

UNITED STATES U.S. SECURITIES AND EXCHANGE COMMISSION Workington D.C. 20549

Washington, D.C. 20549

FORM D

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

| 1706 | 0600 | | | | | | |
|----------------|----------------|--|--|--|--|--|--|
| OMB APPROVAL | | | | | | | |
| OMB Number | 3235-0076 | | | | | | |
| Expires: | April 30, 2008 | | | | | | |
| Estimated ave | ' ' | | | | | | |
| hours per resp | ponse:16.00 | | | | | | |
| SEC | USE ONLY | | | | | | |
| Prefix | Serial | | | | | | |
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| DATI | E RECEIVED | | | | | | |
| 1 | 1 | | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and inc | dicate change.) |
|---|--|
| GLG Life Tech Corporation Private P | Placement of Warrants |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 🗷 Rule 5 | 06 Section 4(6) ULOE |
| Type of Filing: New Filing Amendment | |
| A. BASIC IDENTIFICAT | ION DATA |
| Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and inc | dicate change.) |
| GLG Life Tech Corporation | 07074994 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area |
| 536 World Trade Center | 604-641-1368 |
| 999 Canada Place, Vancouver BC Canada V6C 3E2 | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) Same | Same |
| Brief Description of Business | |
| Trading and Manufacturing | |
| Type of Business Organization | PPOCTOS- |
| ☐ limited partnership, already formed | other (please specify): OCESSED |
| ☐ business trust ☐ limited partnership, to be formed | R- Alic 1 5 agos |
| Month Year | |
| Actual or Estimated Date of Incorporation or Organization: 0 5 9 8 | ■ Actual □ Estimated THOMSON |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service ab | ₩-INΔNOIA. |
| CN for Canada; FN for other foreign ju | risdiction) CN "YAIYUAL |

GENERAL INSTRUCTIONS

Federal:

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 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 reported 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.

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.

| 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 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; | | | | | | | |
| of the issuer; | | | | | | | |
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| , and the second | | | | | | | |
| 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) | | | | | | | |
| David Beasley | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | |
| 536 World Trade Center, 999 Canada Place Vancouver, BC V6C 3E2 | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or | | | | | | | |
| Managing Partner | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | |
| Brian A. Palmieri | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | |
| 536 World Trade Center, 999 Canada Place Vancouver, BC V6C 3E2 | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | |
| HZ Health Management Company Limited | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | |
| Trust Company Complex, Ajeltake Road, Ajeltake Island, Majuro, MH96960 Marshall Islands | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or | | | | | | | |
| Managing Partner | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | |
| Ron Paton | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | |
| 700-625 Howe Street, Vancouver, BC V6C 2T6 | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | |
| Jinduo Zhang | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | |
| 536 World Trade Center, 999 Canada Place Vancouver, BC V6C 3E2 | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or | | | | | | | |
| Managing Partner | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | |
| Luke Zhang | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | |
| 536 World Trade Center, 999 Canada Place Vancouver, BC V6C 3E2 | | | | | | | |
| Check Box(es) that Apply: Promoter 🗵 Beneficial Owner 🔲 Executive Officer 🔲 Director 🔲 General and/or Managing Partner | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | |
| Skyland International Investment Management Ltd. | | | | | | | |
| Business or Residence Address (Number and 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) | | | | |
| Sophia Leung | | | | |
| Business or Residence Address | (Number and Street, City | y, State, Zip Code) | | |
| 4510 N.W. Marine Drive, Vancouver, | BC V6R 1B8 | | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| David Bishop | | | | |
| Business or Residence Address | (Number and Street, Cit | y, State, Zip Code) | | |
| 1503 Johnson Ferry Road, Suite 100, 7 | Marietta, GA USA, 3 | 0062 | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| George Dorin | | | | |
| Business or Residence Address | (Number and Street, Cit | y, State, Zip Code) | | |
| 536 World Trade Center, 999 Canada | Place Vancouver, BC | V6C 3E2 | | |
| Check Box(es) that Apply: Promoter | ☑Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | <u> </u> | | |
| Cargill, Incorporated | | | | |
| Business or Residence Address | (Number and Street, Cit | y, State, Zip Code) | | |
| 15407 McGinty Road West, Wayzata, | MN USA 55391 | | | |

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

| | | В. | INFORMA | TION ABO | UT OFFER | RING | | | | |
|-----|--|---|--|--------------------------------|---------------------------------------|---------------------------------|--------------------------------|---|---------------------------------------|------------------|
| | | | | | | | | | Yes | No |
| 1. | Has the issuer sold, or does the issuer int | | | | | _ | | ••••• | | <u>X</u> |
| | | Answer al | so in Appen | dix, Column | 2, if filing u | nder ULOE. | | | | |
| 2. | What is the minimum investment that wi | ll be accepted | d from any it | ndividual? | | •••••• | ••••• | ***1*********************************** | No Mir | nimum |
| _ | Does the offering permit joint ownership of a single unit? | | | | | | | | | |
| 3. | | | <u>X</u> | | | | | | | |
| 4. | Enter the information requested for each or similar remuneration for solicitation listed is an associated person or agent of of the broker or dealer. If more than five set forth the information for that broker or the set forth the information for that broker or the set forth the information for that broker or the set forth the information for that broker or the set forth the information for that broker or the set forth the information for that broker or the set forth the information for the set forth the information for the set forth the set forth the set forth the information for the set forth th | of purchasers a broker or ve (5) person | s in connecti dealer regist s to be listed | on with sales ered with the | of securities SEC and/o | es in the offer with a state | ering. If a p or states, li | erson to be st the name | | |
| Ful | Name (Last name first, if individual) | | | | | | | | | - |
| | Applicable | | | | | | | | | |
| Bus | iness or Residence Address | (Number | and Street, | City, State, Z | ip Code) | | | | | |
| Nar | ne of Associated Broker or Dealer | <u>. </u> | | | | | | | | ·· · |
| Sta | es in Which Person Listed Has Solicited or I | ntends to Soli | cit Purchasers | <u> </u> | | | | - | | |
| | (Check "All States" or check individual Sta | ites) | | | | | | ••••• | ☐ All | States |
| - | AL] [AK] [AZ] [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| - | IL | [KY] [NJ] | [LA] [NM] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| ſ | RI SC SD TN | [TX] | [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] | [OK] [WI] | [OR] [WY] | [PA] { PR] |
| Ful | Name (Last name first, if individual) | | | | | | | | | |
| Bu | iness or Residence Address | (Number | r and Street, | City, State, Z | ip Code) | | | | · · · · · · · · · · · · · · · · · · · | · . |
| Naı | ne of Associated Broker or Dealer | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Sta | es in Which Person Listed Has Solicited or In | ntends to Soli | cit Purchaser | | | | - | | | |
| - | (Check "All States" or check individual Sta | | | | | | | | □ A11 | 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] |
| Ful | RI] [SC] [SD] [TN] Name (Last name first, if individual) | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| | | | | | | | | | | |
| Bus | iness or Residence Address | (Number | r and Street. | City, State, Z | ip Code) | | | | | |
| Nar | ne of Associated Broker or Dealer | | | | | | | | | |
| Sta | es in Which Person Listed Has Solicited or I | ntends to Soli | cit Purchaser | S | | | | | | |
| | (Check "All States" or check individual Sta | · · | | | | | | *************************************** | ☐ All | States |
| | AL] [AK] [AZ] [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | IL] [IN] [IA] [KS] MT] [NE] [NV] [NH] | [KY] [NJ] | [LA] [NM] | [ME] [NY] | [MD] [NC] | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] |
| | RI I [SC] [SD] [TN] | f TX 1 | [UT] | [VT] | [VA] | [WA] | [WV1 | [Wi] | [WY] | [FA] |

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

| 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. | A ggragata | Amount Already |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | s |
| | Equity | \$ | \$ |
| | ☐ Common ☐ Preferred | - | - |
| | Convertible Securities (including warrants) 3 Warrants exercisable as described below | CDN\$50,279,947 * | CDN\$50,279,947 * |
| | Partnership Interests | \$ | \$ |
| | Other (Specify) | \$ | \$ |
| | Total | CDN\$50,279,947* | CDN\$50,279,947 * |
| | | <u>CDN\$39,217,541</u> | <u>CDI(\$30,217,341</u> |
| the out | One warrant exercisable by January 31, 2008. Remaining two warrants are exercisable during two years beginning 1/31/08, in amounts based on a percentage of the number of shares standing at the time of exercise and at prices based on the average closing price of the common ck of the issuer at specified times prior to exercise. | | |
| | 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 offering 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 Dollar Amount |
| | | Investors | of Purchases |
| | Accredited Investors | 1 | CDN\$50,279,947* |
| | Non-accredited Investors | | S |
| | Total (for filings under Rule 504 only) | | \$ |
| | 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 the securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | s |
| | Regulation A | | s |
| | Rule 504 | | <u> </u> |
| | Total | | <u> </u> |
| 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. | | · |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | <u> </u> | \$_CDN 4,000 |
| | Accounting Fees | | s |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) Filing Fees | | \$ CDN 100 |
| | Total | _ | \$ <u>CDN 4,100</u> |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| • | C. OFFERING PRIC | E, NUMBER OF INVESTORS, EXPENSE | S AND | USE OF PROCEE | DS | |
|-----|--|--|----------------------|---|-----------|-----------------------|
| | b. Enter the difference between the aggre Question I and total expenses furnished in res "adjusted gross proceeds to the issuer." | | ce is the | | <u>C</u> | DN\$50,275,647* |
| 5. | Indicate below the amount of the adjusted gro for each of the purposes shown. If the amou and check the box to the left of the estimat adjusted gross proceeds to the issuer set forths | nt for any purpose is not known, furnish an e. The total of the payments listed must e. | estimate qual the | ; | | |
| | | | | Payments to Officer Directors, & Affiliates | s, | Payments to Others |
| | Salaries and fees | | | \$ 0 | | \$0 |
| | Purchase of real estate | | | \$ 0 | | \$0 |
| | Purchase, rental or leasing and installation of r | nachinery and equipment | | s 0 | | S 0 |
| | Construction or leasing of plant buildings and | facilities | | \$0 | | \$ <u> </u> |
| | Acquisition of other businesses (including the | | | | | |
| | offering that may be used in exchange for the a | | | s o | | \$ <u>0</u> |
| | Repayment of indebtedness | | | \$0 | | s o |
| | Working capital | | | s 0 | \S | CDN\$50,275,647* |
| | Other (specify | | | s 0 | | s |
| | | | | | | |
| | | | | \$0 | | \$ |
| | Column Totals | | | \$0 | | |
| | Total Payments Listed (column totals added) | | | (2) | DN\$50,27 | <u>5,647*</u> |
| | | | | | | |
| | | D. FEDERAL SIGNATURE | | | | |
| con | sissuer has duly caused this notice to be signed by stitutes an undertaking by the issuer to furnish to the to any non-accredited investor pursuant to parag | e U.S. Securities and Exchange Commission, up | | | | |
| | ner (Print or Type) LG LIFE TECH CORPORATION | Signature Buar Calmieri | | Date August 9, 200 | 7 | |
| | ne of Signer (Print or Type) ian Palmieri | Title of Signer (Print or Type) Chief Executive Officer and Treasu | ırer | 3 | | |
| | | ATTENTION | | | | |

[/918675.doc/OL]

6 of 9

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

SEC 1972 (1/94)

| • | | E. STATE SIGNATURE | | | | | | | |
|----|--|--|---|--|--|--|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 pre of such rule? | sently subject to any of the disqualification provisions | Yes No <u>X</u> | | | | | | |
| | | See Appendix, Column 5, for state response. | | | | | | | |
| 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. | | uer is familiar with the conditions that must be satisfie notice is filed and understands that the issuer claiming atisfied. | | | | | | | |
| | issuer has read this notification and knows the norized person. | contents to be true and has duly caused this notice to | be signed on its behalf by the undersigned duly | | | | | | |
| | er (Print or Type) CG LIFE TECH CORPORATION | Signature Buoi Calmion | Date August , 2007 | | | | | | |
| | ne of Signer (Print or Type) | Title of Signer (Print or Type) | ***** | | | | | | |
| Br | ian Palmieri Chief Executive Officer and Treasurer | | | | | | | | |

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 | Intend to non-a investors | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Number of | Type of investor and amount purchased in State (Part C-Item 2) Number of Number of | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
|-------|---------------------------------|--|--|-------------------------|---|---------------------------------|--------|-----|--|--|--|
| State | Yes | No | | Accredited Investors | Amount | Non- Accredited Investors | Amount | Yes | No | | |
| AL | | | | | | | | | | | |
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| MN | | Х | Convertible Warrants \$50,279,747* | 1 | CDN \$50,279,747* | 0 | 0 | | Х | | |
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APPENDIX

| ì | 2 3 | | | | 4 | | | | |
|-------|----------------------|--|--|--------------------------------------|--|--|--------|--|----|
| | to non-a investor | to sell ccredited s in State -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 |
| NE | | | | | | | | | |
| NV | | | | | | | | | |
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