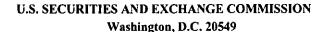
FORM D



FORM D

OMB APPROVAL OMB NUMBER: 3235-0076

Expires: April 30, 2008 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

SEC USE ONLY Prefix | Serial DATE RECEIVED

| Name of Offering ( check if this is an a                              | mendment and name h     | as changed, and indi  | cate change.)         |                          |           |                             |
|---|-------------------------|-----------------------|-----------------------|--------------------------|-----------|-----------------------------|
| 8.5% Subordinated Convertible   | Debentures              |                       |                       |                          |           | / <u>/</u>                  |
| Filing Under (Check box(es) that apply):  Type of Filing:  New Filing | Rule 504 Amendment      | Rule 505              | Rule 506              | Section 4(6)             | ULOE      | A THE EVEL OF THE           |
| · · · · · · · · · · · · · · · · · · ·                                 |                         | A. BASIC IDENT        | IFICATION DATA        |                          | 1.1       | CEP 9 4 200/                |
| 1. Enter the information requested about the                          | ne issuer               |                       |                       |                          |           |                             |
| Name of Issuer ( check if this is an ame                              | ndment and name has     | changed, and indicat  | te change.)           |                          | 1         |                             |
|   |                         |                       |                       |                          |           | 185/69                      |
| IQMax, Inc.   |                         |                       |                       |                          |           |                             |
| Address of Executive Offices  |                         |                       | (Number and           | Street, City, State, Zip |           | one Number                  |
| 2440 T ' 1 IV C' 107  | N. I M. 000             |                       |                       |                          |           | ling Area Côde)<br>377-2022 |
| 3440 Toringdon Way, Suite 106, C                                      | Charlotte, NC 282       | //                    |                       |                          |           |                             |
| Address of Principal Business Operations                              |                         |                       | (Number and           | Street, City, State, Zip |           | one Number                  |
| (if different from Executive Offices)                                 |                         |                       |                       |                          | (inclus   | ling Area Code)             |
|   |                         |                       |                       |                          | ( )       |                             |
| Brief Description of Business   |                         |                       |                       |                          |           | MANAPROOFE                  |
| Healthcare Technology Company   |                         |                       |                       |                          |           | <u>PROCESSED</u>            |
| Type of Business Organization   |                         |                       |                       |                          |           |                             |
| corporation   | = :                     | nip, already formed   | ∐ oth                 | er (please specify):     |           | SEP 2 8 2007                |
| business trust  | limited partnersl       | nip, to be formed     |                       |                          |           |                             |
|   |                         | Month Year            |                       | _                        |           | (THOMSON                    |
| Actual or Estimated Date of Incorporation                             | or Organization:        | [0   2 ] [9   9       | 9 ]                   | Actual                   | Estimatec |                             |
| Jurisdiction of Incorporation or Organization                         | on: (Enter two-letter U | .S. Postal Service ab | breviation for State: | [D][E]                   |           |                             |
|   | CN for C                | anada; FN for other   | foreign jurisdiction) |                          |           |                             |

## 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 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: <u>Five (5) copies</u> 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

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.

### A. BASIC IDENTIFICATION DATA 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. Director Promoter Beneficial Owner Executive Officer Managing Member Check Box(es) that Apply: Full Name (Last name first, if individual) Adkison, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 3440 Toringdon Way, Suite 106, Charlotte, NC 28277 Executive Officer Director Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Harmon, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) 3440 Toringdon Way, Suite 106, Charlotte, NC 28277 General and/or Executive Officer Director Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Updegraft, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) 3440 Toringdon Way, Suite 106, Charlotte, NC 28277 ☑ Dircctor Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Updegraft, Gary Business or Residence Address (Number and Street, City, State, Zip Code) 3440 Toringdon Way, Suite 106, Charlotte, NC 28277 Director Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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|           |                        |                             |                             |                           | B. II                | NFORM                            | ATION                      | ABOUT                      | OFFER                         | ING                          |                      |                      | ·  |              |
|-----------|------------------------|-----------------------------|-----------------------------|---------------------------|----------------------|----------------------------------|----------------------------|----------------------------|-------------------------------|------------------------------|----------------------|----------------------|--|--------------|
| I.        | Has the                | issuer sold,                | or does the                 | e issuer inte             | nd to sell, t        | o non-accre                      | dited inves                | tors in this               | offering?                     |                              |                      |                      |  | Yes No       |
|           |                        |                             |                             |                           |                      |                                  |                            | lumn 2, if f               |                               |                              |                      |                      |  |              |
| 2.        | What is                | the minimu                  | ım investme                 | ent that wil              | l be accepte         | d from any                       | individual                 | ?                          |                               |                              |                      |                      |  | \$_25,000.00 |
|           |                        |                             |                             |                           |                      |                                  |                            |                            |                               |                              | •                    |                      |  | Yes No       |
| 3.        |                        |                             |                             | _                         | _                    |                                  |                            |                            |                               |                              |                      |                      | •        |              |
| 4.        | solicitat<br>dealer re | ion of purel<br>gistered wa | hasers in co<br>ith the SEC | nnection w<br>and/or with | ith sales of         | securities in<br>states, list ti | n the offeri<br>he name of | ng. If a per<br>the broker | son to be lis<br>or dealer. I | sted is an as<br>f more than | ssociated pe         | erson or age         | nilar remune<br>int of a brok<br>listed are as | er or        |
| Full Nar  |                        |                             | individual)                 |                           |                      |                                  |                            |                            |                               |                              |                      |                      |  |              |
|           |                        |                             |                             |                           |                      |                                  |                            |                            |                               |                              |                      |                      |  |              |
| Busines   | s or Reside            | nce Addres                  | s (Number :                 | and Street,               | City, State,         | Zip Code)                        |                            |                            |                               | -                            |                      |                      |  |              |
| Name of   | ſ Associate            | l Broker or                 | Dealer                      |                           |                      |                                  |                            |                            |                               |                              |                      |                      |  |              |
| , while o | 7100001010             | d Dionei of                 | o cui.c.                    |                           |                      |                                  |                            |                            |                               |                              |                      |                      |  |              |
| States in | Which Per              | son Listed                  | Has Solicit                 | ed or Inten               | ds to Solici         | Purchasers                       | 5                          |                            |                               |                              |                      |                      |  |              |
| (Check    |                        |                             |                             | ,                         |                      |                                  |                            |                            |                               |                              |                      |                      |  | 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)<br>[MO]                                   |              |
|           | [MT]<br>[RI]           | [NE]<br>{SC}                | [NV]<br>[SD]                | [NH]<br>[TN]              | [NJ]<br>[TX]         | [NM]<br>[UT]                     | [NY]<br>[VT]               | [NC]<br>[VA]               | [ND]<br>[WA]                  | [OH]<br>[WV]                 | [OK]<br>[WI]         | (OR)<br>(WY)         | (PA)<br>(PR)                                   |              |
| Full Nar  | ne (Last na            | me first, if                | individual)                 |                           |                      |                                  |                            | •                          |                               |                              | ·                    |                      |  |              |
| Duringe   | c or Decide            | ann Addron                  | a (Number                   | and Ciron                 | City, State,         | 7in Coda)                        |                            |                            |                               |                              |                      |                      |  |              |
| Dustries  | s or reside.           | ree Addres                  | s (ivaliioci                | and Sirect,               | City, State,         | zip code)                        |                            |                            |                               |                              |                      |                      |  |              |
| Name o    | f Associated           | d Broker or                 | Dealer                      |                           |                      |                                  |                            |                            | <u> </u>                      |                              |                      |                      |  | <del></del>  |
|           |                        |                             |                             |                           |                      |                                  |                            |                            |                               |                              |                      |                      |  |              |
| States in | Which Per              | rson Listed                 | Has Solicit                 | ed or Inten               | ds to Solici         | Purchasers                       | 5                          |                            |                               |                              |                      |                      |  | _            |
| (Check    | "All State:<br>[AL]    | s" or check<br>[AK]         | individual:<br>[AZ]         | States)<br>[AR]           | [CA]                 | [CO]                             | [CT]                       | [DE]                       | [DC]                          | (FL)                         | [GA]                 | [HI]                 | [ID]   | All States   |
|           | (IL)<br>(MT)           | [IN]<br>[NE]                | [IA]<br>[NV]                | [KS]<br>[NH]              | [KY]<br>[NJ]         | [LA]<br>[NM]                     | [ME]<br>[NY]               | [MD]<br>[NC]               | [MA]<br>[ND]                  | (MI)<br>(OH)                 | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]                                   |              |
|           | [RI]                   | [SC]                        | [SD]                        | [TN]                      | [TX]                 | (UT)                             | [VT]                       | [VA]                       | [WA]                          | (WV)                         | (WI)                 | [WY]                 | [PR]   |              |
| Full Na   | ne (Last na            | me first, if                | individual)                 |                           |                      |                                  |                            |                            |                               |                              |                      |                      |  |              |
| Busines   | s or Reside            | nce Addres                  | s (Number                   | and Street,               | City, State,         | Zip Code)                        |                            |                            |                               |                              |                      | <u></u>              |  |              |
|           |                        |                             |                             |                           |                      |                                  |                            |                            |                               |                              |                      |                      |  |              |
| Name o    | f Associated           | Broker or                   | Dealer                      |                           |                      |                                  |                            | •                          |                               |                              |                      |                      |  |              |
| States in | Which Do               | ron Listed                  | Use Solicit                 | ed or inten               | ds to Solici         | Durchager                        | <b>.</b>                   |                            |                               |                              |                      |                      |  |              |
|           |                        |                             |                             |                           |                      | i i uichasch                     | •                          |                            |                               |                              |                      |                      |  | □ .u.e       |
| (Check    | [AL]                   | [AK]                        | individual:<br>[AZ]         | [AR]                      | [CA]                 | [CO]                             | [CT]                       | [DE]                       | [DC]                          | [FL]                         | [GA]                 | [HI]                 | [1D]   | All States   |
|           | [IL]<br>[MT]<br>[R1]   | [IN]<br>[NE]<br>[SC]        | [IA]<br>[NV]<br>[SD]        | [KS]<br>[NH]<br>ITNI      | [KY]<br>[NJ]<br>ITXI | (LA)<br>(NM)<br>(UT)             | (ME)<br>(NY)<br>(VT)       | [MD]<br>[NC]<br>[VA]       | (MA)<br>(ND)<br>(WA)          | [MI]<br>[OH]<br>[WV]         | [MN]<br>[OK]<br>[WI] | [MS]<br>[OR]<br>[WY] | [MO]<br>[PA]<br>[PRI                           |              |

(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.  Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold               |
|   |                             |                                      |
| Debt  | \$                          | \$                                   |
| Equity  | \$                          | \$                                   |
| Common Preferred  | •                           | œ.                                   |
|   | \$                          | \$<br>\$                             |
| Partnership Interests   | \$ <u>7,000,000.00</u>      | \$<br>\$_5,261,901.00                |
| Other (Specify 8.5% Convertible Subordinated Debentures)  | \$_7,000,000.00             | \$ 5,201,901.00                      |
| Total   | \$ <u>7,000,000.00</u>      | \$ <u>5,261,901.00</u>               |
| 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." | Number<br>Investors         | Aggregate Dollar Amount of Purchases |
| Accredited Investors  | 30                          | \$ <u>5,261,901.00</u>               |
| Non-accredited Investors  |                             | \$0.00<br>\$                         |
| Total (for filings under Rule 504 only)   |                             | <b>3</b>                             |
| Answer also in Appendix, Column 4, it filing under OLOE.  |                             |                                      |
| 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.  |                             |                                      |
| T   | Type of                     | Dollar Amount                        |
| Type of offering  | Security                    | Sold                                 |
| Rule 505 Regulation A   |                             | \$<br>\$                             |
| Rule 504  |                             | \$<br>\$                             |
| Total   |                             | \$ 0.00                              |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of   |                             | φ <u> </u>                           |
| 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  |                             | \$<br>\$                             |
| Legal Fees  |                             | \$ 15,000.00                         |
| Accounting Fees   |                             | \$ 2,500.00                          |
| Engineering Fees  |                             | \$ <u>2,500.00</u>                   |
| Sales Commissions (specify finders' fees separately)  |                             | \$<br>\$                             |
| Other Expenses (identify) Miscellaneous (finder's fee, professional fees, duplicating, courie   |                             | \$ <u>757,500.00</u>                 |
| Total   |                             | \$ 775,000.00                        |

| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. 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.b above.  Payments to Officers, Officers, Officers, Purchase of real estate.  Purchase of real estate.  Purchase, rental 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): Debenture principal surety bond premium  Say, 783,500  Sy, 225,000  D. FEDERAL SIGNATURE  Date  September 19, 2007  Name of Signet (Print or Type)  Title of Signet (Print or Type)  Title of Signet (Print or Type)   | C. OFFERING I   | PRICE, NUMBER OF INVESTORS, EXPENSES AND USE  | OF PROCEEDS               | <u> </u>                              |
|---|---|---|---------------------------|---------------------------------------|
| be used for each of the purposes shown. 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.b above.  Payments to Officers, Directors, & Payments To Affiliates  Payments to Officers, Directors, & Payments To Affiliates  Salaries and fees.  Purchase of real estate.  Purchase, rental or leasing and installation of machinery and equipment.  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): Debenture principal surety bond premium  Sajar83,500  September 19, 2007  D. FEDERAL SIGNATURE  The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes 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 to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  File of Signer (Print or Type)  Title of Signer (Print or Type)  | b. Enter the difference betw<br>Question 1 and total expens                                   | veen the aggregate offering price given in response to Part C - es furnished in response to Part C - Question 4.a. This   |                           |                                       |
| Salaries and fees   | be used for each of the purp<br>furnish an estimate and chec<br>listed must equal the adjuste | oses shown. If the amount for any purpose is not known, ck the box to the left of the estimate. The total of the payments |                           |                                       |
| Salaries and fees   |   |   | Officers,<br>Directors, & |                                       |
| Purchase of real estate   | Salaries and fees   |   |                           | <del>-</del>                          |
| Purchase, rental or leasing and installation of machinery and equipment   |   |   |                           | □ \$<br>□ \$                          |
| 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)  |   |   |                           | □ \$ ———                              |
| that may be used in exchange for the assets or securities of another issuer pursuant to a merger).  Repayment of indebtedness \$\sqrt{\text{2,200,000}}\$  Working capital. \$\sqrt{\text{3,783,500}}\$  Other (specify): Debenture principal surety bond premium \$\sqrt{\text{3,783,500}}\$  Column Totals. \$\sqrt{\text{3,783,500}}\$  Total Payments Listed (column totals added) \$\text{5,225,000}\$   D. FEDERAL SIGNATURE  The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes 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 to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Signature  Date  September 19, 2007   |   |   |                           | _ <del></del>                         |
| Working capital   | that may be used in exchang   | ge for the assets or securities of another issuer pursuant to a   | 🗆 \$                      | <b>S</b>                              |
| Other (specify): Debenture principal surety bond premium \$\ \] \$\ | Repayment of indebtedness   |   | 🗆 \$                      | \$2,200,000                           |
| Column Totals   | Working capital   |   | 🛛 \$ <u>3,783,500</u>     | <b>\$</b>                             |
| Total Payments Listed (column totals added)  D. FEDERAL SIGNATURE  The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes 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 to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Signature  Date  September 19, 2007  Title of Signer (Print or Type)   |   |   |                           | \$ <u>241,500</u>                     |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes 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 to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Signature  Date  September 19, 2007  Title of Signer (Print or Type)  |   |   |                           | ☐ \$ <u>2,441,500</u>                 |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes 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 to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Signature  Date  September 19, 2007  Title of Signer (Print or Type)  | Total Payments Listed (colu   | ımn totals added)   | \$9                       | <u>5,225,000</u>                      |
| following signature constitutes 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 to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Signature  September 19, 2007  Title of Signer (Print or Type)   |   | D. FEDERAL SIGNATURE  |                           | · · · · · · · · · · · · · · · · · · · |
| IQMax, Inc.  Name of Signer (Print or Type)  September 19, 2007  Title of Signer (Print or Type)  | following signature constitutes an un   | dertaking by the issuer to furnish to the U.S. Securities and Exc   | hange Commissio           | n, upon written request               |
| Name of Signer (Print or Type)  Title of Signer (Print or Type)   | Issuer (Print or Type)  | Signature   | Date                      |                                       |
|   | IQMax, Inc.   | Lou (1) Undant  | Sep                       | tember <u>/ 9</u> , 2007              |
| Gary Updegraft Vice President, Treasurer and Director   | Name of Signer (Print or Type)  | Title of Signer (Print or Type)   |                           | -                                     |
|   | Gary Updegraft  | Vice President, Treasurer and Director  | <u>.</u>                  |                                       |
|   |   |   |                           |                                       |
|   |   |   |                           |                                       |
|   |   |   |                           |                                       |
|   |   |   |                           |                                       |

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

| Intend to sell to non-accrelized investors in State (Part E-lem 1)   |       |                                     |  |  | Af         | PPENDIX  |                |             |  |    |
|--|-------|-------------------------------------|--|--|------------|--|----------------|-------------|--|----|
| State   Yes   No   | 1     | Intend (<br>to non-ac-<br>investors | to sell<br>credited<br>in State                  | Type of security<br>and aggregate<br>offering price<br>offered in State<br>(Part C-Item 1) |            | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |                |             |  |    |
| AK   | State | Yes                                 | No   | •  | Accredited | Amount   | Non-Accredited | Amount      | Yes  | No |
| AZ   | AL    |                                     |  |  |            |  |                |             |  |    |
| AR CA CO CO CT   | AK    |                                     |  |  |            |  |                |             |  |    |
| CA   | AZ    |                                     |  |  |            |  |                |             |  |    |
| CO   | AR    |                                     |  |  |            |  |                |             |  |    |
| CT         DE           DC            FL            GA            HI            ID            IL            IN         X         *           1         \$748,711.00         0           0         0            IA             KS             KY             LA             ME             MD             MA             MI             MS             MO             MT             NE   | CA    |                                     |  |  |            |  |                |             |  |    |
| DE DC  | со    |                                     |  |  |            |  |                |             |  | ]  |
| DC         FL           GA            HI            ID            IL            IN         X         *           IA            KS            KY            LA            ME            MD            MA            MI            MS            MO            MT            NE  |       |                                     |  |  |            |  |                |             |  |    |
| FL GA  |       |                                     |  |  |            |  |                |             |  |    |
| GA   |       |                                     |  |  |            |  |                | <u> </u>    |  |    |
| HI ID  |       | ļ                                   |  |  |            |  |                |             |  |    |
| ID IL IN X * 1 \$748,711.00 0 0 IA KS KY LA ME MD MA MI MN MS MO MT NE   |       |                                     |  |  |            |  |                |             |  |    |
| IL       IN       X       *       1       \$748,711.00       0       0         IA  |       |                                     |  |  |            |  |                | <del></del> |  |    |
| IN X * 1 \$748,711.00 0 0 0  |       |                                     |  | ļ  |            |  |                |             |  |    |
| IA       KS         KY       IA         LA       IA         ME       IA         MD       IA         MA       IA         MI       IA         MN       IA         MS       IA         MO       IA         ME       IA         MI       IA         MS       IA         MO       IA         ME       IA  |       |                                     | ļ  |  |            |  |                |             |  |    |
| KS         KY  | -     |                                     | X  | *  | 1          | \$748,711.00   | 0              | 0           | 1  | Х  |
| KY   |       |                                     | <b></b>  | <u> </u>   |            |  |                |             |  |    |
| LA   |       |                                     |  |  |            |  |                |             |  |    |
| ME   |       |                                     | <del>                                     </del> |  |            | <del></del>  |                |             |  |    |
| MD   |       |                                     | <del>                                     </del> |  |            |  |                | _           |  |    |
| MA   |       |                                     | -  |  |            | · <del>-</del>   |                |             |  |    |
| MI   |       |                                     | <del>                                     </del> |  |            |  |                | <u>-</u> .  | <del>                                     </del> |    |
| MN   |       |                                     |  |  |            |  |                |             |  |    |
| MS   |       | <del> </del> -                      | <u> </u>   |  |            |  |                |             |  |    |
| MO MT NE STATE OF THE STATE OF  |       |                                     |  |  |            |  |                |             |  |    |
| MT NE STATE OF THE |       |                                     |  |  |            |  |                |             | <del> </del>                                     |    |
|  |       |                                     |  |  |            |  | -              |             | 1  |    |
| NV   | -     |                                     | <u> </u>   |  |            |  |                |             |  | 1  |
|  | NV    |                                     |  |  |            |  |                |             |  |    |
| NH NH  | NH    |                                     |  |  |            |  |                | ·           |  |    |
| NJ NJ  | NJ    |                                     |  |  |            |  |                |             |  |    |

APPENDIX 3 Disqualification Intend to sell under State ULOE (if yes, attach to non-accredited Type of security investors in State and aggregate explanation of offering price offered in State (Part C-Item 1) (Part B-Item 1) Type of investor and waiver granted) amount purchased in State (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No State Yes No Investors Amount Investors Amount NM NY NC Х 28 \$4,013,190.00 0 0 X ND OH OK OR PA RI SC SD TNTXUT VT VA Х 1 \$500,000.00 0 0  $\mathbf{X}$ WA WVWI WYPR

<sup>\* 8.5%</sup> Convertible Subordinated Debentures, \$5,000,000.00