

**Oregon Department of Consumer and Business Services  
Division of Financial Regulation**

350 Winter St. NE, Room 410, Salem, Oregon 97301-3881  
Mailing address: P.O. Box 14610, Salem, OR 97309-0445  
503-378-4140 • Fax: 503-947-7862  
<http://dfr.oregon.gov>



**CERTAIN COMPENSATORY BENEFIT PLANS**

Under ORS 59.035(15); OAR 441-035-0300

This form may be used by an issuer seeking to notify the director under OAR 441-035-0300 of its intent to offer and sell securities under a written compensatory benefit plan that is exempt under SEC Rule 701.

All fields must be completed.

New  Amended

1. Filing date (if later than the date the division receives the filing): \_\_\_\_\_
2. Name of issuer: \_\_\_\_\_  
Address of principal executive office of issuer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Type of business organization: \_\_\_\_\_
4. Name of correspondent: \_\_\_\_\_  
Correspondent's phone number: \_\_\_\_\_  
Correspondent's email address: \_\_\_\_\_  
Correspondent's mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
5. Maximum offering amount: \$ \_\_\_\_\_
6. Full title of the plan: \_\_\_\_\_
7. Will the offer and sale of securities under the plan be exempt under SEC Rule 701?: \_\_\_\_\_

**Secure fax for credit card payments:  
503-947-2333**

If paying by credit card, applicant must sign  
credit-card information box.

**Make check or money order payable to Oregon  
Department of Consumer and Business Services.**

**Mail notice with payment to:**

DCBS — Fiscal Services  
P.O. Box 14610  
Salem, OR 97309-0445

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
Credit card number _____	Expiration date _____
Name of cardholder as shown on credit card _____	
Cardholder signature _____	\$ _____ Amount

**Fiscal use only: 62110/1002**



## CERTIFICATION

I certify that I have made reasonable efforts to verify the accuracy and completeness of the information contained in this notice and the attached documents. I also affirm that the issuer is aware of and will comply with all applicable requirements under Oregon Administrative Rule 441-035-3000, including that offers and sales under the Plan will be exempt under SEC Rule 701 and that this notice will be amended if there are any material changes to the form or the Plan.

I am duly authorized by the issuer to sign this certification.

Signature: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

Date: \_\_\_\_\_

## MORE INFORMATION

- To properly file this notice, the issuer must send this notice and the applicable non-refundable filing fee to one of the following address:

Fiscal Services Section  
Department of Consumer and Business Services  
P.O. Box 14610  
Salem, OR 97309-0445

OR

Department of Consumer and Business Services  
Division of Financial Regulation  
350 Winter St., NE, Room 410  
Salem, OR 97301-3881

- The filing fee can be paid by providing credit card information in the designated section of this notice or by check. Checks must be made payable to “Oregon Department of Consumer and Business Services.”
- The division will consider this notice to be filed when the notice is received by the division, or the date specified by the issuer in No. 1, whichever is later.
- Once filed, the division will send a Notice of Filing to the correspondent identified on this form.
- The issuer must amend this notice when there are any material changes to this notice, including a change in the name of the offering, or an increase in the aggregate offering amount identified in No. 5 of this notice. The issuer must pay another non-refundable filing fee for any amended notice that increases the aggregate offering amount.