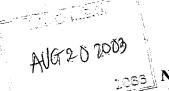
FORM D

197901

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 **Expires: May 31, 2005** Estimated average burden

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			J. P. Carlotte	OF OF IVED
☐ Rule 504	☐ Rule 505	⊠ Rule 506	Section 4(6)	
X	New Filing	ı	Amendment	202323
A. BASIC II	DENTIFICATION	DATA		
issuer		_		137
ent and name has changed, and	l indicate change.)		- Nige	107 100
(Number and Street,	City, State, Zip Cod	e) Telephone Numb	er (Including Area Co	de)
ake City, UT 84121		(801) 983-0880		\ #
ber and Street, City, State, Zip	Code)	Telephone Numb	er (Including Area Co	de)
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imited partnership, already for	med		☐ other (please spec	Sify): 100 ≈ 1 2003
imited partnership, to be forme	ed			THOMSON
	Month	Year		FINANCIAL
ganization:	9	2002		
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	A. BASIC II issuer ent and name has changed, and (Number and Street, ake City, UT 84121 iber and Street, City, State, Zin imited partnership, already for imited partnership, to be form reganization: (Enter two-letter U.S. Postal	Rule 504 Rule 505 A. BASIC IDENTIFICATION Is issuer ent and name has changed, and indicate change.) (Number and Street, City, State, Zip Code ake City, UT 84121 Ther and Street, City, State, Zip Code) imited partnership, already formed imited partnership, to be formed Enganization: (Enter two-letter U.S. Postal Service abbreviation)	A. BASIC IDENTIFICATION DATA issuer Int and name has changed, and indicate change.) (Number and Street, City, State, Zip Code) Telephone Numb ake City, UT 84121 (801) 983-0880 Telephone Numb imited partnership, already formed imited partnership, to be formed Month Year	Rule 504 Rule 505 Rule 506 Section 4(6) Rule 504 Rule 505 Rule 506 Section 4(6) Rule 505 Rule 506 Section 4(6) Rule 506 Amendment A. BASIC IDENTIFICATION DATA issuer Int and name has changed, and indicate change.) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Codake City, UT 84121 (801) 983-0880 Indicate the state of t

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97) 1 of 8)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last	name first, if individual)				
Lee, Michael					
	idence Address (Number and				
		onwood Parkway, Suite 120, S			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last Scott, Paul	name first, if individual)				
	idence Address (Number and				
		onwood Parkway, Suite 120, S			
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
	name first, if individual)				
Towner, Mark					
	idence Address (Number and S	Street, City, State, Zip Code) onwood Parkway, Suite 120, S	Salt Lake City LIT 94121		
Check Boxes	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or
that Apply:	in Frontotei	Delicited Owler	Executive Officer	Libriector	Managing Partner
Full Name (Last Hilton, Michele	name first, if individual)		-		
Business or Res	idence Address (Number and S	Street, City, State, Zip Code)			
	ID Software, Inc., 2795 Cotto	onwood Parkway, Suite 120, S	Salt Lake City, UT 84121		
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	☐Executive Officer	Director	☐ General and/or Managing Partner
Dominion Fund					
	idence Address (Number and Sifornia Boulevard, Suite 300				
Check Boxes	Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
that Apply:	L Pollotei	Edeliciteiai Owlici	Executive Officer	- Director	Managing Partner
Full Name (Last	name first, if individual)				
	ed with Windward Ventures				
	dence Address (Number and Seet, Suite 2030, San Diego, C				
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last	name first, if individual)				
Business or Res	dence Address (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last	name first, if individual)				
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)			
· · · · · · · · · · · · · · · · · · ·			**		

_	k			E	s. INFORM	AATION AB	OUT OFFI	ERING				
1.	Has the issuer sol	d, or does the is	suer intend to					?g under ULO			Yes N	lo <u>X</u>
2.	What is the minin	num investment	t that will be a	accepted fro	m any indiv	ridual?					\$ <u>N/A</u>	
3.	Does the offering	permit joint ow	mership of a s	ingle unit?.							Yes N	lo <u>X</u>
4.	Enter the inform solicitation of pu registered with th broker or dealer, y	rchasers in con e SEC and/or w	nection with with a state or	sales of sestates, list the	curities in the name of	the offering. the broker or	If a person	to be listed	is an associat	ed person or	agent of a	broker or dealer
Not	applicable.											
Full	Name (Last name	first, if individu	ıal)				<u>.</u>			· · · · · · · · · · · · · · · · · · ·		
Bus	ness or Residence	Address (Numb	per and Street,	City, State	, Zip Code)							
Nan	ne of Associated Br	roker or Dealer										
State	es in Which Person	Listed Has Sol	icited or Inter	ids to Solici	t Purchaser	s						
(Che	eck "All States" or	check individua	al States)									All States
[AL	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	. [IN]	[AJ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
IMT] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last name	first, if individu	ial)									
D:	D 1	A 11 Ot1	1.04	City Ct 4	2: C. I.							
Busi	ness or Residence	Address (Numc	ber and Street,	City, State,	, Zip Code)			Ŀ				
Nam	e of Associated Br	roker or Dealer				-						
State	s in Which Person	Listed Has Sol	icited or Inter	ds to Solici	t Purchasers	S				· · · · · · · · · · · · · · · · · · ·		
(Che	eck "All States" or	check individua	al States)				••••••					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last name	first, if individu	al)								<u>"</u>	
Busi	ness or Residence	Address (Numb	er and Street,	City, State,	, Zip Code)							<u></u>
Nam	e of Associated Br	oker or Dealer										
State	es in Which Person	Listed Has Sol	icited or Inten	ds to Solici	t Purchasers			.				
	ck "All States" or					-			••••			All States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
	[N]	[A2]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[0A] [MN]	[MS]	[MO]
												_
IMT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ 1,500,000.00	\$ 350,000.00
	Partnership Interests.	\$	\$
	Other (Specify)	\$ \$	\$ \$
	Total		\$ <u>350,000.00</u>
		\$ <u>1,500,000.00</u>	a <u>aannoono</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
t	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
•		Number	Aggregate
		Investors	Dollar Amount
			of Purchases
	Accredited Investors	3	\$ 350,000.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
5	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
		Security	Sold
	Type of Offering	Security	3010
	Type of Offering		c r
	Rule 505		\$ \$
	Regulation A		
	Rule 504		\$ \$
	Total distribution of the		a
s	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		
	Legal Fees	E	
	Accounting Fees		\$
	Engineering Fees		
		_	
	Sales Commissions (specify finders' fees separately)		Φ
	Sales Commissions (specify finders' fees separately) Other Expenses (Identify)		·

Salaries and fees	If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.5 above. Payment to Officers, Payment To Others Salaries and fees Sal		price given in response to Part C - Question 1 and total expe is the "adjusted gross proceeds to the issuer"	
Salaries and fees	Salaries and fees S S Purchase of real estate S S Purchase, rental or leasing and installation of machinery and equipment S S Purchase, rental or leasing of plant buildings and facilities S S Construction or leasing of plant buildings and facilities S S Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) S S Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) S S Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) S Working capital S S Working capital S S Working capital S S Working capital S S S S S S S S S S	If the amount for any purpose is not known, furnish a	n estimate and check the box to the left of the estimate. It is the issuer set forth in response to Part C - Question 4.b above Paymer	The total of the live. It to Officers, Payment To
Purchase of real estate	Purchase of real estate	Salaries and fees		
Purchase, rental or leasing and installation of machinery and equipment	Purchase, rental or leasing and installation of machinery and equipment		_	
Construction or leasing of plant buildings and facilities \$ \$ \$ \$ \$ \$ \$ \$ \$	Construction or leasing of plant buildings and facilities. Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger). Repayment of indebtedness. Working capital. Other (specify): Solution Totals. Total Payments Listed (column totals added). D. FEDERAL SIGNATURE The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature cons an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) AdvancedMD Software, Inc. Signature Title of Signer (Print or Type) Title of Signer (Print or Type) Title of Signer (Print or Type)		□ •	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			
Repayment of indebtedness	Repayment of indebtedness	Acquisition of other businesses (including the value of secur	ities involved in this offering that may be used	
Working capital	Working capital Other (specify): S S S S S S S S S	•		
Other (specify): S S S Column Totals Total Payments Listed (column totals added) D. FEDERAL SIGNATURE The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature c an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer coredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature AdvancedMD Software, Inc. Date \$\Backleft(18\)\frac{18\}{18\}\frac{18\}{18	Other (specify): S		μ Ψ <u></u>	
Column Totals \$ \$\frac{1}{8}\$, \$\frac{1}{495,000.00}\$ Total Payments Listed (column totals added) \$ \$\frac{1}{8}\$, \$\frac{1}{495,000.00}\$ The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature c an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuent on-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature Date AdvancedMD Software, Inc.	Column Totals State (column totals added). D. FEDERAL SIGNATURE The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature cons an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) AdvancedMD Software, Inc. Date 8/18/03 Name of Signer (Print or Type) Title of Signer (Print or Type)	Other (specify):		
Total Payments Listed (column totals added)	Column Totals			
Total Payments Listed (column totals added)	Total Payments Listed (column totals added)			
The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature c an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuenon-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) AdvancedMD Software, Inc. Date Signature Date	The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature cons an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) AdvancedMD Software, Inc. Date Malla Date By 18/03			
an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuent (Print or Type) AdvancedMD Software, Inc. Signature Signature Date 8/18/0	an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) AdvancedMD Software, Inc. Signature Date 8/18/03 Name of Signer (Print or Type) Title of Signer (Print or Type)	Column Totals	□ \$	≥ \$ <u>1,495,000.00</u>
AdvancedMD Software, Inc. 8/18/Q	AdvancedMD Software, Inc. Mulia S 18/03 Name of Signer (Print or Type) Title of Signer (Print or Type)	Column Totals	□ \$	≥ \$ <u>1,495,000.00</u>
	Name of Signer (Print or Type) Title of Signer (Print or Type)	Total Payments Listed (column totals added) The issuer had duly caused this notice to be signed by the ur an undertaking by the issuer to furnish to the U.S. Securities	D. FEDERAL SIGNATURE dersigned duly authorized person. If this notice is filed undand Exchange Commission, upon written request of its staff	☑\$1,495,000.00 ☑\$1,495,000.00 er Rule 505, the following signature const
Name of Signer (Print or Type) Title of Signer (Print or Type)		The issuer had duly caused this notice to be signed by the ur an undertaking by the issuer to furnish to the U.S. Securities non-accredited investor pursuant to paragraph (b)(2) of Rule	D. FEDERAL SIGNATURE dersigned duly authorized person. If this notice is filed undand Exchange Commission, upon written request of its staff 502.	ES \$1,495,000.00 EX \$1,495,000.00 er Rule 505, the following signature const to the information furnished by the issuer to the second signature to the information furnished by the issuer to the information furnished by the in
	Michele Hilton Chief Financial Officer	Total Payments Listed (column totals added) The issuer had duly caused this notice to be signed by the ur an undertaking by the issuer to furnish to the U.S. Securities non-accredited investor pursuant to paragraph (b)(2) of Rule Issuer (Print or Type)	D. FEDERAL SIGNATURE dersigned duly authorized person. If this notice is filed und and Exchange Commission, upon written request of its staff 502. Signature	er Rule 505, the following signature const, the information furnished by the issuer to the date of the control
Michele Hilton Chief Financial Officer		Total Payments Listed (column totals added) The issuer had duly caused this notice to be signed by the uran undertaking by the issuer to furnish to the U.S. Securities non-accredited investor pursuant to paragraph (b)(2) of Rule Issuer (Print or Type) AdvancedMD Software, Inc. Name of Signer (Print or Type)	D. FEDERAL SIGNATURE dersigned duly authorized person. If this notice is filed und and Exchange Commission, upon written request of its staff 502. Signature Title of Signer (Print or Type)	er Rule 505, the following signature const, the information furnished by the issuer to the date of the control
		Column Totals	D. FEDERAL SIGNATURE dersigned duly authorized person. If this notice is filed und and Exchange Commission, upon written request of its staff 502. Signature Title of Signer (Print or Type)	er Rule 505, the following signature const, the information furnished by the issuer to the date of the control

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STA	TE SIGNATURE					
1.	Is any party described in 17 CFR 230.262 presently subject to any of the d	lisqualification provisions of such rule?	Yes	No 🔀			
	See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to the state adminis such times as required by state law.	trator of any state in which the notice is filed, a notice on Form I) (17 CFR 2:	39.500) at			
3.	The undersigned issuer hereby undertakes to furnish to any state administr	rators, upon written request, information furnished by the issuer to c	offerees.				
4.	The undersigned issuer represents that the issuer is familiar with the con (ULOE) of the state in which this notice is filed and understands that the conditions have been satisfied.		_	-			
	e issuer has read this notification and knows the contents to be true and hason.	as duly caused this notice to be signed on its behalf by the under	signed duly a	authorized			
Issu	er (Print or Type)	Signature	Date /	,			
AdvancedMD Software, Inc.		Muli, D. h.	8/18	1/03			
Naı	ne (Print or Type)	Title (Frint or Type)					
Mi	chele Hilton	Chief Financial Officer					

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1.		2	3	-	4				5	
	to non- investo	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
СО										
CT										
DE		*								
DC										
FL						· · · · · · · · · · · · · · · · · · ·				
GA										
HI										
ID		· · · · · · · · · · · · · · · · · · ·				_ "				
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MD					ļ .					
MA			<u> </u>							
MI						<u> </u>				
MN						-				
MS			-							
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	APPENDIX								
1 .		2	3		4	,			5
	investors in State offered in state amount p			Type of invest sount purchase (Part C-Ite	ype of investor and unt purchased in State (Part C-Item 2)			ation under OE (if yes, danation of ited (Part E- m 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE									
NV					<u> </u>				
NH									
NJ									
NM									
NY		<u> </u>							
NC		-							
ND									
ОН					 				
OK					<u> </u>				
OR					 				
PA									
RI					 				
SC									
SD	i								
TN									
TX									
UT			-		<u> </u>				
VT									
VA									
WA							<u>.</u>		
wv									
wi									
WY			 						
PR									
		L	L	<u> </u>	<u></u>	L	L	L	