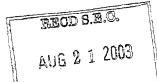
## FORM D

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

## FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: August 31, 1998 Estimated average burden hours per response ... 16.00



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

| SE              | C USE ON  | 1 Y    |
|-----------------|-----------|--------|
| Prefix          | 1         | Serial |
| DA <sup>-</sup> | TE RECEIV | 'ED    |
|                 |           |        |

| \\  |  |   |
|---|--|---|
|   | his is an amendment and name has changed, and i<br>Note Due August 3, 2006   | ndicate change.) /074753  |
| filing Under (Check box(es) that a                                      | pply): 🗆 Rule 504 🗀 Rule 505 🕱 Rule 50   | 6 Section 4(6) ULOE   |
| ype of Filing:  | ☐ Amendment  |   |
| ·   | A. BASIC IDENTIFICATION DAT  | A   |
| Enter the information requested   |  |   |
| lame of Issuer ( check if this FastShip. Inc.                           | is an amendment and name has changed, and indi   | icate change.) 03059870   |
| ddress of Executive Offices   | (Number and Street, City, State, Zip Code  | Telephone Number (Including Area Code)                              |
| 123 Chestnut Street   | Philadelphia, PA 19106   | (215) 574-1770  |
| Address of Principal Business Ope<br>if different from Executive Office | erations (Number and Street, City, State, Zip Code   | Telephone Number (Including Area Code)                              |
| Type of Business Organization  Corporation                              | ☐ limited partnership, already formed  | D other (please specify): PROCESSE                                  |
| business trust  | ☐ limited partnership, to be formed  | other (please specify): FRUC 25 2003                                |
| Actual or Estimated Date of Inco<br>Jurisdiction of Incorporation or C  | rporation or Organization:  Organization:  Month Year  Organization:  Organization:  CN for Canada; FN for other foreign | ☐ Actual ☐ Estimated ☐ HOMSON FINANCIAL Abbreviation for State: ☐ ☐ |
| GENERAL INSTRUCTIONS  |  |   |
| Federal: Who Must File: All issuers making                              |  |   |

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 certified mail to that address.

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.

#### State:

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.

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.

| A. BASIC IDENTIFICATION DATA  |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| 2. Enter the information requested for the following:   |                                       |                                       |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five year</li> </ul>                         |                                       |                                       |
| <ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposecurities of the issuer;</li> </ul> | sition of, 10%                        | or more of a class of equity          |
| <ul> <li>Each executive officer and director of corporate issuers and of corporate general and m</li> </ul>                         | anaging partner                       | s of partnership issuers; and         |
| <ul> <li>Each general and managing partner of partnership issuers.</li> </ul>   |                                       |                                       |
| Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  | ☑ Director                            | General and/or Managing Partner       |
| Full Name (Last name first, if individual)  |                                       |                                       |
| Pederson, Einar   |                                       |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                       |                                       |
| 123 Chestnut Street, Suite 204, Philadelphia, PA 19106  |                                       |                                       |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer   | ☑ Director                            | ☐ General and/or<br>Managing Partner  |
| Full Name (Last name first, if individual)  |                                       |                                       |
| Bullard II, Roland K.   |                                       |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                       |                                       |
| 123 Chestnut Street, Suite 204, Philadelphia, PA 19106  |                                       |                                       |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer   | ☑ Director                            | General and/or Managing Partner       |
| Full Name (Last name first, if individual)  |                                       |                                       |
| Chambers, Kathryn Riepe   |                                       |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                       |                                       |
| 123 Chestnut Street, Suite 204, Philadelphia, PA 19106  |                                       |                                       |
| Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer   | ☑ Director                            | ☐ General and/or<br>Managing Partner  |
| Full Name (Last name first, if individual)  |                                       |                                       |
| Giles, David L.   |                                       | · · · · · · · · · · · · · · · · · · · |
| Business or Residence Address (Number and Street, City, State, Zip Code) 123 Chestnut Street, Suite 204, Philadelphia, PA 19106     |                                       |                                       |
| Check Box(es) that Apply:   | Director                              | ☐ General and/or<br>Managing Partner  |
| Full Name (Last name first, if individual)  | · · · · · · · · · · · · · · · · · · · |                                       |
| Colgan, Dennis  |                                       |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                       |                                       |
| 123 Chestnut Street, Suite 204, Philadelphia, PA 19106  |                                       | · · · · · · · · · · · · · · · · · · · |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer   | ☐ Director                            | ☐ General and/or<br>Managing Partner  |
| Full Name (Last name first, if individual)  |                                       |                                       |

# 701 North Broadway, Glouchester City, NJ 08030 Check Box(es) that Apply: Promoter

Riverfront Development Corporation

☑ Beneficial Owner

☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Dunn, David E.

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

2550 M Street, NW, Washington, DC 20037 Palton Boggs LLP,

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

|                            |  |  | Car of the                               | -B.IN                                 | FORMAT                                    | ION ABO  | UF OFFEI                                    | UNG 🦟 .                                 |  |              |                              |                             |
|----------------------------|--|--|--|---------------------------------------|---|--|---|---|--|--------------|------------------------------|-----------------------------|
| 1. Has th                  | he'issuer so   | ld, or doe                             | s the issue                              | r intend to                           | o sell, to n                              | on-accredi                                     | ted investo                                 | ers in this o                           | offering? .                            | •••••        |                              | Yes No                      |
|                            |  | ·                                      |  |                                       | -   |  |   | under UL                                |  |              | ••••••                       | 豆 亞                         |
| 2. What                    | is the mini  | mum inve                               | stment tha                               | t will be a                           | eccepted fr                               | om any in                                      | dividual? .                                 |   | ••••••                                 |              | •••••                        | \$10,000                    |
| . •                        |  | ٠.                                     | •  | •                                     |   |  |   |   |  |              |                              | 1                           |
|                            | the offering   |  |  |                                       |   |  |   |   | •                                      |              |                              | ies No                      |
| sion 0<br>to be<br>list th | the informate similar realisted is an ename of a later, you make the control of the later, you make the control of the later, you make the later, you make the later of the la | nuneration<br>associated<br>the broker | a for solicit<br>person or<br>or dealer. | ation of p<br>agent of a<br>If more t | urchasers i<br>a broker or<br>han five (S | in connection<br>of dealer reg<br>o) persons ( | on with sak<br>gistered wit<br>to be listed | s of securi<br>h the SEC                | ties in the c<br>and/or wi             | offering. If | a person                     |                             |
| Full Name                  | (Last name   | first, if i                            | ndividual)                               |                                       |   | ······································         |   |   |  |              |                              |                             |
| N/A                        |  |  |  |                                       |   |  |   |   |  |              |                              |                             |
| Business or                | Residence  | Address (                              | Number a                                 | nd Street,                            | City, Stat                                | e, Zip Coo                                     | ie)   |   |  |              |                              |                             |
|                            |  |  |  |                                       |   |  |   |   |  |              |                              | •                           |
| Name of A                  | Associated I   | Broker or                              | Dealer                                   |                                       |   | · · · · · · · · · · · · · · · · · · ·          | ·   |   | ······································ | · ·          |                              |                             |
|                            |  |  | <b></b>                                  |                                       |   |  |   |   |  |              |                              |                             |
| States in V                | Uhich Darre  | n Licrad I                             | Uac Salicit                              | ed or Inte                            | nds to Sol                                | icit Prech                                     | TO APP                                      | <del></del>                             |  |              |                              |                             |
| _                          | "All States  |  |  |                                       |   | act i arcii                                    | iscis .                                     | •                                       |  |              |                              | □ AN C                      |
| ·                          |  |  |  |                                       |   | ·,·····  | (DE1  |   |  |              |                              | □ All States                |
| [AL]<br>[IL]               | [AK]<br>[IN]   | [AZ]<br>[IA]                           | [AR]<br>[KS]                             | [CA]<br>[KY]                          | [CO]<br>[LA]                              | [CT]<br>[ME]                                   | [DE]<br>[MD]                                | [DC]<br>[MA]                            | [FL]<br>[MI]                           | [GA]<br>[MN] | [ HI ]<br>[MS]               | [ ID <sub>.</sub> ]<br>[MO] |
| [MT]                       | [NE]   | [NV]                                   | [NH]                                     | [ [ [ [ ]                             | [MM]                                      | [NY]   | [NC]  | [ND]                                    | (OH)                                   | [OK]         | [OR]                         | [PA]                        |
| [RI]                       | [SC]   | [SD]                                   | [TN]                                     | [TX]                                  | [UT]                                      | [VT]   | [VA]  | [WA]                                    | [WV]                                   | [WI]         | [WY]                         | [PR]                        |
| Full Name                  | : (Last nam  | e first, if                            | individual)                              | <u> </u>                              |   |  |   |   |  |              | ···                          |                             |
| Business o                 | or Residenc  | e Address                              | (Number                                  | and Street                            | , City, Sta                               | ite, Zip Co                                    | ode) ·                                      |   |  |              |                              |                             |
|                            |  |  |  |                                       |   |  |   |   |  |              | ·                            |                             |
| Name of                    | Associated   | Broker or                              | Dealer                                   |                                       |   |  |   |   |  |              |                              |                             |
| States in                  | Which Pers   | on Listed                              | Has Solici                               | ted or Int                            | ends to So                                | olicit Purch                                   | nasers                                      |   |  |              |                              |                             |
| (Check                     | "All State   | s" or chec                             | k individu                               | al States)                            |   |  | • • • • • • • • • • • • • • • • • • •       | · • • • • • • • • • • • • • • • • • • • |  |              |                              | ☐ All States                |
| [AL]                       | [AK]   | [AZ]                                   | [AR]                                     | [CA]                                  | [CO]                                      | [CT]   | [DE]  | [DC]                                    | [FL]                                   | [GA]         | [HI]                         | [ ID ]                      |
| [IL]                       | [ NI ]   | [ [A]                                  | [ KS ]                                   | [KY]                                  | [LA]                                      | [ME]   | [MD]  | [MA]                                    | [MI]                                   | [MN]         | [MS]                         | [MO]                        |
| [MT]                       | [NE]   | [NV]                                   | [NH]                                     | [ [ [ N ]                             | [MM]                                      | [NY]   | [NC]  | [ND]                                    | [OH]                                   | [OK]         | [OR]<br>[WY]                 | [PA]<br>[PR]                |
| [ RI ]                     | [SC]   | [SD]                                   | [אד]                                     | [TX]                                  | [UT]                                      | [VI]   | [VA]  | [WA]                                    | [WV]                                   | [WI]         | [11.1]                       |                             |
|                            | ie (Last nai   | ne iirst, ii                           | individua                                | i) ·                                  |   |  |   |   |  |              |                              |                             |
| N/A                        |  |  |  |                                       |   |  |   |   |  |              |                              |                             |
| Business                   | or Residen   | ce Addres:                             | s (Number                                | and Stree                             | et, City, St                              | tate, Zip C                                    | Code)                                       |   |  |              |                              |                             |
| Name of                    | Associated   | Broker o                               | r Dealer                                 |                                       |   | •  | · · · · · · · · · · · · · · · · · · ·       |   | <u> </u>                               |              |                              |                             |
| States in                  | Which Per  | son Listed                             | i Has Soli                               | cited or Ir                           | itends to S                               | Solicit Purc                                   | hasers                                      |   |  |              |                              |                             |
| (Checl                     | k "All Stat  | es" or che                             | ck individ                               | ual States                            | )   |  |   |   |  |              |                              | All States                  |
| [AL]                       |  | [AZ]                                   | [AR]                                     | [CA]                                  |   | -  |   | [DC]                                    | [FL]                                   | [GA]         | [ HI ]<br>[MS]               |                             |
| [ IL ]<br>[MT]             |  | [ AI ]<br>[NY]                         | [ KS ]<br>[NH]                           | [KY]                                  |   |  |   | [MA]<br>[ND]                            | [ MI ]<br>[OH]                         | [MN]<br>[OK] | ( 20 N )<br>[ OR ]<br>[ WY ] | [PA]                        |

|    | C OFFERING FRICE, NORIBER OF BUTESTORS, EAST ENSES AND USE  | HAPROCEEDS               |          |                            |
|----|---|--------------------------|----------|----------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                          |          |                            |
|    | Type of Security  | Aggregate Offering Price |          | Amount Already<br>Sold     |
|    | Debt  | \$                       | _        | s                          |
|    | Equity  | \$ <u>·</u>              | _        | S                          |
|    | ☐ Common ☐ Preferred  | •                        |          |                            |
|    | Convertible Securities (including warrants)   | \$ 100,000               |          | <u><b>5</b> 100.</u> 000   |
|    | Partnership Interests   |                          |          | S                          |
|    | Other (Specify)   | \$ <u>:</u>              | <u>.</u> | s                          |
|    | Total   | \$ 100 000               | _        | <b>s</b> _100.000          |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  | ,                        |          |                            |
| 2. | 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."            |                          |          | Aggregate                  |
|    | purchases on the total lines. Effect of a answer is mone of 22.0.   | Number<br>Investors      |          | Dollar Amount of Purchases |
|    | Accredited Investors  | 1                        |          | <u>400,000</u>             |
|    | Non-accredited Investors  | ·                        | _        | s                          |
|    | Total (for filings under Rule 504 only)   | <del></del>              | _        | \$                         |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                          |          | •                          |
| 3. | 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.  |                          |          | Dollar Amount              |
|    | Type of offering  | Type of<br>Security      |          | Sold                       |
|    | Rule 505  |                          |          | s                          |
|    | Regulation A  | . · <u></u>              |          | \$                         |
|    | Rule 504  | <u> </u>                 |          | \$                         |
|    | Total   |                          |          | \$                         |
| 4  | 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. | <b>:</b><br>:            |          |                            |
|    | Transfer Agent's Fees   | •                        |          | \$                         |
|    | Printing and Engraving Costs  |                          |          | \$                         |
|    | Legal Fees  |                          | ß        | \$1,000                    |
|    | Accounting Fees   |                          |          | \$                         |
|    | Engineering Fees  |                          |          | S                          |
|    | Sales Commissions (specify finders' fees separately)  | •••••                    |          | \$                         |
|    | Other Expenses (identify)   |                          |          | \$                         |
|    | Total   |                          |          | s 1,000                    |

Total ...

|  | AN CACHA IAM (ACCEPTED AN   | u us   | E C         | F PROCEE   | DS            |                    |           |
|--|---|--------|-------------|--|---------------|--------------------|-----------|
|  | b. Enter the difference between the aggregate offering price given in response to Part C tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference dispussed gross proceeds to the issuer.**  | z is t | he          | •  | •             | <br><b>s</b> .99,0 | 00        |
|  | i. Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, fur estimate and check the box to the left of the estimate. The total of the payments listed mu the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b | nish : | an .<br>Iai | •  |               | \$4                |           |
|  |   | •      |             | Payments to<br>Officers,<br>Directors, &<br>Affiliates | •             | Paymer<br>Oth      | us To     |
|  | Salaries and fees   | ži     | S           | 55,000   | . Ø           | <u>\$20,00</u>     | 0 (       |
|  | Purchase of real estate   | 0      | <b>S</b>    | •  | . i           | s                  | •         |
|  | Purchase, rental or leasing and installation of machinery and equipment   | 🗆      | <b>S</b>    | •  | . 0           | s                  |           |
|  | Construction or leasing of plant buildings and facilities   | 0      | <b>s</b>    |  | . 0           | 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)  | 0      | s_          |  | _ 🗆           | J <b>S</b> _       |           |
|  | Repayment of indebtedness   | •      | <b>S_</b>   |  | _ 0           | s                  |           |
|  | Working capital   | 0      | <b>S_</b>   |  | _ E           | 944.0              | 00        |
|  | Other (specify):  | _ 0    | <b>S_</b>   | <del></del>  | _ [           | ı s                |           |
|  |   |        |             | •  |               | •                  |           |
|  |   |        |             |  |               |                    | ·<br>     |
|  | Column Totals   |        |             |  |               |                    | 00        |
|  | Total Payments Listed (column totals added)   | •••    |             | Æ 5  | 99,           | ,000               | , .       |
| <u>.                                    </u> | D, FEDERAL SIGNATURE  |        |             |  |               |                    |           |
| οI   | The issuer has duly caused this notice to be signed by the undersigned duly authorized per ollowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities tuest of its staff, the information furnished by the issuer to any non-accredited investor is  | s and  | Exc         | hange Comm   | issio         | n, upon wi         | itten re- |
| SS   | ssuer (Print or Type) Signature   |        |             | Da   | <b>te</b> / · | 20/03              |           |
| F  | FastShip, Inc. Kong Prepa Chil  | آنسند  |             |  | 8/2           | 40/03              | •         |
| ٧a   | Name of Signer (Print or Type) Title of Signer (Print or Type)  |        |             |  |               |                    |           |
| K  | Kathryn Riepe Chambers Executive Vice President   |        |             |  |               | •                  |           |

-ATTENTION

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

|                               |                     | NESTA LINESTA             | TE SIGNATURE        | 治 医翼角上虫       | er Gertal Errore |            |     |    |
|-------------------------------|---------------------|---------------------------|---------------------|---------------|------------------|------------|-----|----|
| 1. Is any party of such rule! | described in 17 CFR | 230.252(c), (d), (e) or ( | n presently subject | to any of the | disqualification | provisions | Yes | No |
| •                             |                     |                           | Numa 5 for these t  |               |                  |            |     |    |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) FastShip, Inc. | Signature Life Page Ol   | Date 8/20/03 |
|---------------------------------------|--------------------------|--------------|
| Name (Print or Type)                  | Title (Print or Type)    |              |
| Kathryn Riepe Chambers                | Executive Vice President |              |

Instructions

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of 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.

| 70.X  | <i></i>               |  |   | - APP                          | ENDEX ***  |  |  |     | 1687.XEE     |
|-------|-----------------------|--|---|--------------------------------|--|--|--|-----|--------------|
| 1     | to non-a<br>investors | to sell<br>ceredited<br>s in State<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item1) |                                | Type of investor and amount purchased in State (Part C-Item 2) |  |  |     |              |
| State | Yes                   | No   |   | Number of Accredited Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount   | Yes | -Item1)      |
| AL    |                       |  |   |                                |  |  |  | 16  | No           |
| AK    |                       |  | ·   |                                |  |  |  |     |              |
| ΑZ    |                       |  |   |                                |  |  |  |     |              |
| AR    |                       |  |   |                                |  |  |  |     |              |
| CA    |                       |  |   | 1                              | .*   |  | <del>*************************************</del> |     |              |
| СО    |                       |  |   |                                |  |  |  |     |              |
| СТ    |                       |  |   | ·                              |  |  |  |     |              |
| DE    |                       |  |   |                                |  |  |  |     |              |
| DC    |                       |  |   |                                |  |  |  |     |              |
| FL    |                       |  |   |                                |  |  |  |     | ·            |
| GA    |                       |  |   |                                |  |  | ,  |     | •            |
| HI    |                       |  |   |                                |  |  |  |     |              |
| ID    |                       |  |   |                                |  |  |  |     |              |
| IL    |                       |  |   |                                |  |  |  |     |              |
| IN    |                       | <u> </u>                                       |   |                                |  |  |  |     |              |
| IA    |                       |  |   |                                |  | ^  |  |     | <u>.</u>     |
| KS    |                       |  |   |                                |  |  | <u> </u>   |     | <del> </del> |
| KY    |                       |  | **.   | ·                              |  |  | <u> </u>   |     |              |
| LA    |                       |  |   |                                |  |  |  |     |              |
| ME    |                       |  |   |                                |  |  |  |     |              |
| MD    |                       |  |   |                                |  |  |  |     | -            |
| MA    |                       |  |   |                                |  |  |  |     | -            |
| MI    |                       |  |   |                                |  |  |  |     |              |
| MN    |                       |  |   |                                |  | ·  |  |     |              |
| MS    |                       |  |   |                                | <u> </u>   |  |  |     |              |
| МО    |                       |  |   |                                |  |  |  |     |              |

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|-------|--|----------|---|--------------------------------------|--|--|----------|--------------|---|--|--|
|       | Intend<br>to non-a<br>investors<br>(Part B | in State | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item1) |                                      | 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-Item1) |  |  |
| State | Yes  | No       |   | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount   | Yes          | No  |  |  |
| МТ    |  |          |   |                                      |  |  |          |              |   |  |  |
| NE    |  |          | ·   |                                      |  |  |          |              |   |  |  |
| NV    |  |          |   |                                      |  |  |          |              |   |  |  |
| ΝН    |  |          |   |                                      | ·  |  |          |              |   |  |  |
| ĮИ    |  |          |   |                                      |  |  |          |              | ٠.  |  |  |
| NM    |  |          | A   |                                      |  |  |          |              |   |  |  |
| NY    |  |          |   |                                      |  |  |          |              |   |  |  |
| NC    |  |          |   |                                      |  |  | ·.       |              |   |  |  |
| ND    |  |          |   |                                      |  |  |          |              |   |  |  |
| ОН    |  |          |   |                                      |  |  |          |              |   |  |  |
| ОК    | ļ  |          |   |                                      |  |  |          |              | ·   |  |  |
| OR    |  |          | Convertible   | Note                                 |  |  |          |              |   |  |  |
| PA    |  | X        | Convertible \$100,000   | Note 1                               | \$100,00   | 0 0                                      | 0        |              | X   |  |  |
| RI    |  |          |   | <u> </u>                             |  |  |          | ļ            |   |  |  |
| SC    |  |          |   | <u> </u>                             |  | مند                                      |          |              |   |  |  |
| SD    |  |          |   |                                      |  |  |          |              |   |  |  |
| TN    |  | <u> </u> |   |                                      |  |  |          |              |   |  |  |
| TX    |  | <u> </u> |   |                                      | ,  |  |          |              |   |  |  |
| UT    | ļ  | ļ        | :   |                                      |  |  |          |              |   |  |  |
| VT    | ļ  | ļ        |   | 1                                    |  |  | ·        | <del> </del> |   |  |  |
| VA    |  | ļ        |   |                                      |  |  |          | ļ. ——        |   |  |  |
| WA    | 1  | -        |   |                                      |  |  | <u> </u> | -            |   |  |  |
| wv    |  |          |   |                                      |  |  |          |              |   |  |  |
| WI    | ļ  | <u> </u> |   |                                      |  |  |          |              |   |  |  |
| WY    | <del> </del>                               |          |   | <del> </del>                         | ļ  |  |          |              |   |  |  |
| PR    | Į  |          | ]   |                                      |  |  |          | 1            |   |  |  |