#### **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 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 Securities Act Rule 701.

All fields must be completed.

	New Amended			
1.	Name of issuer:			
	City:	State:	ZIP:	
2.	Type of business organization:			
3.	Name of correspondent:			
	Correspondent's phone number:			
	Correspondent's email address:			
	Correspondent's mailing address:			
	City:	State:	ZIP:	
4.	Aggregate sales amount: \$			
5.	Full title of the plan:			
6.	Will the offer and sale of securities u			

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

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

□ Visa □ MasterCard □ Discover Phone:	
Cardholder signature	Expiration date
Name of cardholder as shown on credit card	
	\$
Credit card number	Amount

# 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

Fiscal use only: 93110/1002



### 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 441-035-300, including that offers and sales under the plan will be exempt under Securities Act 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 should send this notice and the applicable nonrefundable filing fee to one of the following addresses:

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 the filing effective when the notice and fee are received by the division.
- 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, including a change in the name of the offering, or an increase in the aggregate offering amount identified in No. 4 of this notice. Notices amending the aggregate sales amount must be accompanied by a non-refundable fee of 1/10 of 1 percent of the amended aggregate sales amount offered in Oregon, less any filing fees already paid. Amendment fee may not be less than \$100.
- The aggregate sales amount in No. 4 is the amount of securities sold in Oregon in reliance on OAR 441-035-0030 and should be calculated in accordance with the rules set forth under Securities Act Rule 701(d)(3). The amount should account for the value of both consultant and employee services. The amount should not be valued at "zero" or treated as a gift. Even when an employee or consultant is not required to pay additional consideration for the securities being issued, securities typically have some intrinsic worth, such as book value or a multiple of book value. *See Securities Act Release No. 33-7645*. Options should be valued based on the exercise price of the option.

