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

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.