees that such service may be made by registered or certified mail, in any federal or state action, administrative proceeding, or arbitration brought against it arising out of, or in connection with, the sale of securities or out of violation of the laws of the jurisdictions so designated. The Applicant further hereby consents that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the jurisdictions of application so designated hereunder by service of process upon the Securities Administrators or other legally designated officers so designated with the same effect as if the Applicant 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

Dated this _____ day of _____, 20__.

Authorized Representative:

Signature

Print Name

Title

Name of Issuer