SOLICITATION OF INTEREST
"TEST THE WATERS"
NORTH DAKOTA SECURITIES DEPARTMENT
SFN 51950 (10-2013)

FORM SOI
Securities Department
600 E Boulevard Ave
Bismarck ND 58505
(701) 328-2910
www.nd.gov/securities

NAME OF COMPANY:	
Address of Principal Office:	
Company Telephone Number:	
State of Organization:	Date of Organization:
Name of Chief Executive Officer:	
Amount of the Proposed Offering:	
Type of Investment to be Offered: (Stock, bond, partnership interest, etc.)	

- This is a solicitation of interest only. No money or other consideration is being solicited and none will be accepted.
- No sales of the securities will be made or commitment to purchase accepted until the delivery of a final offering circular that includes complete information about the issuer and the offering.
- An indication of interest made by a prospective investor involves no obligation or commitment of any kind.
- This offer is being made pursuant to the requirements of federal and state securities laws. Neither the federal nor the state authorities have confirmed the accuracy or determined the adequacy of this document or any other document presented to you in connection with this offer. No sale may be made until the offering statement is qualified by the SEC if made pursuant to Regulation A and is registered or approved in this state.

This company:

- ☐ Has conducted operations in the past under the same or a different name (describe if applicable).
- ☐ Has shown a profit on a tax return in the last fiscal year.
- ☐ Has never conducted operations.

GENERAL COMPANY BUSINESS:

1. What are the company's current and proposed business operations, including products, goods, and services?

2. How and when will the company's products or services be produced, sold, and delivered?

OFFERING PROCEEDS:

3. How does the company intend to use the proceeds of the proposed investment offering?

KEY PERSONNEL:

4. Please provide the following information for people who probably will be company officers, managers, or directors anytime within the next twelve months:

   - Name, address, telephone number, and FAX number if available,
   - Company title of job function,
   - Recent employment history (Name, address, and telephone number of employers, job titles and dates of positions held during the past five years), and
   - Education (degrees, name and address of schools and dates of attendance).

Printed Name of Signatory

Signature