



Date ____/____/____

Transfer Agent Verification Form

The transfer agent must fill out and send back this form

Please indicate the type of Corporate Action(s) being processed and proceed to the appropriate section(s) below. Stock Certificate Verification must be filled out for all actions.

Name Change Reverse Split Forward Split

Issuer Contact _____ Telephone _____

NAME CHANGE to become effective at the OPEN of Business ____/____/____

Current Issuer Name _____ Current CUSIP# _____

New Issuer Name _____ New CUSIP# _____

REVERSE SPLIT to become effective at the OPEN of Business ____/____/____

Current Issuer Name _____ Record Date _____ Ratio of Split _____

Pre-Split: Current CUSIP# _____ Shares Outstanding _____

Post-Split: New CUSIP# _____ Shares Outstanding _____

How will fractional shares be handled? _____

FORWARD SPLIT to become effective at the OPEN of Business ____/____/____

Current Issuer Name _____ Ratio of Split _____

Please indicate the method of payment (check one only)

Payable upon surrender of certificates Mail certificates directly to shareholders

Please provide: **R/D** _____ **P/D** _____

Pre-Split: Current CUSIP# _____ Shares Outstanding _____

Post-Split: New CUSIP# _____ Shares Outstanding _____

STOCK CERTIFICATE VERIFICATION

Are new/over-stamped stock certificates reflecting the corporate action ready to be issued?

YES ~ **Date issuance will begin** _____

NO ~ **Please indicate anticipated date of receipt** _____ (Requires confirmation)

Are there any restrictions on the certificates? YES NO

If yes: Please clarify any details. _____

Must the beneficial holder name appear on the certificates? YES NO

If yes: Is there a mandatory exchange date? YES NO - Please provide date: _____

Please Confirm the date appointed as Transfer Agent: ____/____/____

_____ CARYLYN K. BELL Name of Agent Representative	_____ CORPORATE STOCK TRANSFER Name of Transfer Agent
_____ PRESIDENT Title	_____ 303-282-4800 Telephone Number