

LOST SECURITIES FORM LETTER

Completing this form is the first step towards replacing a lost certificate. By submitting this form you are authorizing AutoDomo Transfer Agent Services to begin the replacement process by placing a stop on your certificate and filing an X-17 form with the Securities Information Center. There is an initial stop placement fee of \$50. Once the stop has been placed, we will send additional instructions and insurance bond affidavits needed to replace your certificate. Additional processing and bond fees will be due at that time. Shareholders that authorize AutoDomo Transfer Agent Services to begin the replacement process and subsequently find their lost certificate before fully replacing it will be subject to a \$50 recovery-filing fee to reactivate the stock.

Please complete the ENTIRE form and return this form to:
AutoDomo Transfer Agent Services via mail or email to info@adtransferagency.com, attn: Lost Securities Dept.

1- This following certificate(s) have been lost:

Company	Shareholder Name	Cert. #	# of Shares	Issue Date

2- Details surrounding the loss (be specific):

3- Approximate date of loss _____

4- Were the securities endorsed? YES ☐ NO ☐

5 – Are the certificates believed to have been stolen? YES ☐ NO ☐

If you answered “YES” to question # 5, please answer the following:

Were reports filed with the FBI? YES ☐ NO ☐

Were reports filed with the police? YES ☐ NO ☐

6 – Address, City, State, ZIP, Country:

**Please note: Your records will be updated with this address. All stock certificates and correspondence will be sent to this location unless otherwise indicated.

Telephone # _____ Social Security / Tax ID# _____

Please send the lost security affidavits to me via:

- ☐ Email _____
- ☐ Fax _____
- ☐ Mail _____

Upon receipt of this form, we will put a stop on your certificate(s). There is a \$50 stop-placement fee in order to process this. Please complete the following attached card information or send in form with a check.

Please sign below.

Signed

Date

CREDIT CARD AUTHORIZATION

I, _____, hereby authorize AutoDomo Transfer Agent Services to charge my credit card for services rendered as follows:

Type (Please Check): ☐ AMEX ☐ MC ☐ VISA

Name on Credit Card: _____

Account # _____

3 or 4 Digit Security Code: _____

Exp. Date _____

Credit Card Billing Address:

Amount of Service \$ **50** _____ + 4% credit card fee

Description of Services (or invoice number) lost certificate processing fee

Signature

Printed Name

Date