



AUTODOMO TRANSFER SERVICES

Email: info@adtransferagency.com

EDGAR Setup Form

Contact Information

Name of Organization / Company / Individual:_____

Doing Business As_____ State of Incorporation_____

Foreign Name (if Foreign Issuer Filer and applicable)_____

IRS/Tax-ID#:_____ Fiscal Year End:_____

Ticker Symbol:_____ Stock Exchange(s):_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Country:_____

Telephone Number:_____

Fax Number:_____

Company Website (URL):_____

Email Address:_____

SEC Filing Codes

Filer Central Index Key (CIK):_____

Filer CIK Confirmation Code (CCC):_____

Filer SEC Password (Recommended):_____

Filer PMAC (Optional):_____

Filer Passphrase:_____

If you cannot find your information, you have two options. The first is to contact the last company who did your EDGAR filings and tell them that you need this information. This is not proprietary, so they should give it to you.

Your second option is to contact Edgar Filer Support (202-942-8900). They should be able to issue you a temporary password and help you obtain codes if not already done so.

Credit Card Authorization

Company Name (“company”) _____

Type (Please Circle): AMEX MC VISA

Cardholder Name _____

Account # _____

3 or 4 Digit Security Code:

Exp. Date: _____

Billing Address:

I hereby authorize AutoDomo Transfer Agent Services, Inc. ("AutoDomo") to charge my credit/debit card for all future EDGAR services initiated or performed upon mine or the company's request. Each charge will be an auto-payment at the beginning of service. This authorization of auto-payment will continue until I provide written notice of its termination in such time and in such manner as to afford AutoDomo a reasonable opportunity to act on it. (Minimum of 7 business days notice prior to effective date)

Cardholder Signature

Printed Name

Date